

**TOWNSHIP CLINIC EMPLOYEES' EXPERIENCE OF THE INFLUENCE OF AN  
EMPLOYEE ASSISTANCE PROGRAMME ON THEIR WELLNESS**

by

**NWABISA MNISI**

submitted in accordance with the partial requirements for the degree of

**MASTER OF COMMERCE**

in the subject

**INDUSTRIAL AND ORGANISATIONAL PSYCHOLOGY**

at the

**UNIVERSITY OF SOUTH AFRICA**

**SUPERVISOR: DR A VAN NIEKERK**

**NOVEMBER 2023**

## SCOPE OF THE DISSERTATION

For this master's dissertation of limited scope (50% of the total master's degree), the Department of Industrial and Organisational Psychology prescribes an article format. This format involves four chapters: an introductory chapter, a literature review chapter, a research article (presented as Chapter 3), and a conclusion/limitations/recommendations chapter.

## TECHNICAL AND REFERENCE STYLE

In this dissertation, I have chosen the publication guidelines of the South African *Journal of Industrial Psychology (SAJIP)* to structure my dissertation and article. Therefore, the APA style was followed in terms of technical editing and referencing.

## DECLARATION

I, Nwabisa Mnisi, student number 41892453, declare that

**“Township clinic employees’ experience of the influence of an employee assistance programme on their wellness”**

is my work, and all the sources that I have used or have quoted from have been indicated and are acknowledged using a complete reference list. Apart from the guidance received from my supervisors, I have received no assistance, except as stated in the acknowledgements.

I declare that ethical clearance has been obtained from the College of Economic and Management Sciences Ethics Research Committee at UNISA (Annexure D) at the University of South Africa and that informed consent (Annexure B) was given by all participants to conduct the research.

Signature:



Date: 28 August 2023

## **ACKNOWLEDGEMENTS**

I am extremely grateful for all the help and support I received while working on my dissertation. Firstly, I would like to thank my Heavenly Father for giving me the strength and guidance to complete this journey. I would also like to extend my heartfelt gratitude to my family and friends for their unwavering support. Your encouragement and kind words helped me get through this journey, and I cannot thank you enough for always being there for me. I would also like to express my sincere appreciation to my supervisor, Dr. Annelize van Niekerk, for her invaluable expertise and guidance, and for sharing her knowledge and ideas generously. Lastly, I would like to thank all the participants for sharing their experiences with such enthusiasm and openness.

## **SUMMARY**

### **TOWNSHIP CLINIC EMPLOYEES' EXPERIENCE OF THE INFLUENCE OF AN EMPLOYEE ASSISTANCE PROGRAMME ON THEIR WELLNESS**

by

**Nwabisa Mnisi**

**Degree: Master of Commerce (Industrial and Organisational Psychology)**

**Supervisor: Dr Annelize van Niekerk**

This study investigated the experience of the influence of an Employee Assistance Programme (EAP) on township clinic employee's wellness. A qualitative research approach in line with the interpretivist paradigm was used in this study. Ten participants were used as a sample to collect data for this study. Semi-structured interviews were conducted to collect data. The literature review study aimed to conceptualise wellness, its related constructs, and the experience of the influence of an EAP on employees' wellness. The empirical study aimed at discovering the level of employee understanding of an EAP and its purpose, exploring the obstacles that employees face in utilising EAPs. Furthermore, the empirical study aimed at understanding how township clinic employees perceive an EAP's impact on wellness. The study discovered recommendations for enhancing the EAP and proposed interventions to assist with communication, employee participation, and assisting all stakeholders involved in improving EAP effectiveness at the clinic.

#### **KEY WORDS**

Employee Assistance Programme, wellness, employee wellness, influence, township clinics, experience, semi-structured interviews, interpretive, qualitative research.

## **KAKARETSO**

### **BOIPHILELO BA BASEBETSI BA TLELINIKI YA LEKWEISHENENG MABAPI LE TSHUSUMETSO YA LENANEO LA THUSO YA MOSEBETSI BOPHELONG BO BOTLE.**

Ka

**Nwabisa Mnisi**

**Dikri: Master of Commerce (Psychology ya Diindasteri le ya Mokgatlo)**

**Mookamedi: Ngaka Annelize van Niekerk**

Phuputso ena e batlisitse boiphilelo ba basebetsi ba tleliniking ya makeisheneng ba Lenaneo la Thuso ya Basebetsi (EAP) le tshusumetso ya lona bophelong bo botle ba bona. Patlisisong ena, ho sebedisitse mokgwa wa patlisiso ya boleng bo tsamaelanang le motho ya hlalosang. Baithuti ba leshome ba ile ba etswa disampole mme ba botswa dipotso ka dipuisano tse hlophisitsweng ho bokella dintlha. Hlahlobo ya dingolwa e entswe ho fana ka maikutlo a bophelo bo botle, kaho e amanang le yona, le tshusumetso ya boiphilelo ba EAP ho bophelo bo botle ba basebetsi. Boithuto bo matla bo reretswe ho sibolla boemo ba kutlwisiso ya basebetsi ba EAP le sepheo sa yona, le ho hlahloba ditshitiso tseo basebetsi ba tobanang le tsona ha ba sebedisa di-EAP. E boetse e batla ho utlwisisa hore na basebetsi ba lemohile jwang phello ya EAP bophelong ba bona bo botle. Boithuto bona bo etsa dikgothaletso bakeng sa ho ntlafatsa EAP le ho sisinya mehato ya ho kenella ho thusa ka puisano le bonkakarolo ba basebetsi, le ho thusa bankakarolo bohle ba amehang ho ntlafatseng katleho ya EAP tleliniking.

## **MANTSWE A SEHLOOHO**

EAP; bophelo bo botle; bophelo bo botle ba basebetsi; tshusumetso; ditlilini tsa makeisheneng; philelo; dipuisano tse se nang sebopeho; ya hlalosang; dipatlisiso tsa boleng

## **IQOQO LOKUBALULEKILE**

### **ABABHEKENE NAKHO ABASEBENZI BASEMTHOLAMPILO WASELOKISHINI NGOKOMTHELELA WOHELELO LOKUSINGATHWA KWABASEBENZI (WE-EAP) MAQONDANA NOKUPHILA KWABO**

ngu-

**Nwabisa Mnisi**

**Iziqu: I-Masters Kwezentengiso (Izifundo Eziphathelene Nokuphila Kwengqondo  
Emsebenzini)**

**Umeluleki Ohlolayo: NguDkt Annelize van Niekerk**

Lolu cwaningo lucwaninge ngalokho abasebenzi basemitholampilo yasemalokishini ababhekene nakho ngokomthelela wohlelo lokusingathwa kwabasebenzi (we-EAP) maqondana nokuphila kwabo. Kusetshenziswe indlela yocwaningo yekhwalithethivu ngokuhambisanayo nesimo sokuqonda ngokuhumusha kulolu cwaningo. Kwasetshenziswa ababambiqhaza abayishumi njengamasampula kwaxoxwa nabo kulandelwa uhlelo lwemibuzo esangahlelwa kabusha ukuqoqa imininingwane. Kwabhekwa izincwadi kwenzelwa ukucabanga ngokuqonda maqondana nokuphila kahle, okuhlobene nokwakheka kwako kanye nomthelela we-EAP ekuphileni kahle kwabasebenzi. Ucwaningo olufakazelwe kuhloswe ngalo ukuba kutholakale izinga lokuqonda kwabasebenzi i-EAP nenjongo yayo, nokuhlola izithiyo abasebenzi ababhekana nazo ekusebenziseni ama-EAP. Luphinde lwafuna ukuqonda indlela abasebenzi abawubona ngayo umthelela we-EAP ekuphileni kahle kwabo. Ucwaningo lwenza izincomo zokuthuthukisa i-EAP futhi luphakamisa ukungenelela ukuze kulekelele ekuxhumaneni nasekuzibandakanyeni kwabasebenzi, futhi kusize bonke ababambiqhaza abathintekayo ekuthuthukiseni ukusebenza kwe-EAP emtholampilo.

#### **AMAGAMA ASEMQOKA:**

I-EAP; ukuphila kahle; ukuphila kahle kwabasebenzi; umthelela; imitholampilo yasemalokishini; okubhekwe nakho; izingxoxo ezinemibuzo esangahlelwa kabusha; okuhlaziyekayo ukuze kuqondwe; ucwaningo lwekhwalithethivu

## **TABLE OF CONTENTS**

<b>DECLARATION .....</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>ii</b>
<b>SUMMARY.....</b>	<b>iii</b>
<b>LIST OF TABLES .....</b>	<b>ix</b>
<b>LIST OF FIGURES.....</b>	<b>ix</b>
<b>LIST OF ABBREVIATIONS.....</b>	<b>ix</b>
<b>CHAPTER 1 .....</b>	<b>1</b>
<b>SCIENTIFIC ORIENTATION TO THE RESEARCH.....</b>	<b>1</b>
<b>1.1 BACKGROUND AND MOTIVATION.....</b>	<b>1</b>
<b>1.2 PROBLEM STATEMENT .....</b>	<b>3</b>
<b>1.2.1 Research questions pertaining to the literature review .....</b>	<b>4</b>
<b>1.2.2 Research questions pertaining to empirical study.....</b>	<b>4</b>
<b>1.3 AIMS .....</b>	<b>4</b>
<b>1.3.1 Specific aims relating to the literature review .....</b>	<b>4</b>
<b>1.3.2 Specific aims relating to the empirical study .....</b>	<b>4</b>
<b>1.4 THE PARADIGM PERSPECTIVE .....</b>	<b>5</b>
<b>1.5 THEORETICAL PERSPECTIVE.....</b>	<b>5</b>
<b>1.5.1 Disciplinary relationship .....</b>	<b>5</b>
<b>1.5.2 Psychological paradigm.....</b>	<b>6</b>
<b>1.5.3 Meta-theoretical concepts.....</b>	<b>7</b>
<b>1.6 EMPIRICAL PERSPECTIVE .....</b>	<b>7</b>
<b>1.7 RESEARCH DESIGN .....</b>	<b>8</b>
<b>1.7.1 Research approach.....</b>	<b>8</b>
<b>1.7.2 Research strategy.....</b>	<b>8</b>
<b>1.7.3 Research method.....</b>	<b>9</b>

1.8	ETHICAL CONSIDERATIONS .....	14
1.9	RECOMMENDATIONS.....	15
1.10	LIMITATIONS .....	15
1.11	CHAPTER LAYOUT .....	16
1.12	CHAPTER SUMMARY .....	17
	CHAPTER 2.....	18
	LITERATURE REVIEW .....	18
2.1	WELLNESS .....	18
2.1.1	The Wheel of Wellness model .....	20
2.1.2	The holistic wellness model .....	21
2.1.3	The indivisible self-model of wellness.....	21
2.2	EMPLOYEE WELLNESS .....	22
2.3	EMPLOYEE ASSISTANCE PROGRAMMES.....	24
2.4	THE EXPERIENCE OF AN EMPLOYEE ASSISTANCE PROGRAMME ON EMPLOYEE WELLNESS .....	26
2.4.1	Employee assistance programme elements influencing positive employee wellness.....	27
2.4.2	Employee assistance programme elements influencing employee wellness negatively.....	28
2.5	CHAPTER SUMMARY .....	29
	CHAPTER 3.....	30
	ARTICLE.....	30
	CHAPTER 4.....	72
	CONCLUSIONS, LIMITATIONS, CONTRIBUTIONS AND RECOMMENDATIONS	72
4.1	CONCLUSIONS.....	72
4.1.1	Conclusions that are drawn from the literature review .....	72
4.1.2	Conclusions that are drawn from the empirical study .....	74
4.1.3	Suppositions resulting from the empirical study.....	76



<b>4.2</b>	<b>LIMITATIONS .....</b>	<b>77</b>
<b>4.3</b>	<b>RECOMMENDATIONS.....</b>	<b>77</b>
<b>4.4</b>	<b>CHAPTER SUMMARY .....</b>	<b>79</b>
	<b>REFERENCES.....</b>	<b>80</b>
	<b>ANNEXURE A: PARTICIPANT INFORMATION SHEET .....</b>	<b>98</b>
	<b>ANNEXURE B: CONSENT TO PARTICIPATE IN THIS STUDY .....</b>	<b>103</b>
	<b>ANNEXURE C: INTERVIEW GUIDE .....</b>	<b>104</b>
	<b>ANNEXURE D: ETHICAL CLEARANCE CERTIFICATE.....</b>	<b>106</b>
	<b>ANNEXURE E: TURN-IT-IN REPORT.....</b>	<b>108</b>

## **LIST OF TABLES**

Table 3.1	40
Table 3.2	44

## **LIST OF FIGURES**

Figure 3.1	55
------------	----

## **LIST OF ABBREVIATIONS**

COVID-19:	Coronavirus disease
EAP:	Employee Assistance Programme
HR:	Human Resource
IOP:	Industrial and Organisational Psychology
IS:	Indivisible Self-model of wellness
MHC-SF:	The Mental Health Continuum-Short Form
WOW:	The wheel of wellness model

## **CHAPTER 1**

### **SCIENTIFIC ORIENTATION TO THE RESEARCH**

#### **1.1 BACKGROUND AND MOTIVATION**

Organisations worldwide are confronted with the challenges of coping with mental health crises at the workplace (Bennett, 2018), and management in organisations have an important role to play in responsibly managing and fostering a healthy wellness culture in the workplace (Jiménez et al., 2017). By encouraging wellness in the workplace, both employers and employees will benefit from a reduction in stress-related illnesses and a higher level of productivity (Manganyi & Mogorosi, 2021). Employee stress is associated with illnesses such as poor mentality, anxiety, and depression (Richardson, 2017).

Township clinic employees are among those workers who are affected by high levels of stress related to the profession, because of working long hours and emotionally having to deal with sick patients every day (Ledikwe et al., 2018). Brooks and Ling (2020) articulate that Employee Assistance Programmes (EAPs) are reported to be used by organisations all over the world to promote employee wellness in organisations. Thus, it is believed that EAPs should also be able to assist township clinics to enhance the health and wellness of employees and reduce the levels of stress and anxiety, by supporting them in dealing with and managing pressures impacting wellness (Ledikwe et al., 2018). Supporting this view, Nunes et al. (2018) note that there is miscommunication and a lack of education regarding the application of EAPs in organisations.

A study conducted by Couser et al. (2021) on the wellness of workers indicates that there is a definite demand for EAPs in the clinics, more so since the COVID-19 pandemic. The current worldwide COVID-19 pandemic has resulted in so many health and mental issues among employees and related families, forcing organisations to extend the benefits EAPs can offer to employees (Brooks & Ling, 2020). Subsequently, Couser et al. (2021) state that many organisations have expanded EAP

programmes by extending mental health benefits for workers and providing free counselling sessions to family members. Notably, organisations in various countries have gone above and beyond by not only helping employees but also vulnerable communities, especially during the challenging times of COVID-19 (Tanucan & Bojos, 2021).

Moreover, Terblanche et al. (2021) report that South African organisations are seeing an increase in EAP demands because of unstable working conditions caused by various challenges related to political, economic, and social climate changes. A study conducted by Radzi et al. (2020) revealed that organisations not only use EAPs to improve employee morale and wellness but also use them to promote the brand image among consumers and stakeholders. In contrast with these views, Joseph and Walker (2017) argue that there is no clear evidence indicating the importance of using EAPs in organisations, hence some organisations choose not to use EAPs. Subsequently, Joseph and Walker (2017) contend that there is no broad research revealing how and why EAPs are utilised and further report that developing practice guidelines for the programme is a challenge.

The current situation regarding EAPs in township clinics seems to be the lack of awareness amongst employees about the existence of such EAP or how to access its benefits. EAPs only seem to be accessible via the township clinics' district offices and township clinic managers. Referral letters for employees who need assistance are only written by the township clinic manager to the EAP practitioners in the district offices when it seems an employee is already experiencing psychological problems, thus not using EAPs in a preventative manner to enhance employee wellness.

Considering the above, there is a clear need to gain insight into the experience of the influence of an EAP on township clinic employees' wellness. This knowledge will enable a better understanding of EAPs' effectiveness and make recommendations towards improving the impact that EAPs can make on employee wellness. To conclude, this study aimed to gain insight into the awareness and the experience of influence of an EAP on township clinic employees' wellness.

## 1.2 PROBLEM STATEMENT

In a study conducted by Isehunwa et al. (2017), it was discovered that only half of the working population has access to EAPs. In addition, in those organisations where EAPs are available, employees seem to be not well informed about the benefits and purpose and all it is that EAPs have to offer (Brooks & Ling, 2020). Employees frequently appear to be unsure of how to gain access to and utilise these EAPs (Street et al., 2018). Street et al. (2018) also note that employees often do not partake in EAPs because they do not trust them, and in some cases even believe it is a waste of time.

On the other hand, Makhanya (2021) argues that employees do not want to join EAPs because they fear being judged, victimised, and stigmatised. Subsequently, there seem to be questions about whether sufficient evidence exists regarding whether the implementation of EAPs works effectively and reaches its intended purpose (Horn et al., 2020). In addition, Passey et al. (2018) postulate that EAPs fail in organisations because managers are not actively involved in the utilisation of EAPs and that there is an overall reluctance to embrace recommendations about EAPs made by Industrial and Occupation Psychologists (IOPs) and EAP specialists.

Irrespective of the above, the need for EAPs in organisations seems to be becoming more popular as employees require support to cope with the demanding work conditions, making it hard for them and their families to face daily challenges, resulting in poor wellness, which impacts on performance and productivity, to name but a few (Nunes et al., 2018). Therefore, there is a clear need to conduct further research to gain insight into the experience of the influence of an EAP on township clinic employees' wellness. There also appears to be a need to make recommendations for improvement towards enhancing the influence of an EAP on employee wellness. Therefore, this study aimed to answer the question of what the experience of the influence of an EAP is on township clinic employees' wellness.

### **1.2.1 Research questions pertaining to the literature review**

- Literature question 1: How is wellness and employee wellness conceptualised?
- Literature question 2: How do township clinic employees experience the influence of an EAP on their wellness?

### **1.2.2 Research questions pertaining to empirical study**

- Empirical question 1: What is the level of awareness and knowledge of an EAP and its purpose?
- Empirical question 2: What challenges do employees face in benefiting from EAPs?
- Empirical question 3: What is the perceived experience of the influence of the EAPs on township clinic employee's wellness?
- Empirical question 4: What improvements can be proposed towards enhancing the influence of EAPs on employee wellness?

## **1.3 AIMS**

The general aim of the study was to gain insight into the experience of the influence of an EAP on township clinic employees wellness.

### **1.3.1 Specific aims relating to the literature review**

- Research aim 1: To conceptualise wellness and its related constructs.
- Research aim 2: To conceptualise the experience of the influence of EAPs on township clinic employees' wellness.

### **1.3.2 Specific aims relating to the empirical study**

- Research aim 1: To determine the level of awareness and knowledge of an EAP and its purpose.

- Research aim 2: To explore the challenges employees face in benefiting from EAPs.
- Research aim 3: To explore the perceived experience of employees of an EAP and its influence on township clinic employees' wellness.
- Research aim 4: To make recommendations for improvement towards enhancing the influence of an EAP on employee wellness.

## **1.4 THE PARADIGM PERSPECTIVE**

A paradigm represents how the researcher sees the world in which one lives and wishes to live, as well as how ideas and principles formulate one's worldview (Kamal, 2019). A paradigm adopts ontological, epistemological, and methodological assumptions to examine and analyse phenomena towards understanding the reality of a phenomenon, and by employing appropriate research methodologies, for example, interpreting the data (Kankam, 2019). The research paradigm adopted in this study was the interpretive research paradigm. According to Bonache and Festing (2020), the interpretive research paradigm provides meaning to what the researcher wants to explore, through the subjective experience and/or understanding of participants.

## **1.5 THEORETICAL PERSPECTIVE**

This section discusses the theoretical perspective adopted by this study by exploring the disciplinary relationship, psychological paradigm, and meta-theoretical concepts.

### **1.5.1 Disciplinary relationship**

This study falls within the field of IOP, and more specifically the subfield of employee wellness (Bal et al., 2019). Carter (2018) defines IOP as a scientific discipline focusing on shaping human behaviour in organisations for individuals to operate at individuals best. IOP is the application of psychological concepts to problems associated with employees' work environments to improve employee's wellness and success (Bal et al., 2019).

### **1.5.2 Psychological paradigm**

This study adopted the interpretive paradigm as its theoretical paradigm. The researcher used the interpretive paradigm to comprehend what has already been written about the topic in the literature and obtained thorough knowledge (Gunbayi, 2020). The interpretive paradigm is concerned with the subjective interpretation of what can be known about a phenomenon as documented in scientific literature through the experience of people (Irshaidat, 2022). Therefore, within the ontological assumption, the researcher was able to better understand the nature of the reality to be studied by exploring existing literature to gain an understanding of the nature of the topic to be studied, that is wellness and EAPs (Park et al., 2020).

Epistemological assumption relates to the way the researcher engages with the knowledge, that is the interpretation and understanding of what is already known (Gunbayi, 2020). The epistemological assumption is that the researcher established a relationship with the participants and obtained access to explore what can be known about the participants' experiences (Gunbayi, 2020). Using the interpretivist paradigm, the researcher engaged with literature on the topic, intending to gain a deeper understanding of the constructs and the related aspects as scientifically investigated and published (Bonache & Festing, 2020).

The theoretical-methodological assumption is concerned with categorising procedures utilised in research to generate information (Park et al., 2020). The researcher used a methodological technique to source and analyse appropriate literature related to the variables involved in this research (Bonache & Festing, 2020). The researcher consulted research portals such as Google Scholar to find scientific publications to get to know what is known about wellness, EAPs and the experience of the influence of EAPs on the wellness of employees.



### **1.5.3 Meta-theoretical concepts**

The meta-theoretical concepts included in this study were wellness, employee wellness and EAPs. Bart et al. (2018) describe wellness as a process in which individuals desire to be healthy and work towards a given goal. In addition, Radzi et al. (2020) state that wellness is an individual's ongoing process of selecting healthy choices and focusing on making healthy choices, both psychologically and physiologically. Employee wellness, on the other hand, deals with issues that influence employee wellness at work, such as the degree to which an employee interacts with people and the world, as well as how they understand and make meaning of life in general, but also specifically at work (Bumhira et al., 2017).

Furthermore, Radzi et al. (2020) define employee wellness as a workplace approach that focuses on researching workers' emotions, mental health, occupational health, and social and physical health to assist them in dealing with work stress-related issues. EAPs are services that are provided by organisations to employees to assist employees with overall well-being to deal with stress-related challenges which affect work performance (Joseph & Walker, 2017). In addition, Couser et al. (2021) postulate that EAPs are workplace interventions designed to help organisations deal with productivity challenges, as well as to assist employees in recognising and solving personal, health, marital and financial issues that may impact job performance.

### **1.6 EMPIRICAL PERSPECTIVE**

This study presented empirical research using the interpretive paradigm which, according to Gunbayi (2020), entails the interpretation of the lived experiences of various participants within a specific phenomenon. This study intended to gain insight into the experience of the influence of an EAP on township clinic employees' wellness, hence an interpretative research paradigm was selected. Using an ontological assumption, the empirical aspect of the researcher was to study the nature of the reality of the participants and investigate what is known about the nature of this reality (Gunbayi, 2020). The study's epistemological premise was that the researcher's interaction with the participants during data collection would be optimised and explored

to see what could be learned about employees' experiences (Park et al., 2020). Using the interpretive paradigm, the methodological assumptions were indicative of the practical research methodology, which included sampling, data collection, data analysis and writing up of the findings, to name a few, and which will be discussed in more detail below (Gunbayi, 2020).

## **1.7 RESEARCH DESIGN**

The research design involves the planning, arrangement, and techniques applied by the researcher toward answering the research question of the study (Korstjens & Moser, 2017). Research design is the overall research strategy adopted by the researcher to combine various components of a study scientifically to ensure that the research problem is adequately addressed (Indu & Vidhukumar, 2019). This study conducted a qualitative, exploratory design as it was able to assist in gaining insight into the experience of the influence of an EAP on township clinic employees' wellness (Mohajan, 2018). This section further discusses the research approach, research strategy and research methodology followed in this study.

### **1.7.1 Research approach**

A qualitative research approach, in line with the interpretivist paradigm, was applied in this study (Bonache & Festing, 2020). The qualitative research approach is used to understand people's experiences within a specific situation or phenomenon (Aspers & Corte, 2019). A qualitative approach assists in exploring how participants evaluate and understand a situation by providing a deeper understanding of employee's behaviours, emotions, attitudes, and experiences (Mohajan, 2018). An inductive research approach was adopted, making use of detailed preparation and organising to assist in the reporting of the findings (Kyngäs, 2020).

### **1.7.2 Research strategy**

The research study used a qualitative, interpretative research strategy, aligned with the interpretivist paradigm (Pulla & Carter, 2018). The interpretive research strategy

helped the researcher to explore the lived experiences of the influence of an EAP on township clinic wellness (Johnson et al., 2020)

### **1.7.3 Research method**

A qualitative research method was used to gain insight into the experience of the influence of an EAP on township clinic employees' wellness. A qualitative research methodology communicates the process whereby a researcher gains better insight into a phenomenon by making new meaningful concepts (Aspers & Corte, 2019). In this study, employees at a township clinic were interviewed to collect data to assist in answering the research question of this research (Djafar et al., 2021). This section further discusses the research setting, entrée and establishment of researcher roles, sampling, data collection methods, the recording of data, data analyses, reporting, as well as strategies employed to ensure quality data.

#### *1.7.3.1 Research setting*

This study was conducted at a township clinic in Soweto, Johannesburg, Gauteng. This clinic is a public service clinic and is under the administration of the Department of Health. The clinic is a public service clinic under the jurisdiction of the Department of Health. The study aimed to gain insight into the experience of the influence of employee assistance programmes on township clinic employees' wellness.

In addition to the normal challenging circumstances under which township clinic employees must function, the situation deteriorated significantly with a rise in COVID-19 cases and community violence. The violence introduced new obstacles to township clinics, such as a scarcity of staff, and more patients with protest-related injuries arriving, putting additional strain on clinics on top of COVID-19 patients (Medical Brief, 2021). Employees are overworked, working long hours without sufficient breaks and not getting all the days off due to them. This is mainly a result of employees being absent from work because they too become ill. Subsequently, this leads to most employees being emotionally and physically exhausted, burned out, and disengaged, and thus they sometimes do not go to work and just stay home to rest.

### 1.7.3.2 *Entrée and establishing researcher roles*

The researcher became aware of the township clinic employees' struggles with wellness when she visited the clinic for a check-up and discovered it was overcrowded with patients and understaffed. The researcher showed interest and empathy to the employees and started engaging in dialogue with them about their work circumstances and asking questions. Employees shared a little about work reality and it was quickly evident how they struggled with being understaffed and that employees were constantly sick, probably because of high-stress levels and the increased workload. It was evident how employees' general wellness suffered. Upon further investigation, the researcher asked the employees at the clinic if they had an EAP and if they had utilised it. The response she got was that employees were either not aware of such a programme, or they were also not aware of how they could access such an EAP.

With the assistance of the clinic manager, the researcher obtained permission from the Department of Health in the form of a gatekeeper permission letter to conduct the research. The researcher applied for ethical clearance from the Research Ethics Review Committee of the Department of Industrial and Organisational Psychology at Unisa. After an ethical clearance certificate (see Annexure D) was issued, the researcher approached potential participants, informed them of the purpose of the study and obtained informed consent from those who were interested to participate. Thereafter semi-structured interviews were conducted.

During the data collection phase, the researcher maintained a leading role by establishing trust, building confidence, and guiding the interview, whilst being sensitive, flexible, and open to participants' needs during the semi-structured interviews (Korstjens & Moser, 2017). To create a trustworthy environment for the participants and collect rich data from them, the researcher guaranteed participants confidentiality and anonymity so that they would not be affected in any way by employees' relationships with supervisors and managers (DeJonckheere & Vaughn, 2019).

### 1.7.3.3. *Sampling*

Sampling is the process the researcher undertakes to select some participants from a larger population to partake in the study (Shaheen et al., 2019). The population refers to the number of possible participants employed in the research setting who can be selected to participate in the research (Majid, 2018). The population at the clinic is approximately 50 employees. The study used the purposive sampling method to select participants. Purposive sampling is a non-probability sampling whereby a researcher intentionally selects participants' lived experiences, and who can comment on the research problem being investigated by the study to answer the research question (Kalu, 2019).

For this research, the inclusion criteria applied included all employees of all genders and races, between the ages of 25 and 65 years who have been employed at the township clinic (Patino & Ferreira, 2018). The youngest age deemed appropriate for employees working in the clinic who have had sufficient exposure to the research setting and research topic, and thus are experienced to participate in the study, was deemed to be 25 years, and the retirement age of employees working in the clinic is 65 years. These employees must have worked in the clinic for at least more than two years to participate in a study. The researcher believed that the participants had sufficient work experience and had been exposed to a variety of situations in the clinic to speak with authority about the experience of the influence of an EAP on township clinic employee's wellness.

The exclusion criteria involved traits that disqualify participants from participating in the study (Patino & Ferreira, 2018). Employees from other clinics were excluded from the study. Employees who were below the age of 25 years and above the age of 65 years were also excluded from the study. This study interviewed 10 participants as data saturation was reached when no new information or themes emerged from the data being analysed (Saunders et al., 2018).

#### 1.7.3.4 *Data collection methods*

The data from this study were gathered using semi-structured interviews, which lasted for approximately 60 minutes with each participant. Semi-structured interviews are interviews that use an interview guide with specific, open-ended questions to be asked and which enable the researcher to ask probing questions where necessary (Adeoye-Olatunde & Olenik, 2021). Semi-structured interviews were used to assist the researcher in obtaining open-ended information from participants to delve deeply into employees' thoughts, feelings, and opinions about EAPs and the experience of the influence on employee wellness (DeJonckheere & Vaughn, 2019). Research questions were interpretive and explored insight into the experience of the influence of an EAP on township clinic wellness.

The researcher followed a semi-structured interview guide (see Annexure C) which followed the following steps: (1) the preparing phase, (2) the initial stage and preparing participants, (3), the interview itself, and (4) the final stage. The interviews were conducted face-to-face at the clinic whilst following all national and Unisa COVID-19 guidelines and protocols to ensure that both the researcher and the participants were fully protected.

#### 1.7.3.5 *Recording data*

The interviews were conducted face-to-face and were recorded using an audio recording device, with the permission of the participants (Lobe et al., 2020). To ensure that quality data were collected, participants were requested to switch off cell phones and interviews were conducted in a private room where there were no distractions (Newman et al., 2021).

The researcher transcribed the recordings verbatim and made use of pseudonyms to protect the identities of the participants (Lobe et al., 2020). Hard copies of the data were kept at home in a locked drawer, and electronic data were kept in a password-protected computer with the researcher and the supervisor being the only ones to have access (Newman et al., 2021). This information will be kept safely stored for five years,

where after which all electronic and hard copies will be permanently destroyed or deleted.

#### *1.7.3.6 Data analysis*

In this study, the researcher analysed the verbatim transcripts of the interviews by using content analysis, which organises the content into key themes (Graneheim et al., 2017). During the process of content analysis, the researcher followed the five steps of (1) open coding, (2) coding sheets, (3) grouping, (4) categorisation, and (5) abstraction (Vespestad & Clancy, 2021). Open coding involved writing down all headings to explain all parts of the data, and thereafter the data were transferred to coding sheets (Adeoye-Olatunde & Olenik, 2021). In the coding sheets stage, the data were grouped into categories and the final stage was abstraction, which was done by creating general explanations of the research topic through categories, sub-themes, and themes (Vespestad & Clancy, 2021).

#### *1.7.3.7 Strategies employed to ensure quality data*

Trustworthiness in this study was ensured by considering transferability, dependability, confirmability, credibility, and reflexivity (Dutta & Ranjan, 2019). Transferability is the procedure by which recognised research methods are applied in the study to ensure that findings can be applied by others in the new context (Cypress, 2017). The qualitative research method was used to gain an understanding of the participants' lived experiences and semi-structured face-to-face interviews were conducted and recorded in a quiet room (Adeoye-Olatunde & Olenik, 2021).

Dependability entails the consistency and reliability of data by elaborating on how the research design was conducted (Newman et al., 2021). To ensure the study's dependability, an interpretive research design was used to analyse participants' personal lived experiences (Cypress, 2017). Confirmability entails the extent to which the results of the study are based on the participants' lived experiences instead of the researcher's biases and can be verified by other researchers (Korstjens & Moser, 2017). To ensure the confirmability of the study, the findings are based on statements

from participants elaborating on the lived experiences as stated in the interviews (Newman et al., 2021).

Credibility entails the accuracy and integrity of the findings of the study which represent experiences as expressed by the participants (Cypress, 2017). To ensure credibility in this study, content data analysis, and verbatim quotes from participants were used and then organised into themes that reported the findings (Graneheim et al., 2017).

Reflexivity entails the researcher's role to become considerate and mindful of the relationship with the participants and to avoid interfering with participants' views and opinions which might have an impact on the research process (Dodgson, 2019). To attend to reflexivity during interviews, the researcher was observing and analysing the participants' behaviour and took notes while keeping in mind her role as a researcher.

#### *1.7.3.8 Reporting*

The findings of the study were presented in a qualitative writing style which was presented by using verbatim quotes in support of the analysis and interpretation of the data obtained through the semi-structured interviews (Lobe et al. 2020). The researcher used a narrative reporting style, presenting the findings using themes, sub-themes and related categories. Furthermore, pseudonyms were used when presenting verbatim quotes from the participants, to protect participants' identities (Levitt et al., 2018).

## **1.8 ETHICAL CONSIDERATIONS**

The researcher applied for gatekeeper permission from the Department of Health, and thereafter ethical clearance from the Research Ethics Review Committee of the Department of Industrial and Organisational Psychology at Unisa (see Annexure D). The researcher obtained consent from participants before conducting the research by



giving them an information sheet (see Annexure A) and a consent form (see Annexure B) to sign.

The participants' information was kept confidential, private, and anonymous. A pseudonym was given to each participant to protect participants identity and hard copies of the data will be kept at home in locked drawers, and electronic data will be kept in a computer with a protected password. To ensure that bias was avoided, the researcher made sure that participants were independent and treated with respect and dignity (Meier et al., 2019).

## **1.9 RECOMMENDATIONS**

Recommendations are made to the Department of Health towards improving the design, implementation and monitoring of EAPs amongst township clinics. The researcher further made recommendations to IOPs, human resource (HR) practitioners EAP specialists and managers of township clinics to enhance the effectiveness of EAP on employee wellness. Additionally, recommendations are given for further research.

## **1.10 LIMITATIONS**

A possible limitation of the study related to the empirical study is that a qualitative research method was used and only studied the lived experiences of a limited number of participants who worked at a single township clinic. Furthermore, the study discovered that there is limited research that investigates the impact of EAPs on township clinic employee's wellness. As a result, the literature review study focused on EAPs and factors influencing employee wellness in other sectors, resulting in limited data on factors impacting the efficiency of an EAP within a township clinic environment. Furthermore, this study did not look into the perspectives of other stakeholders such as IOPs, EAP officers, clinic managers, and HR managers, which might offer a more comprehensive understanding of the impact of EAPs on employee wellness.

## **1.11 CHAPTER LAYOUT**

The chapters in the Master's dissertation are presented as follows:

### **Chapter 1: Scientific orientation to the research**

Chapter 1 provided a scientific overview of the research, the study's background and motivation, the research problem, the research questions, the aims of the study, as well as the paradigm perspective. It also discussed the research design adopted, recommendations and limitations.

### **Chapter 2: Literature review**

The purpose of this chapter was to conceptualise the constructs of wellness and employee wellness by presenting a review of the literature. Moreover, it aimed to explore what is known in the literature about EAPs and the experience of the influence of EAPs on township clinic employee's wellness.

### **Chapter 3: Research article**

Chapter 3 was provided as an article and adhered to the guidelines as prescribed by the South African Journal of Industrial Psychology. This chapter provided the theoretical foundation of the study, the research design and methods used, and the study's findings. Furthermore, the chapter outlined the study's key contribution, limitations, and recommendations to IOPs, HR practitioners, EAP practitioners, township clinic managers, and future research.

### **Chapter 4: Conclusions, limitations, and recommendations**

This final chapter provided the main conclusions drawn from the study as concluded from the theoretical and empirical findings. Lastly, it outlined the study's limitations, contributions and recommendations made toward improving EAP practices, policies, and future research.

## **1.12 CHAPTER SUMMARY**

The first chapter provided a scientific orientation to the research, which outlined the study's background, motivation as well as a problem statement. The aims of the literature review and empirical study were discussed. Furthermore, the paradigm perspective, the research design, recommendations, and limitations were discussed. Lastly, a chapter layout for the entire dissertation was illustrated.

## **CHAPTER 2**

### **LITERATURE REVIEW**

Employees around the world are facing high levels of job stress at the workplace for a variety of reasons, including working in physically and psychologically demanding environments which have a negative influence on employee wellness (Ramlawati et al., 2021). Job stress has been reported to be extremely high among employees working in the public sector, particularly in healthcare settings such as hospitals and clinics (Ledikwe et al., 2018). This is mainly due to working long hours, being understaffed, and working in a stressful and demanding work environment (Saadeh & Suifan, 2020).

As job stress continues to be the leading cause of employee health issues, organisations have resorted to using EAPs to manage stress and increase productivity in organisations (Smith et al., 2019). These EAPs are provided as external or internal services depending on an organisational employee's needs (Smith et al., 2019). However, it seems employees are not always aware of these services and do not benefit from them (Miller et al., 2019). This study aimed to gain insight into the experience of the influence of an EAP on township clinic employees' wellness.

In this chapter, literature is reviewed to conceptualise wellness, and more specifically, employee wellness and its related constructs. A review of literature is also presented on what constitutes an EAP, whereafter the experience of the influence of EAPs on employee wellness will be further explored.

#### **2.1 WELLNESS**

Wellness is critical in an individual's life since it influences every element of life, including overall well-being (Ruvalcaba et al., 2022). According to Stoewen (2017), wellness is the process of developing a personalised lifestyle that allows individuals to flourish. Ruvalcaba et al. (2022) articulate that wellness is a process in which people become aware of their health challenges and make informed decisions that will result

in a prosperous life. Rehman et al. (2020) concur but go a little further by noting that wellness is an individual's way of seeking a higher quality of life, personal growth and better opportunities through healthy lifestyle choices. Spanoudi et al. (2018), on the other hand, define wellness as an individual's inner beliefs and perception of different circumstances, as well as the way to behave and react to different life situations.

Furthermore, Zaidi (2020) claims that wellness is an exclusive process of change that assists individuals in obtaining life's full potential, which involves dimensions such as emotional, spiritual, intellectual, financial, physical, occupational, and social wellness. Tanucan and Bojos (2020) believe that every individual is unique, and individual wellness will be determined by the lifestyle they choose which results in good health and a healthy mental state. Also, wellness helps individuals to become aware of health options and make informed decisions to live a more prosperous and healthier life (Oliver et al., 2018). Thus, for every person wellness might be conceptualised uniquely, yet within the dimensions noted thus far.

For individuals to claim wellness, which includes elements of being happy, wholesome, and wealthy, they need to focus on living a healthy lifestyle (Kihm & McGregor, 2020). This includes having to change one's lifestyle, becoming more conscious of making health-related decisions, following a balanced diet, and becoming physically and mentally fit (Dwyer et al., 2021).

As can be seen above, there are many different perspectives on what wellness encompasses, yet there are some similarities (Oliver et al., 2018), which can include but are not limited to the following. Bart et al. (2018) define wellness as the process where individuals want to be healthy, whereas Dwyer et al. (2021) define wellness as an ongoing process of making healthy choices. On the other hand, Wickramaratne et al. (2020) define wellness as a process in which individuals understand the current state of health and take the required actions to reach excellent health objectives. This study adopted the Rehman et al. (2020) definition of wellness, which states that wellness occurs when individuals seek a greater quality of life, personal development and possibilities for advancement by adopting a healthy lifestyle.

Subsequently, various wellness models have been developed over time, including multiple dimensions of wellness (Oliver et al., 2018). These multi-dimensions of wellness share a common goal which is to assist individuals in reaching a high-quality life (Tanucan & Bojos, 2021). These wellness models include the wheel of wellness model, the holistic wellness model and the Indivisible Self (IS) -model of wellness, which are further explored.

### **2.1.1 The Wheel of Wellness model**

The Wheel of Wellness (WOW) model is linked to individuals' self-management, mental growth, and stress management, and functions on a mind, body, and spirit level (Anderson et al., 2020). Its concept is based on Alfred Adler's psychology theory which states that individual wellness consists of the whole person instead of individual parts (Farsi, 2022). In addition, Mayer et al. (2020) mention that the WOW is divided into the following dimensions: spirituality, friendship, love, self-actualisation, work, religious belief, family, education, politics, nutrition, exercise, community, and media.

These dimensions connect to an individual's internal and external influences, which consist of health, life, and environmental traits (Oliver et al., 2018). Life traits consist of factors such as an individual's religious belief, family, education, politics, community, and media (Mayer et al., 2020), while health traits consist of factors including individuals' spirituality, friendship, love, self-actualisation and employment (Oliver et al., 2018). The environmental traits consist of factors such as crime, pandemics, poverty, eco-system, and economic manipulation (Mayer et al., 2020). An improvement in all three of these traits will result in the attainment of individual wellness (Kauppi et al., 2023).

Furthermore, Wickramaratne et al. (2020) postulate that the WOW is used to monitor individual wellness goals and to increase progress toward adopting a healthy lifestyle. Mayer et al. (2020) contend that even though limited studies have been conducted on the WOW, it has nevertheless been used to monitor individual wellness objectives effectively and has generated positive effects such as better healthier choices.

### **2.1.2 The holistic wellness model**

The holistic wellness model is also known as the National Wellness Institute wellness model. This model states that individuals need to be aware of what wellness is and actively engage in living a healthy, balanced lifestyle (Khatri & Gupta, 2017). This model is used across numerous contexts, such as but not limited to academic institutions, work, as well as community environments, considering that they are ideal for promoting wellness and assisting in increasing individuals' quality of life to a higher state (Baldwin et al., 2017).

The holistic wellness model consists of six components which include physical, social, intellectual, emotional, spiritual, and occupational (Oliver et al., 2018). Physical wellness refers to an individual's way of maintaining a healthy lifestyle, while social wellness is the ability to establish and manage a good social support system and relations (Rehman et al., 2020). Rehman et al. (2020) further explain that spiritual wellness is an individual's manner of discovering inner peace and practising a chosen religion. Intellectual wellness refers to one's ability to apply talent and abilities, while emotional wellness is an individual's ability to manage and handle stress effectively and being able to adjust to challenging situations (Kauppi et al., 2023). Finally, Anderson et al. (2020) define occupational wellness as an individual's capacity to pursue and progress in a chosen career.

### **2.1.3 The indivisible self-model of wellness**

The IS model of wellness indicates that the mind, body, and spirit are interconnected and cannot be divided (Oliver et al., 2018). The IS wellness model, like the WOW wellness model, is based on Alfred Adler's theory of individual psychology and emphasises holistic individual psychology as a source of individual wellness (Farsi, 2022). Holistic individual psychology states that individuals are interlinked with the biological, psychological and cultural aspects, which are unique to everyone (McCluskey, 2021). In addition, Oliver et al. (2018) argue that the IS model of wellness is more focused on targeting and enhancing the psychological health and wellness of an individual. Subsequently, the IS model of wellness comprises five dimensions of

wellness, which are: the essential self, coping self, creative self, social self and physical self (Fye et al., 2022, p. 2).

The essential self consists of dimensions such as self-care, gender identification, cultural identity, and spirituality, while reasoning, emotions, control, humour, and occupation are the elements of the creative self-dimension (Oliver et al., 2018). On the other hand, the coping self involves components such as stress management, self-worth, and realistic views, whereas the social self involves elements such as friendship and love (Anderson et al., 2020, p. 489). Lastly, the physical self includes dimensions such as exercise and diet (Oliver et al., 2018).

## **2.2 EMPLOYEE WELLNESS**

Wellness is reported to be a top priority in most organisations (Saadeh & Suifan, 2020) given the fact that it improves employees' emotional and cognitive capabilities and allows them to recognise and work with workplace challenges (Ruvalcaba et al., 2022). Employee wellness also includes an employee's ability to connect with others and the world, as well as how they perceive meaning associated with both life and work (Bumhira et al., 2017). Employee life satisfaction will determine employee wellness in an organisation (Dwyer et al., 2021). Furthermore, employee wellness is associated with favourable organisational outcomes such as less absenteeism, lower employee turnover, higher employee performance and productivity levels, and more engaged employees (Kumar et al., 2020).

Researchers such as Saunders et al. (2018) confirm that employee wellness is associated with a high level of productivity and employee engagement. This is confirmed in later research conducted by Kumar et al. (2020), which indicates a relationship between employee wellness and employee engagement. More focus has been placed on the emotional and occupational elements of wellness to better understand employee wellness (Kihm & McGregor, 2020). Kihm and McGregor (2020) further explain that emotional wellness assists individuals in acknowledging the emotions and managing challenges that occur daily in an efficient manner. Furthermore, Rehman et al. (2020) state that emotional wellness helps individuals to



understand positive and negative emotions and devise a plan to deal with and express them. Montoya and Summers (2021) further argue that emotional wellness provides individuals with the ability to recognise and accept an individual's feelings, values, and attitudes and those of others and manage them professionally. Additionally, Meikassandra et al. (2020) assert that emotional wellness enables individuals to be adaptable and to accept and work with new conditions and required change while accepting these new ways and successfully living within the changing world. Meikassandra et al. (2020) further explain that when individuals are emotionally healthy, they can deal with any stressful situation that comes individuals way efficiently.

Occupational wellness refers to employees' ability to be content with their current employment while also looking for new opportunities to further individuals' careers (Green & Batool, 2018). Furthermore, occupational wellness implies that an employee can display abilities such as critical thinking, problem-solving, creativity, innovation and communication and feel a sense of achievement in individual work (Kauppi et al., 2023). On the other hand, Khatri and Gupta (2017) reveal that occupational wellness enhances an individual's work engagement and job satisfaction because of the employee's sense of accomplishment in one's career.

Mabuza and Mafumbate (2019) note that occupational wellness involves sharing an individual's accomplishments with the community as a way of giving back without expecting any reward, as well as being able to balance work and family life. Adding to Mabuza and Mafumbate's (2019) views, Kihm and McGregor (2020) state that for individuals to obtain occupational wellness, employees need to choose careers that match employees' interests, values, and beliefs. Similarly, occupational wellness assists individuals in showing off individual talents and increasing their self-efficacy, enabling them to carry out responsibilities effectively (Montoya & Summers, 2021).

Furthermore, overall individual health is shaped by both wellness and well-being. Well-being focuses on environmental elements that impact an individual's health and wellness, while wellness focuses on an individual's emotional, psychological, and social factors (Doré et al., 2017). Considering this, the Mental Health Continuum-Short

Form (MHC-SF) was used to assess employee wellness as it examines aspects of individuals' health that are critical for well-being including emotional, psychological, and social well-being (Fonte et al., 2020, p.373). Emotional, physical and social well-being in individuals is associated with hedonic happiness and eudemonic happiness (Ryff et al., 2021). The hedonic factor is a person's positive emotional state that promotes the development of a healthy lifestyle, whereas the eudemonic factor is a person's perception of personal advancement that encourages them to make healthier decisions (Ryff et al., 2021). By achieving hedonic and positive eudemonic happiness, employees sustain and accomplish wellness goals (Fonte et al., 2020).

In addition, Doré et al. (2017) note that MHC-SF is used by organisations all over the world to evaluate employee mental health, as well as to measure excellent mental health in people. Most countries and cultures have proven the construct validity and reliability of MHC-SF, hence it was used in this study to evaluate employee wellness to address various characteristics of employee well-being that impact aspects of employee wellness (Luijten et al., 2019).

### **2.3 EMPLOYEE ASSISTANCE PROGRAMMES**

This study focused on EAP as one of its constructs. EAPs are employer-subsidised programmes intended to assist employees to deal and cope with moderate health-related challenges to enhance job performance and productivity levels (Miller et al., 2019). In addition, Whyte (2020) articulates that organisations should encourage excellent health and productivity in organisations by establishing EAPs to create a positive balance between employee wellness and employee engagement. EAPs are different from other organisational health initiatives mainly because they focus on enhancing employee wellness and promoting organisational productivity (Veldsman & Van Aarde, 2021).

Over the decades, many organisations around the globe have been reported to utilise EAPs in organisations to assist employees in coping with health stressors towards improving overall health and increasing organisational productivity (Roche et al., 2018). Agreeing with Roche et al. (2018), Radzi et al. (2020) note that EAPs are used

by organisations to help employees deal with stress-related issues, as well as to improve employee well-being and other problems which may affect employee's wellness and overall work performance and engagement (Couser et al., 2021; Radzi et al., 2020).

Interestingly, some of these EAP programmes are quite successful, while others often do not reach the goals and objectives, they have set out to achieve (Roche et al., 2018). According to Baskar et al. (2021), every organisation needs to conduct a comprehensive analysis of the requirements and adjust EAP policies accordingly to align with the needs of employees. In addition, organisations should adopt additional evaluation methods to enhance the cost-effectiveness of an EAP to make it more effective (Azmi et al., 2022). Furthermore, EAPs assist employees with psychological issues by offering mental health services to help them cope with conditions such as depression, anxiety, and other psychological problems that lead to a decline in job performance and productivity (Nunes et al., 2018). This is supported by research conducted by Milot and Borkenhagen (2018), which observed a big improvement in the mental health of employees and a positive psychological change amongst employees who made use of an EAP. Milot and Borkenhagen (2018) conducted research among a group of employees who received 12 hours of professional counselling for one year and discovered a reduction in anxiety, depression, and absenteeism, and an increase in job satisfaction.

It has been reported that in organisations there has been a slight improvement in the mental and emotional health of employees where EAPs are utilised. Organisations provide EAP services as an externally contracted service or as a combination of both internal (i.e. wellness department/HR) and external services offered (Couser et al., 2021). EAP services can be provided in various ways depending on the size, needs and field of the organisation (Smith et al., 2019). EAPs provide employees with services such as counselling to help them deal with concerns related to personal relationships and work-related stressors (Nunes et al., 2018). Furthermore, EAPs provide onsite health check-ups and health insurance to help employees with chronic diseases (Horn et al., 2020).

The purposes of EAPS vary depending on the needs of the organisation and its employees. Some choose services for mental health assistance utilising a referral system, while others use it for all health-related concerns (Veldsman & Van Aarde, 2021). EAP services have increased in recent years, according to Roche et al. (2018), as they now include services such as career assistance, financial guidance, physical health fitness, and trauma therapy. Furthermore, EAP services are now easily accessible to employees with virtual and telephone services available at any time regardless of location due to high demands for EAP services (Attridge, 2023). Additionally, EAPs do not only assist employees at work with work-related problems, but they also support employees including immediate families by resolving issues affecting them outside of work (Milot & Borkenhagen, 2018).

However, for an EAP to be successful in an organisation, it needs to be promoted. Shepps and Greer (2018) articulate that when employees know about the existence of EAP and its benefits, they are more likely to participate. A study conducted by Terblanche et al. (2021) indicated positive results, with more employees willing to participate in EAP after its promotion.

EAP need to be evaluated to determine its effectiveness, efficiency, accessibility and relevance in an organisational context regularly (Manganyi & Mogorosi, 2021). In addition, evaluating the effectiveness of an EAP and getting feedback on how it is experienced amongst those who should benefit from it, enhances its implementation success and guides future strategic planning (Baskar et al., 2021). To evaluate the effectiveness of wellness programmes, Dwyer et al. (2021) insist on conducting an anonymous survey to protect employees' identities and create an environment where they can honestly share lived experiences.

## **2.4 THE EXPERIENCE OF AN EMPLOYEE ASSISTANCE PROGRAMME ON EMPLOYEE WELLNESS**

This section presents a review of the literature on the topic of the experience employee assistance programmes have on employee wellness and identifies the strengths and weaknesses associated with utilising EAP in organisations. Organisations should have

an effective EAP programme in place and attend to challenges faced by employees to deal with ever-changing working conditions caused by an unpredictable socio-economic environment (Terblanche et al., 2021). Milot and Borkenhagen (2018) articulate that employees who use EAPs are much healthier, happier, more engaged and less stressed at work. In addition, research done by Baskar et al. (2021) indicates that the higher the number of employees engaging in EAPs, the lower the turnover and the higher the levels of productivity.

#### **2.4.1 Employee assistance programme elements influencing positive employee wellness**

In several circumstances, EAPs help employees to manage stress and improve employee wellness by developing techniques to deal with stress-related challenges and ways to improve employee wellness (Roche et al., 2018). This benefits both employees and organisations since it improves overall employee performance, which leads to higher organisational productivity (Couser et al., 2021).

An efficient EAP programme seems to enhance employee morale and wellness and further increase organisational productivity (Radzi et al., 2020). For an EAP programme to be effective in an organisation, it needs to be marketed so that employees are aware of its existence, what services it provides, and how they can benefit from it (Shepps & Greer, 2018). Furthermore, Shepps and Greer (2018) recommend that EAP officers conduct advertising campaigns and allow employees to submit feedback on EAP experiences.

According to the research, EAPs have a high success rate in organisations when they are promoted successfully (Attridge & Dickens, 2022). In much the same way, Hoert et al. (2018) report that management needs to support and promote EAP involvement in organisations to assist employees with stress-related problems and encourage good health, which will enhance productivity and constructive behaviour. Organisations that have clear EAP aims, policies, and objectives in place benefit from EAPs by improving employee performance and enhancing organisational productivity (Veldsman & Van Aarde, 2021).

#### **2.4.2 Employee assistance programme elements influencing employee wellness negatively**

Some organisations fail to promote EAPs inside organisations, preferring to focus on productivity and other organisational development interventions (Street et al., 2018). Additionally, Baskar et al. (2021) assert that organisations undermine EAPs for the sake of increased productivity and profit. Baskar et al. further suggest that organisations should implement tailored EAP policies to avoid such practices. Other organisations have been reported to be focusing more on improving workplace culture, neglecting including wellness programs such as EAP's and do not realise the vital role EAPs can play in ensuring a healthy workplace culture (Seward et al., 2019). In addition, Passey et al. (2018) note that organisations too often ignore recommendations made by industrial and organisational psychologists and employee well-being specialists to develop and implement EAPs as a tool to enhance employee wellness resulting in improved organisational performance.

Moreover, McLellan (2017) contends that some organisations utilise EAPs to improve customer and public relations rather than employee wellness. In addition, most organisations that use EAPs do not have EAP policies and regulations to inform employees about EAPs, which lead to the ineffectiveness of EAPs in organisations (Safeer & Allen, 2019). On the other side, some organisations have decided to avoid using EAPs because they believe that there is insufficient evidence to demonstrate if such a programme is effective in organisations (Horn et al., 2020).

Interestingly, research seems to indicate that the number of organisations offering EAP services to employees and immediate families has increased particularly after the COVID-19 pandemic (Veldsman & Van Aarde, 2021). This can be ascribed to the high levels of stress and anxiety disorders brought on by COVID-19 affecting employees and employee's families (Couser et al., 2021).

## **2.5 CHAPTER SUMMARY**

This chapter outlined the overview of the literature and what is known about the constructs related to this research. The chapter began by conceptualising wellness and then specifically employee wellness and its related constructs. A review was then presented of the literature on EAPs, and finally on the experience of the influence of EAPs on employee wellness. This included a presentation of models of wellness, such as the holistic wellness model, the WOW wellness model, and the IS wellness model.

## CHAPTER 3

### ARTICLE

#### TOWNSHIP CLINIC EMPLOYEES' EXPERIENCE OF THE INFLUENCE OF AN EMPLOYEE ASSISTANCE PROGRAMME ON THEIR WELLNESS

NWABISA MNISI

Department of Industrial and Organisational Psychology  
University of South Africa

SUPERVISOR: Dr A van Niekerk

#### ABSTRACT

**Orientation:** Township clinic employees work under enormously strenuous circumstances and often must deal with these stressors themselves. This often results in stress-related illnesses, such as anxiety, burnout, depression, and other medical conditions, such as high blood pressure. Even though employee assistance programmes (EAPs) are available to support employees, employees often do not utilise these programmes for numerous reasons, including but not limited to a lack of access, not understanding its purpose and services offered, or not trusting it.

**Research purpose:** This study aimed to gain insight into the experience of the influence of an EAP on township clinic employees' wellness, explore the challenges employees face in benefitting from EAPs and make recommendations towards improving and enhancing the influence of EAPs on employee wellness.

**Motivation for the study:** Employee wellness is a vital component ensuring organisational success, especially in strenuous working environments, such as township clinics where employees work with limited resources and numerous demands, such as those brought about by COVID-19. Therefore, it is important to understand the experience of the influence of an EAP on township clinic employees and how it can be used to positively enhance employees' wellness. Such knowledge



can assist organisations in developing and implementing impactful EAPs, increasing employee wellness, whilst ensuring organisational success.

**Research design, approach and method:** An interpretive qualitative study, using convenient sampling, conducted semi-structured interviews with 10 employees working at a township clinic. Content analysis was used to analyse the data collected, whilst following an inductive approach to extract themes and sub-themes.

**Main findings/results:** The findings of the study analysed the experience of the influence of EAP on township clinic employee's wellness. The study revealed that most employees have no understanding of an EAP and are unaware of its purpose. The findings also indicated that EAP services are not available to employees, resulting in its ineffectiveness. The findings discovered that understanding the aims and goals of an EAP, as well as the benefits it delivers, can assist in boosting employee wellness at the clinic.

**Practical implications:** The findings of the study will contribute to filling the gap in the current research on the experience of the influence of an EAP on township clinic employee's wellness. The findings will determine the level of awareness and knowledge of an EAP and its purpose amongst clinic employees. The findings further explored the perceived experience of the influence of an EAP on township clinic wellness. When EAPs are made accessible to employees at the township clinics, employee stress will decrease, and employees will be more productive, resulting in excellent service at clinics.

**Contribution/value-add:** The findings of the study will add new knowledge that can be used by township clinic managers, human resource managers and IOPs to understand the perceived experience of the influence of employee assistance programmes toward employee wellness in the workplace.

**Keywords:** Employee wellness, emotional wellness, occupational wellness; employee assistance programme, township clinics, interpretive paradigm, and qualitative research method.

## **INTRODUCTION**

### **The key focus of the study**

Stress is one of the main causes of employee illness in organisations (Richardson, 2017). The public sector is the most affected, particularly township clinics, and this is due to understaffing, working long hours, and having to deal with sick patients regularly (Ledikwe et al., 2018). Organisations address employee stress by establishing EAPs which can be available as either external or internal services (Smith et al., 2019). However, because employees are seldom unaware of EAPs, they are not as effective as they might be (Street et al., 2018). This study thus investigated the experience of the influence of an EAP on township clinic employee's wellness, the level of awareness and understanding of an EAP, its function amongst employees, and employee experience with an EAP.

### **Background to the study**

Organisations are facing numerous challenges due to complications brought about by the changing business environment and increased levels of stress-related illnesses, such as those caused, amongst others, by phenomena such as the COVID-19 pandemic (Brooks & Ling, 2020). Notably, more organisations are recognising the need to implement EAPs to support employees in coping with stress-related diseases and other mental disorders during difficult times (Brooks & Ling, 2020; Isehunwa et al., 2017).

Brooks and Ling (2020) note that employees have expressed an interest in receiving assistance from organisational EAPs, particularly in sectors such as health, catering, and retail due to diminishing health and wellness. One of the objectives of an EAP is to restore employee wellness to achieve high levels of productivity by improving employee performance and work engagement (Attridge & Dickens, 2022). Another reason for introducing EAPs in the workplace is to maximise employees' work commitment through enhanced mental and physical health (Manganyi & Mogorosi, 2021).

It is believed that employees who benefit from EAPs are in a better position to deal with workplace challenges (Attridge & Dickens, 2022). However, EAPs are underutilised in some organisations, particularly in the government healthcare sector. According to a study conducted by Perrault et al. (2020), medical clinic employees are often unaware of the services provided by EAPs and do not know where to access these services if they are required. During the COVID-19 pandemic, there seems to be an increased demand for EAPs among clinic employees as employees were working under a lot of stress due to an imbalance between resources and large numbers of patients who needed care (Brooks & Ling, 2020).

### **Research purpose**

Organisations utilise EAPs to promote employee wellness, morale, work commitment, and performance, as well as to create healthier workplaces, making sure that employees are working in a healthy and safe environment (Sabharwal et al., 2018). By implementing EAPs in organisations, employees' mental health awareness and stress management skills improve, allowing mental and stress-related illnesses to be prevented before they occur (Fan, 2022). To be effective and enhance productivity, work performance, and employee wellness, EAPs require well-designed policies, objectives and appropriate interventions (Isehunwa et al., 2017; Veldsman & Van Aarde, 2021).

The knowledge gained from studying EAPs will help EAP practitioners, Industrial and Occupational Psychologists (IOPs), and Human Resource (HR) managers develop effective strategies for providing value-added services and improving employee wellness, as well as improving the quality and availability of EAP services at clinics (Perrault et al., 2020). Therefore, the purpose and general aim of the study was to gain insight into the experience of the influence of an EAP on township clinic employees' wellness.

The specific literature review aims of this research were to conceptualise wellness and its related constructs and to conceptualise the experience of the influence of EAPs on township clinic employees' wellness.

The specific empirical aims of the study were to:

- Determine the level of awareness and knowledge of an EAP and its purpose.
- Explore the challenges employees face in benefiting from EAPs.
- Explore the perceived experience of employees of an EAP and the influence on township clinic employees' wellness.
- Make recommendations for improvement towards enhancing the influence of an EAP on employee wellness.

## **TRENDS FROM RESEARCH LITERATURE**

The researcher sought to gain knowledge about the study's distinctions and similarities as revealed by the literature. EAPs aim to enhance employee wellness to boost productivity and work performance (Couser et al., 2021). This section discusses literature trends that are connected to the empirical aims of the study.

## **WELLNESS AND EMPLOYEE WELLNESS**

Wellness is an individual's way of ensuring a better quality of life, and personal development through healthier lifestyle choices and attitudes (Rehman et al., 2020). Rehman et al. (2020) further explain that wellness is important in individuals as it determines the way to improve well-being. To ensure well-being, individuals must take responsibility to actively attend to wellness by living a healthy lifestyle (Kihm & McGregor, 2020; Stoewen, 2017).

Over the years, several wellness models have been established, including the indivisible self-model of wellness, the holistic wellness model, and the wheel of wellness (Oliver et al., 2018, p.42). The holistic wellness model asserts that individuals should look for methods to live a healthy, balanced lifestyle, while the wheel of wellness model focuses on individuals' self-management, mental development, as well stress management (Wickramarathne et al., 2020). The IS-model of wellness, which was borne out of the wheel of wellness, on the other hand, strives to enhance

an individual's psychological components and wellness holistically as a foundation (Baldwin et al., 2017).

In addition, wellness involves eight components that assist individuals to live a healthy lifestyle (Tanucan & Bojos, 2021). Tanucan and Bojos (2021) further explain that these components include physical, social, intellectual, emotional, spiritual, environmental, occupational, and financial factors. Zaidi (2020) notes these components as follows: physical as being able to maintain a healthy lifestyle, intellectual as being able to develop mental, and emotional components as being able to respect and understand other people's feelings.

Furthermore, Stoewen (2017) argues that the social component of wellness is being able to sustain good relationships with others, while spiritual is being able to understand the meaning of life, and the financial component as being able to make good financial decisions. Stoewen (2017) further explains the environmental component as being able to contribute toward a safe and healthier environment, while Zaidi (2020) refers to the occupational component as being able to choose work that meets your personal goals.

Employee wellness also represents the extent to which an employee connects with others and the world, and how they interpret the meaning of life and work (Bumhira et al., 2017). Employee wellness assists employees in adjusting and reacting to workplace problems and circumstances by enhancing emotional and cognitive abilities (Ranjitha, 2021).

Emotional wellness and occupational wellness are two constructs of wellness in the workplace that this study believes to be important and should be given some attention. Emotional wellness is related to psychological well-being, as emotional disturbances lead to psychological issues such as depression, anxiety, and obsessions (Zaidi, 2020). Alternatively, occupational wellness refers to an individual's ability to be happy at current job (Kihm & McGregor, 2020). To be able to reach occupational wellness, an individual must be able to demonstrate unique talents at employees present job and be happy at what they do (Stoewen, 2017).

EAPs are employer-funded programmes that assist employees and immediate families to maintain and enhance health and wellness (Matthews et al., 2021). Matthews et al. (2021) further explain that these services are offered as internal or external services benefiting both employers and employees, amongst others to establish and maintain good relationships, increase productivity and reduce employee turnover. In addition, employee wellness helps organisations to reduce absenteeism and presenteeism, while increasing employee engagement and subsequently productivity (Couser et al., 2021; Kumar et al., 2020).

## **THE IMPACT OF EMPLOYEE ASSISTANCE PROGRAMMES ON EMPLOYEE WELLNESS**

EAPs help to support the mental health of employees, while reducing the impact of work stressors that lead to illnesses, such as stress, anxiety, burnout and depression, to name but a few (Smith et al., 2019). Joseph and Walker (2017) argue that EAPs assist employees not only in dealing with problems at work but also outside of work, which impacts on their performance and can assist in boosting performance and productivity.

Additionally, EAPs assist employees in enhancing wellness their health status by providing benefits such as counselling services, health check-ups, work/life, financial services and legal services (Horn et al., 2020). However, EAPs are often not as impactful as they should be in enhancing the wellness of employees in organisations. Factors contributing to this ineffectiveness include but are not limited to, a lack of or inadequate communication between EAP experts and managers, as well as a lack of clarity about how such programmes may be accessed (Street et al., 2018).

Furthermore, Kumar et al. (2020) note that employees resist participating in EAPs due to a lack of trust in the system as they fear being embarrassed, judged, and harassed by other employees, should their anonymity not be protected. In addition, Smith et al. (2019) note that EAPs often fail due to a lack of competence among the EAP specialists who develop, implement, and offer the services of such programmes.

## **RESEARCH DESIGN**

The research design outlines how the research was conducted by explaining a detailed overview of the research process followed (Irshaidat, 2022). The research design aimed to provide transparency relating to the research strategy, research setting, method, approach, data collection and data analysis (Sovacool et al., 2018). This study conducted an exploratory research design which enabled the researcher to answer research questions and gain insight and clarity into the experience of the influence of an EAP on township clinic employee's wellness (Mohajan, 2018). Subsequently, in the following section, this study discusses the research approach, research strategy, and research method followed.

### **Research approach**

An interpretive qualitative research approach was utilised to gain rich insights and understanding of the experience of the influence of an EAP on township clinic employee's wellness (Nicholls, 2019). The goal of a qualitative approach is to investigate participants' interpretations of the situation to gain knowledge of their lived experiences (Johnson et al., 2020). A qualitative research approach enables the researcher to comprehend the phenomena since it is characterised by flexibility and an openness to the context in the creation of new meaningful concepts (Busetto et al., 2020).

### **Research strategy**

A research strategy used in this study was an interpretative style which is in line with the interpretivist paradigm (Kalu, 2019). The interpretive strategy allowed the researcher to gain a better understanding of the subjective lived experiences of the participants to make meaning of those experiences (Ferguson, 2022).

## **Research method**

The research methodology is the process of describing how the study was scientifically conducted and the methodological techniques used to answer the research questions (Gunbayi, 2020). The qualitative, interpretivist research methodology was used in this study to better understand the experience of the influence of an EAP on township clinic employees' wellness (Clark & Vealé, 2018; Darder, 2018). The section that follows discusses the research method used in this study, which consists of a research setting, entrée and establishing researcher role, sampling, data collection method, recording of data, data analysis, strategies employed to ensure quality data, ethical confederations and reporting.

## **Research setting**

This study was conducted at a township clinic in Johannesburg, Gauteng, to gain insight into the influence of an EAP on township clinic employees' wellness. Adding to the everyday challenges under which employees must work, the researcher discovered that the clinic was overcrowded with patients and that it was understaffed, and the situation has since worsened significantly with a rise in COVID-19 cases. Moreover, most employees were emotionally and physically exhausted, and they sometimes seemed to not want to come to work and just stay at home to rest. The employees at the clinic are working under dreadful, non-conducive conditions. The clinic is too small to accommodate the number of patients it receives each day. There are not enough consultation rooms available, resulting in patients standing outside in long queues, sometimes in the rain. Additionally, there is a severe shortage of resources, which often leads to nurses sending patients home without providing them with any medication.

Upon further investigation, the researcher asked the employees at the clinic if they had an EAP and had utilised it. The response she got was that employees were not aware of such a programme, or they were not aware of how they could access such EAP. Therefore, there is a clear need to conduct further research to gain insight into the experience of the influence of an EAP on township clinic employees' wellness.



## **Entrée and establishing the researcher's role**

The researcher obtained permission from the Department of Health through a gatekeeper permission letter to conduct the research and applied for ethical clearance from the Research Ethics Review Committee of the tertiary institution. An ethical clearance certificate was issued (see Annexure D), and the researcher approached potential participants, informed them of the purpose of the study, and obtained informed consent from those who were interested in participating. Thereafter data were collected using semi-structured interviews.

The researcher played a leading role during the data collection phase by guiding the interviews, building trust, and confidence and being non-judgemental, non-directive and open to participants' needs (Clark & Vealé, 2018). The researcher was able to collect useful data from the participants by establishing trustworthiness and assuring them that employee participation was voluntary and would have no adverse impact on employees' jobs or relationships with supervisors and managers and that they would remain anonymous (McGrath et al., 2019).

## **Sampling**

The purposive sampling method was used, which is a non-probability sampling method aimed at selecting participants based on employees' experiences and knowledge of the topic being studied (Campbell et al., 2020). The inclusion criteria for this research included employees of all genders and races, between the ages of 25 years and 65 years employed at a specific township clinic, in Johannesburg, Gauteng (Patino & Ferreira, 2018). The researcher trusted that the participants who have worked for a few years would have enough work experience and have been exposed to various circumstances in the clinic to be able to comment on the topic at hand with authority. Employees from other clinics were excluded from the study, including employees currently employed at the clinic but younger than the age of and older than the age of 65 years, which is the retirement age. The following table below outlines the participant's demographics.

**TABLE 3.1****Participants demographics**

<b>Participant number</b>	<b>Gender</b>	<b>Race</b>	<b>Job title</b>
Participant 1	Female	African	Professional Nurse
Participant 2	Male	African	General Worker
Participant 3	Female	African	General Worker
Participant 4	Male	African	Administrative Staff
Participant 5	Male	African	Administrative Staff
Participant 6	Female	African	Nurse
Participant 7	Female	African	Nurse
Participant 8	Male	African	Professional Nurse
Participant 9	Female	African	Nurse
Participant 10	Female	African	Nurse

**Data collection method**

In line with the interpretive paradigm, data were collected using semi-structured interviews which lasted approximately an hour per participant. Semi-structured interviews are interviews in which the researcher has pre-planned questions for the interview and ensures that the questions are open-ended and further probing can be done, to explore relevant information as deeply as possible (Brown & Danaher, 2019). Semi-structured interviews helped the researcher to ask open-ended questions and collect rich insight into the experience of the influence of an EAP on township clinic employees' wellness (Mahat-Shamir et al., 2021). The interviews were conducted face-to-face at the clinic in a private, quiet room, while all COVID-19 protocols were observed.

## **Recording of data**

After obtaining informed consent from the participants, the researcher collected the data from them using semi-structured interviews, and the researcher used an audio recording device while interviewing them face-to-face (Archibald et al., 2019). The recordings were transcribed verbatim, while the researcher listened to them repeatedly, ensuring that verbatim transcripts corresponded with the recordings (Torrentira, 2020).

## **Data analysis**

Data analysis entails the process of demonstrating data collected to uncover a meaningful concept (Belotto, 2018). The qualitative data analysis was used to describe the commonly identified experiences, feelings and opinions of participants in this study (Elliott, 2018). Additionally, content analysis was used to analyse data collected during semi-structured interviews (Lindgren et al., 2020). Content data analysis is the process of using themes to make meaning of the data collected and it involves steps such as open coding, coding sheets, grouping, categorising, and abstraction (Lindgren et al., 2020).

Firstly, in the open coding phase, the transcribed data were organised into headings which explained all themes (Adeoye-Olatunde & Olenik, 2021). This was done by sorting the data into reduced elements for clear analysis and noting emerging themes (Elliott, 2018). The next step was the coding sheet phase where themes gathered from the coding phase were organised into groups (Lindgren et al., 2020). Colour coding was used to group themes and sub-themes as they emerged until no new themes emerged (Elliott, 2018). Furthermore, the categorising phase followed where research aims were identified by arranging the headings together depending on the similarities (Adeoye-Olatunde & Olenik, 2021). This led to the final phase, the abstraction, which was used to highlight the broad knowledge about the study's topic through categories, sub-themes, and themes (Kyngäs, 2020).

## **Strategies employed to ensure quality data**

In this study, trustworthiness was established by focusing on transferability, dependability, confirmability, credibility, and reflexivity (Cypress, 2017). Transferability entails the extent to which credible research methods are applied in the study to ensure that other researchers can relate to the findings and conclusions of the study (Campbell et al., 2020). The qualitative, interpretivist research design was used by the researcher which presented details of the scientific processes involved in the study to enable other researchers to relate the findings to new contexts (Campbell et al., 2020; Clark & Vealé, 2018; Darder, 2018).

Dependability was addressed by providing a detailed explanation of how the research design was followed and the steps taken to collect, analyse, and interpret data, and report findings and conclusions of the study's topic (Cypress, 2017). This enables other researchers to easily understand the findings and conclusions and use the data in a similar or different situation (Archibald et al., 2019).

Confirmability relates to how the findings and conclusions of the study represent participants' experiences and views rather than the researcher's preferences and can be confirmed by other researchers (Graneheim et al., 2017). By adhering to credibility and transferability, the researcher addressed confirmability, ensuring that findings and conclusions relate to views and experiences as represented by participants rather than the researcher's biases (Archibald et al., 2019).

Credibility entails the appropriateness of the findings and conclusions of the study which denote the truthful experiences and views of participants (Daniel, 2018). To achieve the credibility of the study, face-to-face semi-structured interviews were used to collect data (Campbell et al., 2020). These interviews were recorded and lasted for 60 minutes, which enabled the researcher sufficient time to gather valuable data. (Lindgren et al., 2020). The researcher utilised verbatim transcriptions to analyse participants' views and experiences and to report the findings (Darder, 2018).

Reflexivity relates to the researcher's accountability and understanding of the role they present by defending participants' opinions and experiences and not allowing participant's relationships to interfere with the research process (Graneheim et al., 2017). To ensure reflexivity, the researcher had no relationship with the participants, she attentively watched the participants' behaviour and carefully listened to them during the interviews, taking thorough notes to subsequently reflect on the experience.

### **Ethical considerations**

Permission was obtained from the Department of Health to conduct the research and ethical clearance was granted by the Research Ethics Review Committee of the tertiary institution (see Annexure D). An information sheet was shared with all participants and informed consent was obtained from them which indicated participants' willingness to participate in the study. The researcher ensured that participants' involvement in the study was voluntary, that participants' privacy and anonymity were protected, and confidentiality was always ensured, while participants were treated with decency and respect (Brault & Saxena, 2021). To preserve the participants' privacy, the researcher employed pseudonyms when transcribing the recordings verbatim. The data were kept safe on the researchers' computer with a protected password, and the documents were stored in a locked cabinet to keep the documents secure for five years (McGrath et al., 2019). After five years all data, electronic and hard copies, will be permanently destroyed.

### **Reporting**

To report the findings of the study, a qualitative writing style was used in which verbatim quotes were used to support the analysis and interpretation of data (Teti et al., 2020). The findings were reported using themes, sub-themes and related properties.

## FINDINGS

The purpose of the study was to gain insight into the experience of the influence of an EAP on township clinic employees' wellness. This study contributes to the growing body of knowledge concerning the experience of the influence of an EAP among employees and overall well-being. Content analysis was used to analyse the data of this study using an inductive approach which is used to uncover unfragmented information (Johnson et al., 2020). The following themes illustrated in Table 3.1 emerged from the data analysis.

**Table 3.2**

### **Themes and Sub-themes of the experience of the influence of an EAP among township clinic employee's wellness**

<b>Themes</b>	<b>Sub-themes</b>
Knowledge of the EAP	Awareness of an EAP Understanding the purpose of an EAP
Factors rendering an EAP ineffectiveness	A lack of information A lack of access and experience
Interventions towards enhancing an EAPs effectiveness	Improve communication Online connectivity Interactive engagement among colleagues Network of professional services

#### **Theme 1: Knowledge of an EAP**

The first theme that emerged was knowledge of an EAP after the participants were asked to share individual knowledge of an existing EAP. Two sub-themes emerged, namely awareness of the EAP and understanding of the purpose of the EAP. These two sub-themes are discussed below and supported with verbatim quotes.

## **Awareness of an EAP**

Most participants expressed that they have never seen or heard of an EAP or met an EAP officer since being employed at the clinic. The findings revealed that there seems to be no effort to promote the existence of the EAP. This implies that employees are deprived of benefiting from the service offered by this EAP, and as such, the challenges they experience are unattended to and employees are not enabled to improve employee's overall wellness at the clinic.

"Ever since I started working here in the clinic in 2019 in that timeframe, I have never seen any EAP representative in the facility or the region. I was never introduced to any EAP." (Participant 1)

"They never declared that these are people who can assist us regarding EAP. I have not seen any assistance ever since I started working here." (Participant 3)

"I recently known about it not long ago sometime this year, and I've been working here for six years." (Participant 6)

"No, I've never heard anything about the EAP programme." (Participant 10)

Interestingly was that quite a few participants noted how they were not even aware of what an EAP is and had never heard about it in the clinic setting.

"It's the first time I'm just starting to hear about this." (Participant 4)

"I do not know anything about EAP. ... we don't have much in services here at the clinic about those things." (Participant 5)

"I would say zero to be honest I know nothing about EAP." (Participant 7)

"I don't know exactly what it is, I think maybe if you can explain to me what it is so I can answer?" (Participant 8)

Participant 9 seems to be the only one who was formally introduced to the EAP during induction.

“We had an induction there was HR person, so they explained to us what it is ...”  
(Participant 9)

### **Understanding of the purpose of an EAP**

Even though most participants were not aware of or had any exposure to the EAP, they were able to share different views on what the purpose of an EAP would be. The participants' responses indicate a distinctive difference in what each perceives the purpose of the EAP to be and that influences an understanding of how it can contribute positively towards enhancing overall wellness.

The purpose of the EAP seems to range amongst participants from merely just knowing it is something that is there to assist one, but with what it is not clear. Yet other participants were a bit more specific and shared how they understand it to help employees in dealing with work-related issues, social issues, issues at home, physiological issues and especially psychological issues relating to mental health. This suggests a lack of employee education regarding EAP, which should be prioritised so that employees may fully benefit from an EAP.

“I cannot say I understand it fully. I might know the basics like okay, these are the offices, these are the contacts, this is the person to contact, and this is the process to follow.” (Participant 9)

“We were never enlightened about it, so from its name, it's understandable it is something that has do with assisting but in depth regarding what it assists with I do not know.” (Participant 10)

“Not really, I know about the small portion.” (Participant 4)



“It is to assist employee and employers in fairness in the workplace or assisting employers in the knowledge of labour relations or labour law.” (Participant 7)

“I perceive it in a different way I don't know, correct me if I'm wrong. Employee Assistance Programme is whereby people come and coach us either financially, or home problems or whatever ...” (Participant 3)

“EAP is the programme that deals with stress and other problems of employees in the workplace.” (Participant 5)

“I think it talks about wellness and sort of thing. ... it helps the employer with employee problems that they have in the workplace like if they are taking drugs. Maybe mentally if I'm not well, I'm not fit for work.” (Participant 6)

“I think it assists employees who are having problems at work or even their social problems which affect their performance. It also assists employees in terms of fitness and physical activities.” (Participant 1)

“I would know who to contact and where to go If I need help. I am one person who documents everything, and I know that the first process is to call whoever person is responsible for the programme and then maybe that person can refer me where to go.” (Participant 9)

One participant, in her role as team leader, did her research to gain an understanding of the services the EAP offers and was able to refer a colleague for assistance.

“Let me say I am a team leader, so I had one person that needed assistance. So, I asked around, I had to research on how I can help this person she was going through problems at home, and it was affecting her work.” (Participant 6)

## **Theme 2: Factors rendering an EAP ineffective**

The second theme that emerged highlighted the factors rendering an EAP ineffective, which highlights the challenges participants face as they are not benefiting from the EAP. The following two sub-themes emerged, namely a lack of information and a lack of access to and experience of the EAP. These sub-themes are discussed below and substantiated by verbatim quotes.

### **A lack of information**

Most participants expressed that they lack information about the EAP and would value becoming better informed of its purpose, what it offers and how they can benefit from it. This perhaps points to participants believing that the EAP can help them, yet if only they knew how. It can therefore be concluded that the lack of information renders the EAP ineffective as employees are not benefiting as they should from the EAP as they are unaware of the purpose and services that the EAP provides.

“We lack information about this EAP, so the more information we have about this EAP the more knowledge, and more empowered we will feel as employees.” (Participant 7)

“There is a lack of information. We have never heard of an EAP before.” (Participant 2)

“We were never enlightened about EAP; I would love to get more information about it.” (Participant 10)

“I have never had any slight information about it and would like to have more information about EAPs.” (Participant 4)

“I think if they should introduce to us this EAP, we don't have much information about this kind of programme.” (Participant 5)

“We do not know anything, we lack information, we need to go and report 123 to them.” (Participant 8)

“I wouldn't say much about EAP. But the thing is, they never declared that these are people who can assist us regarding EAP.” (Participant 3)

### **A lack of access and experience**

Considering participants' responses, another reason for the EAP's ineffectiveness at the clinic is the lack of access to it and experience of it. This is negatively affecting employee wellness, as without access to an EAP, employees are unable to acquire resources which could assist them in coping with challenges.

“We don't have access to EAP or place where we can go and talk to somebody to assist us about our problems, and we do need this programme in our facility.” (Participant 8)

“I do not have experience of an EAP, and I was never referred to EAP. I think the challenge is time, there is no time because we are always swamped up with work that's why I think the service must come to us, we cannot go and look for the service.” (Participant 7)

“I was never referred to an EAP and I do not have an experience with an EAP. I think the challenge is it not easily accessible, because it cannot be the first time, I am hearing about it now. I have been working here for the past 10 years and it's the first time I'm hearing about EAP.” (Participant 10)

“I didn't know about EAP that was the first challenge. The second challenge our district office is far and how do I reach there. Now the problem is that the programme is not here, it is at the (name of the town). Will we be able to take a taxi to town and come back? That's a challenge and we do not know how to tackle it.” (Participant 6)

Participant 2 had an unpleasant experience when she attempted to visit the district office, and she could not get any assistance from the office.

“I have never seen or heard anything about EAP. If we have a burning issue in the clinic, we have to go to the (district office), when you go there, there is no one to help us.” (Participant 2)

Participant 1 believes that if they had access to an EAP, it would improve their wellness at the clinic as employees would be happier.

“If we had an effective EAP and have access to it, so I think even the facility will be running smoothly because everyone will be happy.” (Participant 1)

### **THEME 3: Interventions towards enhancing an EAPs effectiveness**

Interventions towards enhancing the EAPs effectiveness emerged as the third theme whereby participants made recommendations of interventions which they believe could be considered to improve the effectiveness of an EAP. Three sub-themes arose, namely improve communication, online connectivity, and network of professional services, which are discussed below together with verbatim quotes.

#### **Improve communication**

Participants suggested that EAP officers should engage in an open communication approach to ensure that the EAP is effective and well-utilised. This includes establishing communication channels, such as EAP officers visiting the clinic regularly to check in on employees, offering educational materials, and conducting workshops to discuss EAP services. By utilising these communication strategies, EAP officers may increase awareness and understanding of EAP amongst employees.

“I think if maybe they can make it a norm that twice in a year they come. They should come meet workers and say guys remember this is the programme for you, there's help for you. I think that might make workers to be a little bit active in that way because I don't think that we are all fine.” (Participant 9).

Participant 1 believes that if EAP officers were more visible within the clinic, they would be able to identify and address some of the issues that employees were encountering and improve their wellness.

“I think if we had the EAP rep in the clinic, yes some of the challenges will be able to be recognised and spotted and dealt with accordingly because they are professionals and can see the signs of depression or mental health issues.” (Participant 1)

Most participants recommended that EAP officers should come to the clinic and present learning materials such as posters, and host training workshops about EAP services to help employees gain the necessary information.

“Maybe they can do a wellness awareness within the clinic and maybe there must be posters that can be given to us the community at large with this programme for when one comes across with such problems, they can be able to go, or you can contact whoever they need to contact.” (Participant 8)

“I think they should come here in the clinic and form a group session maybe. And then they can explain it to us and tell us which route to go about it should there be a need for everyone to access the programme.” (Participant 10)

“We need workshops, workshops about EAP officers introducing themselves on what services they're offering.” (Participant 7)

Participant 4 believes there is insufficient training to inform them about the services and benefits accessible to them and feels that if such training is offered, they will gain more information.

“If they can conduct in-service training that's where I will have knowledge of an EAP because we don't have much in-service training here at the clinic of those things.” (Participant 4)

It is evident from the above verbatim quotes that there is an eagerness to learn more about what the EAP offers and how it can help in identifying and addressing challenges employees face towards improving their wellness.

### **Online connectivity**

Participants recommended online connectivity as another intervention towards enhancing the EAP to improve access to it. This includes supportive channels such as telephonic consultations, WhatsApp support groups, virtual platforms, and newsletters. This would help to create a safe, supportive environment for employees and provide them with information and access to EAP services.

“I think If maybe we'd have those people in our groups in one of our work WhatsApp group and members of the staff where we would ask questions. Maybe if there was a person that would deal directly with us and we know that okay, this person has been put for (Facility`s name).” (Participant 6)

“I think if they can do online support groups such as WhatsApp group for employees to easily reach assistance that will be a solution for now.” (Participant 5)

“If we can be able to reach them telephonically, maybe make an appointment, yeah, that's the main thing they can do.” (Participant 8)

“If they could introduce other platforms for us to access EAP services, maybe virtually and writing things down.” (Participant 10)

“I think if they can do it privately maybe use an online platform such as Skype where I can contact them at my own space.” (Participant 4)

“Maybe once a month they should send us newsletters and give us updates on policies of EAPs and which communication channels we can use to reach them if we need assistance.” (Participant 7)

## **Interactive engagement among colleagues**

Looking at participants' responses, there is clear evidence that there is a lack of engagement with each other, as they suggested interactive engagement intervention such as team building which they believe will encourage the sharing of work experiences while promoting communication and collaboration among employees.

"I think team building will bring people closer together. Forget about some problems that they have, for that moment, learn from a different person, learn to work together as a team, wherever whatever activities we'll be doing." (Participant 4)

"If they can give us a time, maybe Thursdays where we can do team building to talk about what issues we have to refresh our minds and come back with a good mind, a smile." (Participant 2)

"So, if EAP could talk about team building, I don't know. You know, team building is very important, especially in stressful places like the clinic because we don't have time for team building where we can share our experiences with each other." (Participant 7)

"If they can introduce the programme let's say once a week for just two hours, where we do team building activity that could help a lot because it could ease our mind and be able to share my work experience with other colleagues." (Participant 1)

Participant 5 thinks that teambuilding exercises will enhance their ability to communicate with one another and foster cooperation with others, enabling them to work together and reduce tension among them.

"We need team building activities or something. If we would work as team things will be better. Right now, we are pulling each other, the other is going that way and the other one is going that way." (Participant 5)

## **Network of professional services**

Participants suggested the incorporation of other professionals to assist EAP officers with supporting employees who are experiencing numerous challenges which affect employee's overall wellness. These include services offered by social workers, psychologists, financial advisers, and facility management to help address concerns affecting employee well-being. From the following participant recommendations, it is evident the challenges they face consist of socio-economical, physical, and psychological issues, and all these are affecting employee wellness at the clinic.

“Bring a psychologist to tell us about maybe mental health. Maybe a financial adviser as well who will come and talk about managing finances and debt you understand, because people have gambling problems here.” (Participant 7)

“If EAP would bring someone to assist maybe with financial backup, how to get money or sponsorships or business skills, developmental skills business-wise. Such things would also lessen my stress.” (Participant 4)

Participants 6 and 8 feel that bringing in a social worker would be beneficial and improve employee wellness at the clinic because they would be able to help identify the extent of wellness challenges that employees experience.

“If we can have a person who comes once a week so that if we have problems, we can talk with her, it may be a social worker, because we do have a social worker.” (Participant 6)

“We must also search ourselves and maybe they should also work with social workers. There should be somebody who can look at the person and assess the person to see how big the situation is and deal with it.” (Participant 8)

“If they can send somebody just to check on us, a professional, maybe once a week, then we will know that today there is someone in the facility to attend to our problems.” (Participant 10)



Participants 2 and 3 indicated a need to have a facility manager who would play a major role towards enhancing the effectiveness of an EAP at the clinic. They suggested that the manager should organise weekly meetings with employees to discuss and attend to issues timeously, as well as facilitate visits from EAP officers to attend to the needs of employees.

“The other thing I want is that (the) manager should also be involved by maybe let’s say once a week have a meeting with staff members and listen to staff problems, some issues can be resolved.” (Participant 2)

“I think the manager himself in the facility must get that awareness and to be able to consult with the EAP reps and talk to them and make an arrangement sometimes they can come in address us because I don't think I'm the only one who is encountering the problems, everyone is, we've got different problems, some of them they've got their own solutions.” (Participant 3)

## **DISCUSSION**

### **The main objective of the study**

The main objective of the study was to gain insight into the experience of the influence of an EAP on township clinic employees wellness. Aims related to the literature review included conceptualising wellness and its related constructs, as well as conceptualising the experience of the influence of EAPs on township clinic employee’s wellness. Specific aims related to this empirical study involved determining the level of awareness and knowledge of an EAP and its purpose, exploring the challenges employees face in benefiting from the EAP, as well as exploring the perceived experience of the influence of an EAP on township clinic employees wellness. Lastly, the study aimed to make recommendations for improvement towards enhancing the influence of an EAP on employee wellness.

## **Main contributions of the study**

Although the study`s aim was to investigate the experience of the influence of an EAP on township clinic employee`s wellness, the results revealed that the employees did not benefit from the EAP due to a lack of access to and knowledge of it. Furthermore, the study's findings highlight that due to township clinic employees' insufficient knowledge of the EAP and lack of access, it could not be ascertained how EAP could improve their wellness.

EAPs assist in managing employees' stress-related illness and improve productivity and increase job performance, but this sometimes is not possible as employees are unaware of the existence of the programme (Ott-Holland et al., 2019). This study makes an important contribution to the expanding body of knowledge on the experience of the influence of an EAP on township clinic employees wellness.

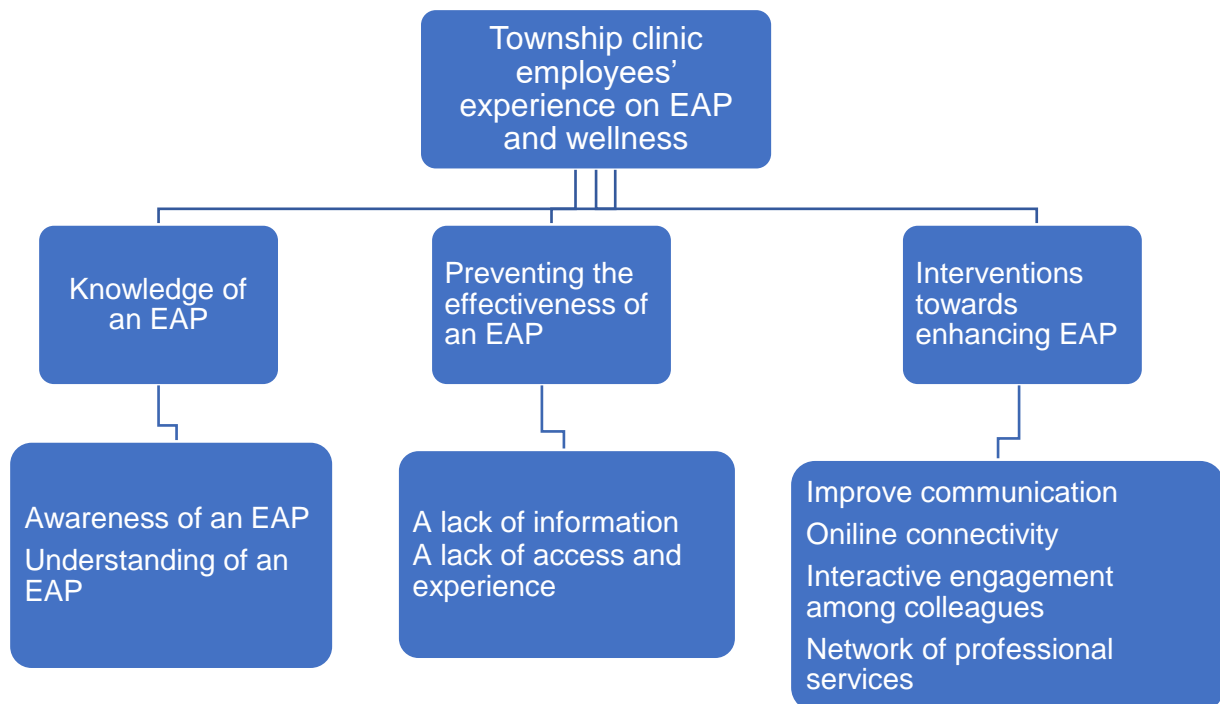
It is an organisational obligation to ensure that all its employees have access to information about the EAP to improve employee`s wellness (Fink et al.,2020). The study's findings will help organisations to better understand what is needed to change so that employees may gain completely from the benefits offered by an EAP. Furthermore, IOPs, HR experts, and EAP practitioners will all benefit from the findings and use the information to enhance the implementation of EAPs in organisations.

## **Integration of findings with literature**

The integration of findings with literature will be discussed below. Figure 3.1 demonstrates the themes and sub-themes that emerged from the data, as well as the factors impacting on the experience of the influence of an EAP on township clinic employee`s wellness

**Figure 3.1**

**A Framework of Factors impacting on Township Clinic Employees' Experience of the Influence of an EAP on their wellness**



**Theme 1: Knowledge of an EAP**

The findings revealed that employees are unaware of the existence of an EAP and have limited knowledge of the programme, which has a major effect on employee's wellness at the clinic. Participants revealed that there is a lack of education about EAP at the clinic, and they believe it was the clinic's responsibility to introduce it to them. Without the knowledge of an EAP, employees will fail to seek support when they face challenges at work and that leads to an ineffective EAP (Perrault et al., 2020). Additionally, Dipela and Sithole (2021) claim that when employees are not made aware of EAPs and other wellness programme choices, employee well-being in organisations is very low. Organisations should seek efficient methods for utilising

EAPs, including newsletters, e-mails and posters to enhance employees' health and wellness (Whyte, 2020).

### **Theme 2: Preventing the effectiveness of an EAP**

The research findings showed that the cause for the ineffectiveness of the EAP at the clinic is that employees lack information and have no access to and experience with the EAP. The study revealed that EAP specialists do not visit the clinic and employees have challenges that need to be addressed, but do not know how to access the EAP. Although employees lack information and access to an EAP, they expressed an eagerness to learn more about the EAP because they believe it may assist in improving employee's wellness. Bouzikos et al. (2022) assert that employees with little information and no access to an EAP are reluctant to participate in it because they are unaware of the benefits it offers, resulting in them not benefitting from EAP. In addition, Dipela and Sithole (2021) maintain that when EAP information does not reach employees as projected, there is a negative participation rate for EAPs, resulting in the EAP being ineffective.

### **Theme 3: Interventions towards enhancing the EAP.**

Participants made recommendations towards improving the EAP and they suggested the following interventions: improved communication channels, online connectivity, interactive engagement among employees, as well as utilisation of a network of professional services.

The first intervention discovered in the study was to improve communication. The findings revealed a lack of communication regarding EAPs. Most participants reported a lack of visibility of EAP specialists at clinics. They suggested that EAP specialists should visit the clinic regularly and conduct workshops to educate them about what the EAP can offer. Using efficient communication channels assists in enhancing change in any working environment (Shapiro et al., 2019).

According to the findings, online connectivity is another intervention that may be utilised to provide easy access while also ensuring that employees are fully educated

and engaging with the EAP. The study revealed that employees do not have access to the EAP, with most of them mentioning that they are eager to participate in the EAP but do not know how. Most participants recommended online connectivity using WhatsApp support groups and virtual platforms which they believe are simple to use. Using online platforms as an intervention strategy allows employees to have easy access and privacy in their environment (Bouzikos et al., 2022).

The study indicated that interactive engagement among employees is a further intervention that could be used to enhance communication and engagement among employees. The findings revealed that employees work in a stressful environment and do not necessarily share stressful working experiences with others. Participants believed that by enhancing interactive engagement among themselves through team-building activities, some of employee's challenges may be resolved. Walliser et al. (2019) assert that regular interaction among employees assists in the development of trust and collaboration for employees to better understand their roles and responsibilities within the organisation.

Finally, another intervention recommended was the utilisation of professional services to enhance access to the EAP at the clinic. The findings revealed that considering the nature of the challenges employees encounter, there is a need for access to external services such as financial advisors and psychologists. Using external professionals helps to assist in dealing with employee challenges since some of them may be more comfortable in a different setting (Shepps & Greer, 2018).

### **Limitations and recommendations**

A few limitations have been observed in this research. This study is a qualitative methodology research study, and it only investigated the lived experiences of a small number of participants working at one township clinic. This implies that it excluded other township clinics, so its findings solely reflect the experiences and perceptions of employees working at the clinic where the study was conducted.

Therefore, there could be elements that influenced the experiences of employees working in this clinic that are different when compared to the experiences of employees working at other clinics. A further limitation is that this study only focused on the lived experiences of township clinic employees and did not incorporate the voices of facility managers and EAP specialists to gain insight into the experiences of how employees interact with the EAP.

The first recommendation is for the Department of Health and encourages the utilisation and contracting of external professional services such as social workers, psychologists and financial advisers, to increase the offerings provided by the EAP, and in doing so enhance its effectiveness towards ensuring employee wellness at all clinics. Importantly, EAP officers should ensure that professional services cover the immediate needs of all employees and that these services are accessible to all clinic employees.

The second recommendation encourages the involvement of IOPs and suggests a strategic, collaborate relationship between IOPs, HR practitioners and EAP specialists. IOPs can offer a strategic perspective when identifying and implementing EAP interventions, ensuring that all initiatives are scientifically embedded and will address employee wellness needs, considering the context in which clinic employees' function daily. IOPs should also conduct regular assessments and research to ensure that the EAP meets its objectives and finally make recommendations towards improving the impact of the EAP towards enhancing employee wellness.

The third recommendation is aimed at HR practitioners. HR practitioners should ensure that there is a trustworthy system in place that offers confidential supporting channels to employees. This should involve channels such as employee counselling services where employees may go for assistance or be referred to an EAP specialist. They should conduct further follow-ups to ensure that employees are receiving the assistance they require and that the interventions succeeded in helping the employees with wellness challenge.

The fourth recommendation is for EAP specialists. It is suggested that they should make sure that they have a team of skilled EAP specialists who are knowledgeable in EAP services and how best to support employees. The EAP specialists should also be cognisant of all the factors that prohibit employees from benefitting from the EAP and make the necessary changes to enable free access. This could include, but is not limited to, providing educational tools and conducting workshops to make sure that employees are sufficiently informed of what the EAP offers and how they can access it. Furthermore, they should be more visible and visit the clinics regularly to check in on employees, establish rapport and obtain feedback from those employees on how they experience the programme and whether it is indeed meeting its objective to ensure employee wellness.

The fifth recommendation is made towards managers of township clinics. Managers should ensure they are knowledgeable themselves about all the benefits the EAP can offer to employees. They should also ensure that they are equipped and observant to identify potential cases where employees might need help but do not necessarily reach out themselves at first. Subsequently, it is recommended that managers of the township clinics establish collaborative relationships with the EAP professionals and link up employees with the EAP to ensure that employees in need obtain access to all the benefits the EAP can offer them. They should do this by organising regular meetings where employees meet with EAP professionals to learn and discuss the importance of EAP in employee wellness and to establish a relationship of trust between all stakeholders.

Finally, recommendations are provided for future research. It is necessary to gain a deeper understanding of the factors impacting clinic employees' wellness, nationally, who work in townships under immensely stressful situations. This will enable the conceptualisation and implementation of more robust EAPs. It is also recommended to expand this study amongst township clinics nationally to gain a more in-depth understanding of employee experiences of an EAP and the characteristics of these EAPs that either enhanced employees wellness or failed to do so. Lastly, it is recommended that future research should include participants who have experience and access to EAP.

## **CONCLUSION**

The study established the factors that influenced the experience of township clinic employee's wellness. The findings indicated that employees are unaware and uninformed about EAPs. Employees did not participate in the EAP because they do not know of its existence. The findings revealed that the reasons for the ineffectiveness of the EAP in the clinic are due to a lack of information about and access to the programme or insufficient exposure to what the EAP offers. Interventions towards enhancing the EAP were discussed in this study and these include communication, online connectivity, interactive engagement among colleagues and a network of professional services. Finally, the study provided recommendations to the Department of Health, IOPs, HR practitioners, EAP specialists as well as township clinic managers.

## **CHAPTER SUMMARY**

The third chapter consisted of the research article. The introduction highlighted the study's key focus, research purpose and background. Trends from the literature were examined, followed by the study's design. The empirical study's findings were presented, where themes and sub-themes that emerged in the findings were discussed to indicate the factors impacting on township clinic employees' experience of the influence of an EAP on township clinic wellness. Moreover, the study's findings were summarised. Finally, potential limitations and recommendations of the study were discussed.



## REFERENCES

- Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, 4(10), 1358–1367. <https://doi.org/https://doi.org/10.1002/jac5.1441>
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, 1-8. <https://doi.org/10.1177/1609406919874596>
- Attridge, M., & Dickens, S. P. (2022). Health and work outcomes of brief counselling from an EAP in Vermont: Follow-Up Survey Results, Client satisfaction, and estimated cost savings. *SAGE Open*, 12(1), 7-27. <https://doi.org/10.1177/21582440221087278>
- Baldwin, D. R., Towler, K., Oliver, M. D., & Datta, S. (2017). An examination of college student wellness: A research and liberal arts perspective. *Health Psychology Open*, 4(2), 1-9. <https://doi.org/10.1177/2055102917719563>
- Belotto, M. (2018). Data Analysis Methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *Qualitative Report*, 23(11), 2622-2633. <https://doi.org/10.46743/2160-3715/2018.3492>
- Bouzikos, S., Afsharian, A., Dollard, M., & Brecht, O. (2022). Contextualising the effectiveness of an employee assistance program intervention on psychological health: The role of corporate climate. *International Journal of Environmental Research and Public Health*, 19(9), 5067. <https://doi.org/10.3390/ijerph19095067>
- Brault, N., & Saxena, M. (2021). For a critical appraisal of artificial intelligence in healthcare: The problem of bias in mhealth. *Journal of Evaluation in Clinical Practice*, 27(3), 513-519. <https://doi.org/10.1111/jep.13528>

- Brooks, D., & Ling, J. (2020). Are we doing enough: an examination of the utilization of employee assistance programs to support the mental health needs of employees during the COVID-19 pandemic. *Journal of Insurance Regulation*, 39(8), 1-35. <https://doi.org/10.52227/26016.2020>
- Brown, A., & Danaher, P. A. (2019). CHE Principles: facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education*, 42(1), 76-90. <https://doi.org/10.1080/1743727X.2017.1379987>
- Bumhira, W., Musara, M., & Nzonzo, J. C. (2017). Moderating effect of employee wellness on the relationship between work-life balance and job satisfaction among teachers in Zimbabwe. *International Journal of Learning and Intellectual Capital*, 14(3), 220-233. <https://doi.org/10.1504/IJLIC.2017.10006260>
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, 2(1),-1-10. <https://doi.org/10.1186/s42466-020-00059-z>
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? research case examples. *Journal of Research in Nursing*, 25(8), 652-661. <https://doi.org/10.1177/1744987120927206>
- Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, 89(5), 482CT-485CT. <https://www.ncbi.nlm.nih.gov/pubmed/29793921>
- Couser, G. P., Nation, J. L., & Hyde, M. A. (2021). Employee assistance program response and evolution in light of the COVID-19 pandemic. *Journal of Workplace Behavioural Health*, 36(3), 197-212. <https://doi.org/10.1080/15555240.2020.1821206>

- Cypress, B. S. (2017). Rigour or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. <https://doi.org/10.1097/dcc.0000000000000253>
- Daniel, B. K. (2018). Empirical verification of the “TACT” framework for teaching rigour in qualitative research methodology. *Qualitative Research Journal*, 18(3), 262-275. <https://doi.org/10.1108/QRJ-D-17-00012>
- Darder, A. (2018). Decolonizing interpretive research: subaltern sensibilities and the politics of voice. *Qualitative Research Journal*, 18(2), 94-104. <https://doi.org/10.1108/QRJ-D-17-00056>
- Dipela, M. P., & Sithole, S. (2021). Under-utilisation of internal employee assistance programme services (EAP) by South African Police Services in Lephalale, Limpopo province. *Social Work*, 57(4), 486-498. <https://doi.org/10.15270/57-4-972>
- Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report*, 23(11), 2850-2861  
<https://doi.org/https://doi.org/10.46743/2160-3715/2018.3560>
- Fan, X. (2022). Study on stress management of college teachers based on employee assistance program. *Journal of Education (Boston, Mass)*. 1-6. <https://doi.org/10.1177/0022057421996255>
- Ferguson, S. L. (2022). Teaching what is “real” about science. *Science & Education*, 31(6), 1651-1669. <https://doi.org/10.1007/s11191-021-00308-w>
- Fink, J., Zabawa, B., & Chopp, S. (2020). Employee perceptions of wellness programs and incentives. *American Journal of Health Promotion*, 34(3), 257-260. <https://doi.org/10.1177/0890117119887687>

- Graneheim, U. H., Lindgren, B., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, *56*, 29-34. <https://doi.org/10.1016/j.nedt.2017.06.002>
- Gunbayi, I. (2020). Knowledge-constitutive interests and social paradigms in guiding mixed methods research (MMR). *Journal of Mixed Methods Studies*, *1*(1), 1-13. <https://doi.org/10.14689/jomes.2020.1.3>
- Horn, D., Randle, N. W., & McNeil, S. R. (2020). A Cross-disciplinary framework to measure workplace wellness program success. *S.A.M. Advanced Management Journal (1984)*, *85*(1), 4-12. <https://search.proquest.com/docview/2708789994>
- Irshaidat, R. (2022). Interpretivism vs. positivism in political marketing research. *Journal of Political Marketing*, *21*(2), 126-160. <https://doi.org/10.1080/15377857.2019.1624286>
- Isehunwa, O. O., Carlton, E. L., Wang, Y., Jiang, Y., Kedia, S., Chang, C. F., Fijabi, D., & Bhuyan, S. S. (2017). Access to employee wellness programs and use of preventive care services among U.S. adults. *American Journal of Preventive Medicine*, *53*(6), 854-865. <https://doi.org/10.1016/j.amepre.2017.08.001>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A Review of the quality indicators of rigour in qualitative research. *American Journal of Pharmaceutical Education*, *84*(1), 7120-146. <https://doi.org/10.5688/ajpe7120>
- Joseph, B., & Walker, A. (2017). Employee assistance programs in Australia: the perspectives of organisational leaders across sectors. *Asia Pacific Journal of Human Resources*, *55*(2), 177-191. <https://doi.org/10.1111/1744-7941.12124>
- Kalu, M. (2019). Using emphasis-purposeful sampling-phenomenon of interest-context (EPPiC) framework to reflect on two qualitative research designs and questions: A Reflective process. *The Qualitative Report*, *24*(10), 2524-2535. <https://doi.org/10.46743/2160-3715/2019.4082>

- Kihm, H., & McGregor, S. (2020). Wellness and well-being: A decade review of AAFCS journals (2009-2019). *Journal of Family and Consumer Sciences*, 112(3), 11-22. <https://doi.org/10.14307/JFCS112.3.11>
- Kumar, A., De Bruyn, A. J., & Bushney, M. J. (2020). The employee wellness and employee engagement relationship in a parastatal. *Journal of Contemporary Management*, 17(1), 1-15. <https://doi.org/10.35683/jcm19094.53>
- Kyngäs, H. (2020). Inductive content analysis. In: Kyngäs, H., Mikkonen, K., Kääriäinen, M. (eds) *The Application of Content Analysis in Nursing Science Research*. Springer. [https://doi.org/10.1007/978-3-030-30199-6\\_2](https://doi.org/10.1007/978-3-030-30199-6_2)
- Ledikwe, J. H., Kleinman, N. J., Mpho, M., Mothibedi, H., Mawandia, S., Semo, B., & O'Malley, G. (2018). Associations between healthcare worker participation in workplace wellness activities and job satisfaction, occupational stress and burnout: a cross-sectional study in Botswana. *BMJ Open*, 8(3), 1-7. <https://doi.org/10.1136/bmjopen-2017-018492>
- Lindgren, B., Lundman, B., & Graneheim, U. H. (2020). Abstraction and interpretation during the qualitative content analysis process. *International Journal of Nursing Studies*, 108, 103632. <https://doi.org/10.1016/j.ijnurstu.2020.103632>
- Mahat-Shamir, M., Neimeyer, R. A., & Pitcho-Prelorntzos, S. (2021). Designing in-depth semi-structured interviews for revealing meaning reconstruction after loss. *Death Studies*, 45(2), 83-90. <https://doi.org/10.1080/07481187.2019.1617388>
- Manganyi, P. S., & Mogorosi, L. D. (2021). The utilisation of employee assistance programme: the case of a tertiary hospital in Limpopo province, South Africa. *Gender & Behaviour*, 19(1), 17384-17399. [https://doi.org/10.10520/ejc-genbeh\\_v19\\_n1\\_a21](https://doi.org/10.10520/ejc-genbeh_v19_n1_a21)

- Matthews, L. R., Gerald, J., & Jessup, G. M. (2021). Exploring men's use of mental health support offered by an Australian employee assistance program (EAP): perspectives from a focus-group study with males working in blue- and white-collar industries. *International Journal of Mental Health Systems*, 15(1), 1-68. <https://doi.org/10.1186/s13033-021-00489-5>
- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9), 1002-1006. <https://doi.org/10.1080/0142159X.2018.1497149>
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development*, 7(1), 23-48. <https://doi.org/10.26458/jedep.v7i1.571>
- Nicholls, C. D. (2019). Innovating the craft of phenomenological research methods through mindfulness. *Methodological Innovations*, 12(2), 205979911984097. <https://doi.org/10.1177/2059799119840977>
- Oliver, M., Baldwin, D., & Datta, S. (2018). Health to wellness: A review of wellness models and transitioning back to health. *International Journal of Health, Wellness & Society*, 9(1), 41. <https://doi.org/10.18848/2156-8960/CGP/v09i01/41-56>
- Ott-Holland, C. J., Shepherd, W. J., & Ryan, A. M. (2019). Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, 24(1), 163-179. <https://doi.org/10.1037/ocp0000096>
- Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: Definitions and why they matter. *Jornal Brasileiro De Pneumologia (Brazilian Journal of Pulmonology)* 44(2), 84. <https://doi.org/10.1590/S1806-37562018000000088>

- Perrault, E. K., Hildenbrand, G. M., & Rnoh, R. H. (2020). Employees' refusals to participate in an employer-sponsored wellness program: Barriers and benefits to engagement. *Compensation and Benefits Review*, 52(1), 8-18. <https://doi.org/10.1177/0886368719899209>
- Ranjitha, R. (2021). Measuring the Mental Wellbeing of E-Workers and Its impact on e-work life balance during COVID-19 pandemic. *Psychology and Education Journal*, 58(4), 718-728.
- Rehman, R., Syed, S., Hussain, M., Fraz, T. R., & Shaikh, S. U. (2020). Impact of wellness indicators on intellectual dimensions of medical teachers of Karachi: Findings from cross-sectional study. *Journal of the Pakistan Medical Association*, 70(4), 655-659. <https://doi.org/10.5455/JPMA.19316>
- Richardson, K. M. (2017). Managing employee stress and wellness in the new millennium. *Journal of Occupational Health Psychology*, 22(3), 423-428. <https://doi.org/10.1037/ocp0000066>
- Sabharwal, R. Chugh, M., Hossain, R., & Wells, M. (2018). Learning management systems in the workplace: A literature review. paper presented at the - 2018 IEEE International Conference on Teaching, Assessment, and Learning for Engineering (TALE), Wollongong, Australia, 387-393. <https://doi.org/10.1109/TALE.2018.8615158>
- Shapiro, D. E., Duquette, C., Abbott, L. M., Babineau, T., Pearl, A., & Haidet, P. (2019). Beyond burnout: a physician wellness hierarchy designed to prioritize interventions at the systems level. *The American Journal of Medicine*, 132(5), 556-563. <https://doi.org/10.1016/j.amjmed.2018.11.028>
- Smith, R., Badr, K., & Wall, A. (2019). Employee assistance programs: Balancing increased productivity and engagement among employees with equal employment and legal compliance. *Competition Forum*, 17(2), 232-239. <https://search.proquest.com/docview/2343014440>

- Sovacool, B. K., Axsen, J., & Sorrell, S. (2018). Promoting novelty, rigour, and style in energy social science: Towards codes of practice for appropriate methods and research design. *Energy Research & Social Science*, 45, 12-42. <https://doi.org/10.1016/j.erss.2018.07.007>
- Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *Canadian Veterinary Journal*, 58(8), 861-862. <https://www.ncbi.nlm.nih.gov/pubmed/28761196>
- Street, T. D., Lacey, S. J., & Somoray, K. (2018). Employee stress, reduced productivity, and interest in a workplace health program: A case study from the Australian Mining Industry. *International Journal of Environmental Research and Public Health*, 16(1), 94. <https://doi.org/10.3390/ijerph16010094>
- Tanucan, J. C. M., & Bojos, M. T. (2021). Filipino families in slum communities and their tales of survival in times of pandemic: An exploration of wellness dimensions. *Pertanika Journal of Social Sciences and Humanities*, 29(1), 311. <https://doi.org/10.47836/pjssh.29.1.18>
- Teti, M., Schatz, E., & Liebenberg, L. (2020). Methods in the time of COVID-19: The vital role of qualitative inquiries. *International Journal of Qualitative Methods*, 19, 160940692092096. <https://doi.org/10.1177/1609406920920962>
- Torrentira Jr., M. C. (2020). Online data collection as adaptation in conducting quantitative and qualitative research during the Covid-19 pandemic. *European Journal of Education Studies*, 7(11), 78-87. <https://doi.org/10.46827/ejes.v7i11.3336>
- Veldsman, D., & Van Aarde, N. (2021). The impact of COVID-19 on an employee assistance programme in a multinational insurance organisation: Considerations for the future. *SA Journal of Industrial Psychology*, 47(4), e1-e10. <https://doi.org/10.4102/sajip.v47i0.1863>



- Walliser, J. C., de Visser, E. J., Wiese, E., & Shaw, T. H. (2019). Team structure and team building improve human–machine teaming with autonomous agents. *Journal of Cognitive Engineering and Decision Making*, 13(4), 258-278. <https://doi.org/10.1177/1555343419867563>
- Whyte, C. (2020). The components of an effective employee health and wellness programme in healthcare workers. *Southern African Journal of Public Health Incorporating Strengthening Health Systems*, 4(1), 27-29. <https://doi.org/10.7196/SHS.2020.v4.i1.112>
- Wickramaratne, P. C., Phuoc, J. C., & Albattat, A. R. S. (2020). A review of wellness dimension models for the advancement of the society. *Journal of Social Sciences Studies*, 5(1), 185-197. <https://doi.org/https://doi.org/10.5281/zenodo.3841435>
- Zaidi, U. (2020). Health and rehabilitation science specialities, physical activity and dimensions of wellness among the students of PNU. *Heliyon*, 6(1), 1-8. <https://doi.org/10.1016/j.heliyon.2020.e03204>

## **CHAPTER 4**

### **CONCLUSIONS, LIMITATIONS, CONTRIBUTIONS AND RECOMMENDATIONS**

This chapter aims at exploring the conclusions, limitations, contributions and recommendations of the study in its entirety. The conclusions and limitations originate from the findings and are based on the literature review discussed in chapter 2 and empirical research aims as highlighted in chapter 1. Furthermore, recommendations are provided based on the study's findings and are made to the Department of Health, IOPs, HR practitioners, EAP specialists and township clinic managers, as well as for future studies.

#### **4.1 CONCLUSIONS**

The following conclusions are taken from the findings and are related to the researcher's analysis of the literature review in chapter 2 and the empirical research aims discussed in chapter 1.

##### **4.1.1 Conclusions that are drawn from the literature review**

Specific aims relating to the literature review are discussed below and they consist of the following:

Literature aim 1: Conceptualising wellness and its related constructs.

Literature aim 2: Conceptualising the employees experience of the influence of an EAP on employees wellness?

###### *4.1.1.1 Literature aim 1: Conceptualising wellness and its related constructs*

In this study, wellness was conceptualised as a range of multidimensions that assist employees to live better lives (Wickramarathne et al., 2020). The findings of this study revealed that there are many definitions of what wellness comprises. It is interesting to note that the most common definition of wellness is that it is the process by which

individuals choose to live healthier lifestyles (Dillette et al., 2021). Accordingly, wellness refers to a process whereby individuals become aware of the current unpleasant life and take action to modify it (Stehman et al., 2020). This study adopted Rehman et al.'s (2020) definition of wellness, which describes wellness as a process whereby individuals search for a better life by adopting a healthy lifestyle.

Accordingly, there are many different factors of wellness, including those related to emotional, spiritual, intellectual, financial, physical, occupational, and social wellness (Dillette et al., 2021). For Individuals to reach wellness goals, Stehman et al (2020) suggest that they should adjust lifestyles to gain mental, emotional and physical fitness. Furthermore, this study revealed that various wellness models are available and can be used. These wellness models include the WOW model, the holistic wellness model and the IS-model of wellness (Tanucan & Bojos, 2021). All these wellness models include elements of wellness that help employees to improve well-being (Tanucan & Bojos, 2021). The results of the study by Kumar et al. (2020) showed that employee wellness has a beneficial impact on employee performance while reducing absenteeism and employee turnover. Furthermore, the literature review revealed that emotional and occupational dimensions are amongst the most used dimensions by organisations to understand employee wellness (Kihm & McGregor, 2020). Emotional wellness assists employees in dealing with life challenges, while occupational wellness assists employees in improving skills such as critical thinking and problem-solving skills (Kihm & McGregor, 2020).

#### *4.1.1.2 Literature aim 2: Conceptualising the employees experience of the influence of an EAP on employee's wellness?*

In this study, the experience of the influence of EAPs on employee's wellness was conceptualised. This study outlined EAPs as interventions that are used by organisations to improve employee wellness and promote organisational productivity in organisations (Veldsman & Van Aarde, 2021). The literature review revealed that EAPs have both positive and negative aspects that influence employee wellness. This study highlighted that when the EAP is promoted effectively, it assists in eliminating stressors and improving employee wellness in organisations (Attridge & Dickens,

2022). Thus, organisations need to adopt transparent EAP policies and objectives to gain great benefits from EAPs (Veldsman & Van Aarde, 2021). On the other side, some organisations focus more on productivity and other initiatives, including enhancing workplace culture instead of employee wellness (Fessell & Cherniss, 2020).

#### **4.1.2 Conclusions that are drawn from the empirical study**

This study's specific empirical aims are discussed below, and they consist of the following:

Empirical aim 1: To determine the level of awareness and knowledge of an EAP and its purpose.

Empirical aim 2: To explore the challenges employees faced in benefiting from EAPs.

Empirical aim 3: To explore the perceived experience of employees of an EAP and its influence on employee's wellness.

Empirical aim 4: To make recommendations for improvement towards enhancing the influence of an EAP on employee wellness.

##### *4.1.2.1 Empirical aim 1: To determine the level of awareness and knowledge of an EAP and its purpose*

The empirical study helped the researcher to gain information and an understanding of whether clinic employees comprehend what an EAP is and what its purpose is. According to the data, most employees have a minimal understanding of an EAP and are unaware of its purpose. Only a few employees understand the purpose of EAP. EAP officers are not visible in the clinic, and EAP marketing is not prioritised. According to Agovino (2019), organisational failure to advertise EAP causes employees to be uninformed of its presence, which leads to non-participation.

#### *4.1.2.2 Empirical aim 2: To explore the challenges employees, faced in benefiting from EAPs*

The empirical study assisted the researcher in investigating the challenges employees confront when utilising EAPs. The researcher was able to identify obstacles that contribute to EAP ineffectiveness at the clinic. According to the data, none of the participants participated in the EAP programme since it was inaccessible to them. Participants stated that EAP services were not available to them and that they did not have information or access to EAP. Employee wellness is impacted by a lack of access to and knowledge about EAP services in organisations (Shepps & Greer, 2018). Organisations need to enhance communication methods and examine EAP policies and objectives to ensure that employees benefit from EAPs (Sabharwal et al., 2018).

#### *4.1.2.3 Empirical aim 3: To explore the perceived experience of employees of an EAP and its influence on employee's wellness*

The study investigated the EAP experience the influence of an EAP on employee's wellness. The researcher wanted to know how employees who used the EAP felt and how EAP enhanced employee wellness. The data revealed that none of the participants had used an EAP and had no idea how it would benefit their wellness. This has aggravated employee stress since employees are unsure where to turn for assistance and face several unsolved issues. There is a high rate of stress-related disease and decreased employee engagement in organisations with no EAP involvement (Manganyi & Mogorosi, 2021).

#### *4.1.2.4 Empirical aim 4: To make recommendations for improvement towards enhancing the influence of an EAP on employee wellness*

The empirical study assisted in identifying recommendations for improving the influence of an EAP on employee wellness. The researcher was able to provide recommendations based on the study's results by recommending interventions that may be utilised towards improving EAP effectiveness at township clinics. These recommendations were directed to the Department of Health, IOPs, HR practitioners,

EAP specialists, and township clinic managers, as well the future studies. The researcher believes these recommendations will assist the township clinic's efforts towards increasing EAP effectiveness and improving employee wellness.

#### **4.1.3 Suppositions resulting from the empirical study**

The study concluded with the following suppositions:

- A clear understanding of the objectives and goals of an EAP and the benefits it aims to offer employees towards enhancing their well-being is of high importance to ensure a successful EAP.
- Employee wellness is not enhanced when there is a lack of awareness or access to an EAP programme as it will negatively impact on employee participation.
- The design and implementation of an EAP should be scientifically informed through research conducted to ascertain the need of its employees to enhance their well-being, whilst also considering the context in which they have to function daily.
- Collaboration between all stakeholders, that is the organisation, IOPs, HR practitioners, EAP specialists, clinic managers, employees and external contractors, is vital to the success of an EAP as it creates a transparent, collaborative, trust relationship.

According to the findings, employees face a variety of issues that have a negative influence on employee wellness, such as working under immensely stressful conditions, yet they are unaware of the existence of an EAP or do not have access to it. This has created a substantial barrier towards enhancing employee wellness among clinic employees as it is difficult for them to gain access to the assistance the EAP can offer them. Therefore, investing in efficient communication channels and awareness initiatives, whilst also establishing collaborative relationships amongst all stakeholders, will assist in boosting the EAP's efficacy amongst clinics and improve employee wellness (Chellam & Divya, 2022).

The secondary supposition emerging from the empirical and literature review studies indicates that ensuring that the EAP is available and accessible to all employees will result in a decline in stress-related illnesses and improve employee mental health (Smith et al., 2019) The research findings emphasise how interventions designed in accordance with the unique context of the employees and the support they require to enhance the overall success of an EAP will have the potential to boost employee wellness amongst clinic employees working in townships.

## **4.2 LIMITATIONS**

Wellness and its related dimensions were conceptualised in this study; however, there is limited research that particularly investigates the impact of EAPs on township clinic employees. The literature review focused on EAPs and factors influencing employee wellness in various other sectors, resulting in insufficient findings highlighting the factors impacting on the efficiency of an EAP within a township clinic setting and how it enhances employee wellness.

Furthermore, the limitations drawn from the empirical study are that it was conducted on a specific sample of employees which is not generalisable to the broader population. The information gathered is from a single township clinic and is not applicable to clinics nationally. The study further did not explore the experiences of all stakeholders involved in an EAP, such as EAP officers, clinic managers, IOPs, and HR managers, which might give a more complete picture of the experience of the influence of an EAP on township clinic employee wellness.

## **4.3 RECOMMENDATIONS**

Recommendations are given to the Department of Health, IOPs, HR Practitioners, EAP specialists, and managers of township clinics, as well as for future research. These recommendations include the following:

- It is recommended that the Department of Health should consider hiring additional professional services such as psychologists, social workers and financial advisers to ensure that all employee's needs are met, and they have access to EAP services.
- For IOPs, it is recommended that they should work together with other professionals such as HR practitioners and EAP experts and provide them with strategic viewpoints in creating and executing EAP strategies, ensuring that programmes are scientifically proven and will fulfil employee wellness needs.
- HR practitioners are advised to provide confidential supportive means to help employees benefit from EAP services They should do this by establishing a structure that provides confidential supporting channels such as an employee counselling service programme. They should make sure that there is a follow-up strategy in place to ensure that employees are benefiting from EAPs.
- EAP specialists should be well experienced to be able to identify challenges hindering EAP effectiveness and make adjustments as needed by organising seminars to ensure that workers are well-informed about the EAP. They should check up on employees to see whether they are benefiting from the EAP programme and seek feedback from them.
- Managers of township clinics should be well informed about EAP and its benefits to assist employees who may require EAP intervention. They are encouraged to develop positive connections with EAP specialists to identify and recommend employees to them, ensuring that they have access to the EAP.
- The last recommendation is for further research. More study is needed to have a better understanding of how other clinic employees around the country perceive the factors influencing EAP experiences on employee wellness. This is helpful in both the planning and execution of the experience of the influence of an EAPs on employee wellness in clinics across the country. Additionally, the future research should consider larger samples, including more diverse characteristics amongst the participants at national level, to gain a more holistic view of the experience of clinic employees. Furthermore, future research should include an inclusion criterion of the participants. who have access and exposure. to an EAP to gain more insight on their experience on EAP.



#### **4.4 CHAPTER SUMMARY**

This final chapter focused on the study's conclusions, suppositions, limitations and recommendations related to the literature review discussed in chapter 2 and empirical aims as highlighted in chapter 1. The recommendations indicated how the Department of Health, IOPs, HR Practitioners, EAP specialists and township clinic managers might enhance the effectiveness of EAPs on employee wellness and how employees may benefit more from EAPs. Recommendations for future research were also guided by the findings of the study.

## REFERENCES

- Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, 4(10), 1358–1367. <https://doi.org/https://doi.org/10.1002/jac5.1441>
- Agovino, T. (2019). *Companies seek to boost low usage of employee assistance programs*. SHRM. <https://www.shrm.org/hr-today/news/hr-magazine/winter2019/pages/companies-seek-to-boost-low-usage-of-employee-assistance-programs.aspx>
- Anderson, G. A., Sawyer, A. T., Harris, S. L., & Robinson, P. S. (2020). The Creation model: A whole-person wellness model to facilitate patient-provider partnerships for health promotion. *Journal of Health and Social Sciences*, 5(4), 485-500. <https://doi.org/10.19204/2020/thcr8>
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, 18, 160940691987459. <https://doi.org/10.1177/1609406919874596>
- Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology*, 42(2), 139-160. <https://doi.org/10.1007/s11133-019-9413-7>
- Attridge, M., & Dickens, S. P. (2022). Health and work outcomes of brief counselling from an EAP in Vermont: Follow-up survey results, client satisfaction, and estimated cost savings. *SAGE Open*, 12(1), 215824402210872. <https://doi.org/10.1177/21582440221087278>
- Attridge, M. (2023). The Current State of Employee Assistance Programs in the United States: A Research-based Commentary. *International Journal of Scientific and Research Publications*, 13(8), 74-91. <https://doi.org/10.29322/ijsrp.13.08.2023.p14010>

- Azmi, R., Ahmad, S. N. S., Mustafa Kamil, B. A., & Mohd Zaki, N. S. A. (2022). The Implementation of employee assistance programme in Malaysia, the United Kingdom and Australia in dealing with mental health issues at workplace: An overview. *International Journal of Entrepreneurship and Management Practices*, 5(17), 49-57. <https://doi.org/10.35631/ijemp.517004>
- Bal, P. M., Doci, E., Lub, X., Van Rossenberg, Y. G. T., Nijs, S., Achnak, S., Briner, R. B., Brookes, A., Chudzikowski, K., De Cooman, R., De Gieter, S., De Jong, J., De Jong, S. B., Dorenbosch, L., Galugahi, M. A. G., Hack-Polay, D., Hofmans, J., Hornung, S., Khuda, K., . . . Van Zelst, M. (2019). Manifesto for the future of work and organizational psychology. *European Journal of Work and Organizational Psychology*, 28(3), 289-299. <https://www.narcis.nl/publication/RecordID/oai:tilburguniversity.edu:publications%2F1f4e6ce8-5512-40b8-a7a2-810b12d4504b>
- Baldwin, D. R., Towler, K., Oliver, M. D., & Datta, S. (2017). An examination of college student wellness: A research and liberal arts perspective. *Health Psychology Open*, 4(2), 1-9. <https://doi.org/10.1177/2055102917719563>
- Bart, R., Ishak, W. W., Ganjian, S., Jaffer, K. Y., Abdelmesseeh, M. Hanna, S., Gohar, Y., Azar, G., Vanle, B., Dang, J. and Danovitch, I. (2018). The assessment and measurement of wellness in the clinical medical setting. *A Systematic Review*, 15(9-10), 14–23.
- Baskar, K., Shinde, E. M. B., & Srinivasan, D. A. (2021). Promoting mental well-being through employee assistance programmes. *NHRD Network Journal*, 14(1), 64–82. <https://doi.org/https://doi.org/10.1177/2631454120979764>
- Belotto, M. (2018). Data analysis methods for qualitative research: managing the challenges of coding, interrater reliability, and thematic analysis. *Qualitative Report*, 23(11), 2622-2633. <https://doi.org/10.46743/2160-3715/2018.3492>

- Bennett, J. B. (2018). Integral organizational wellness™: An evidence-based model of socially inspired well-being. *Journal of Applied Biobehavioral Research*, 23(4), 1-32. <https://doi.org/10.1111/jabr.12136>
- Bonache, J., & Festing, M. (2020). Research paradigms in international human resource management: An epistemological systematisation of the field. *German Journal of Human Resource Management: Zeitschrift Für Personalforschung (Journal of Human Resources Research)*, 34(2), 99-123. <https://doi.org/https://doi.org/10.1177/2397002220909780>
- Bouzikos, S., Afsharian, A., Dollard, M., & Brecht, O. (2022). Contextualising the effectiveness of an employee assistance program intervention on psychological health: The Role of corporate climate. *International Journal of Environmental Research and Public Health*, 19(9), 5067. <https://doi.org/10.3390/ijerph19095067>
- Brault, N., & Saxena, M. (2021). For a critical appraisal of artificial intelligence in healthcare: The problem of bias in mhealth. *Journal of Evaluation in Clinical Practice*, 27(3), 513-519. <https://doi.org/10.1111/jep.13528>
- Brooks, D., & Ling, J. (2020). Are we doing enough: an examination of the utilization of employee assistance programs to support the mental health needs of employees during the COVID-19 pandemic. *Journal of Insurance Regulation*, 39(8), 1-35. <https://doi.org/10.52227/26016.2020>
- Brown, A., & Danaher, P. A. (2019). CHE principles: facilitating authentic and dialogical semi-structured interviews in educational research. *International Journal of Research & Method in Education*, 42(1), 76-90. <https://doi.org/10.1080/1743727X.2017.1379987>

- Bumhira, W., Musara, M., & Nzonzo, J. C. (2017). Moderating effect of employee wellness on the relationship between work-life balance and job satisfaction among teachers in Zimbabwe. *International Journal of Learning and Intellectual Capital*, 14(3), 220-233. <https://doi.org/10.1504/IJLIC.2017.10006260>
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, 2(1), 14. <https://doi.org/10.1186/s42466-020-00059-z>
- Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing*, 25(8), 652-661. <https://doi.org/10.1177/1744987120927206>
- Carter, A. J. (2018). Commentary on neoliberal ideology in work and organizational psychology. *European Journal of Work and Organizational Psychology*, 27(5), 552-553. <https://doi.org/10.1080/1359432X.2018.1517116>
- Chellam, N., & Divya, D. (2022). The effect of promoting mental health through employee assistance program. *Journal of Education, Society & Multiculturalism*, 3(2), 48-60. <https://doi.org/10.2478/jesm-2022-0017>
- Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, 89(5), 482CT-485CT. <https://www.ncbi.nlm.nih.gov/pubmed/29793921>
- Couser, G. P., Nation, J. L., & Hyde, M. A. (2021). Employee assistance program response and evolution in light of COVID-19 pandemic. *Journal of Workplace Behavioural Health*, 36(3), 197-212. <https://doi.org/10.1080/15555240.2020.1821206>

- Cypress, B. S. (2017). Rigour or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. <https://doi.org/10.1097/dcc.0000000000000253>
- Daniel, B. K. (2018). Empirical verification of the “TACT” framework for teaching rigour in qualitative research methodology. *Qualitative Research Journal*, 18(3), 262-275. <https://doi.org/10.1108/QRJ-D-17-00012>
- Darder, A. (2018). Decolonizing interpretive research: subaltern sensibilities and the politics of voice. *Qualitative Research Journal*, 18(2), 94-104. <https://doi.org/10.1108/QRJ-D-17-00056>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semi-structured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), 1-8. <https://doi.org/10.1136/fmch-2018-000057>
- Dillette, A. K., Douglas, A. C., & Andrzejewski, C. (2021). Dimensions of holistic wellness as a result of international wellness tourism experiences. *Current Issues in Tourism*, 24(6), 794-810. <https://doi.org/10.1080/13683500.2020.1746247>
- Dipela, M. P., & Sithole, S. (2021). Under-utilisation of internal employee assistance programme services (EAP) by South African Police Services in Lephalale, Limpopo province. *Social Work*, 57(4), 486-498. <https://doi.org/10.15270/57-4-972>
- Djafar, H., Yunus, R., DJ Pomalato, S. W., & Rasid, R. (2021). Qualitative and quantitative paradigm constellation in educational research methodology. *International Journal of Educational Research & Social Sciences*, 2(2), 339-345. <https://doi.org/10.51601/ijersc.v2i2.70>

- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, 35(2), 220-222. <https://doi.org/10.1177/0890334419830990>
- Doré, I., O'Loughlin, J. L., Sabiston, C. M., & Fournier, L. (2017). Psychometric evaluation of the mental health continuum–short form in French Canadian young adults. *Canadian Journal of Psychiatry*, 62(4), 286-294. <https://doi.org/10.1177/0706743716675855>
- Dutta, A., & Ranjan, P. (2019). A qualitative study on understanding the trustworthiness of online reputation management. *International Journal of Qualitative Research in Services*, 3(2), 125-140. <https://doi.org/10.1504/IJQRS.2019.103764>
- Dwyer, M. L., Alt, M., Brooks, J. V., Katz, H., & Poje, A. B. (2021). Burnout and compassion satisfaction: Survey findings of healthcare employee wellness during COVID-19 pandemic using ProQOL. *Kansas Journal of Medicine*, 14, 121-127. <https://doi.org/10.17161/kjm.vol1415171>
- Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report*, 23(11), 2850-2861 <https://doi.org/https://doi.org/10.46743/2160-3715/2018.3560>
- Fan, X. (2022). Study on stress management of college teachers based on employee assistance program. *Journal of Education (Boston, Mass.)*, 1-6. <https://doi.org/10.1177/0022057421996255>
- Farsi, I. (2022). The basic principles of Alfred Adler's individual psychology. *The Review of Contemporary Scientific and Academic Studies*, 2(7) <https://doi.org/10.55454/rcsas.2.7.2022.004>
- Ferguson, S. L. (2022). Teaching what is “real” about science. *Science & Education*, 31(6), 1651-1669. <https://doi.org/10.1007/s11191-021-00308-w>

- Fessell, D., & Cherniss, C. (2020). Coronavirus disease 2019 (COVID-19) and beyond micro practices for burnout prevention and emotional wellness. *Journal of the American College of Radiology*, 17(6), 746-748. <https://doi.org/10.1016/j.jacr.2020.03.013>
- Fink, J., Zabawa, B., & Chopp, S. (2020). Employee perceptions of wellness programs and incentives. *American Journal of Health Promotion*, 34(3), 257-260. <https://doi.org/10.1177/0890117119887687>
- Fonte, C., Silva, I., Vilhena, E., & Keyes, C. L. M. (2020). The Portuguese adaptation of the mental health continuum-short form for adult population. *Community Mental Health Journal*, 56(2), 368-375. <https://doi.org/10.1007/s10597-019-00484-8>
- Fye, H. J., Cook, R. M., & Baylin, A. (2022). Exploring individual and organisational predictors of school counsellor wellness. *Professional School Counselling*, 26(1), 1-9. <https://doi.org/10.1177/2156759X211067959>
- Graneheim, U. H., Lindgren, B., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, 56, 29-34. <https://doi.org/10.1016/j.nedt.2017.06.002>
- Green, Z. A., & Batool, S. (2018). Bolstering male and female teachers' self-efficacy through a wellness intervention. *Baltic Journal of Psychology*, 19(1), 46-69.
- Gunbayi, I. (2020). Knowledge-constitutive interests and social paradigms in guiding mixed methods research (MMR). *Journal of Mixed Methods Studies*, 1(1), 1-13. <https://doi.org/10.14689/jomes.2020.1.3>
- Hoert, J., Herd, A. M., & Hambrick, M. (2018). The role of leadership support for health promotion in employee wellness program participation, perceived job stress, and health behaviours. *American Journal of Health Promotion*, 32(4), 1054-1061. <https://doi.org/10.1177/0890117116677798>



- Horn, D., Randle, N. W., & McNeil, S. R. (2020). A Cross-disciplinary framework to measure workplace wellness program success. *S.A.M. Advanced Management Journal (1984)*, 85(1), 4-12. <https://search.proquest.com/docview/2708789994>  
<http://hdl.handle.net/10713/8046>
- Indu, P.V., & Vidhukumar, K. (2019). Research designs-an overview. *Kerala Journal of Psychiatry*, 32(1), 64-67. <https://doi.org/10.30834/KJP.32.1.2019.179>
- Irshaidat, R. (2022). Interpretivism vs. positivism in political marketing research. *Journal of Political Marketing*, 21(2), 126-160. <https://doi.org/10.1080/15377857.2019.1624286>
- Isehunwa, O. O., Carlton, E. L., Wang, Y., Jiang, Y., Kedia, S., Chang, C. F., Fijabi, D., & Bhuyan, S. S. (2017). Access to employee wellness programs and use of preventive care services among U.S. adults. *American Journal of Preventive Medicine*, 53(6), 854-865. <https://doi.org/10.1016/j.amepre.2017.08.001>
- Jiménez, P., Winkler, B., & Bregenzer, A. (2017). Developing sustainable workplaces with leadership: Feedback about organizational working conditions to support leaders in health-promoting behaviour. *Sustainability*, 9(11), 1-16. <https://doi.org/10.3390/su9111944>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A Review of the quality indicators of rigour in qualitative research. *American Journal of Pharmaceutical Education*, 84(1), 7120-146. <https://doi.org/10.5688/ajpe7120>
- Joseph, B., & Walker, A. (2017). Employee assistance programs in Australia: the perspectives of organisational leaders across sectors. *Asia Pacific Journal of Human Resources*, 55(2), 177-191. <https://doi.org/10.1111/1744-7941.12124>

- Kalu, M. (2019). Using emphasis-purposeful sampling-phenomenon of interest-Context (EPPiC) framework to reflect on two qualitative research designs and questions: A Reflective process. *The Qualitative Report*, 24(10), 2524-2535. <https://doi.org/10.46743/2160-3715/2019.4082>
- Kamal, S. S. L. B. A. (2019). Research Paradigm and The Philosophical Foundations of qualitative study. *PEOPLE: International Journal of Social Sciences*, 4(3), 1386-1394. <https://doi.org/10.20319/pijss.2019.43.13861394>
- Kankam, P. K. (2019). The use of paradigms in information research. *Library & Information Science Research*, 41(2), 85-92. <https://doi.org/10.1016/j.lisr.2019.04.003>
- Kauppi, K., Vanhala, A., Roos, E., & Torkki, P. (2023). Assessing the structures and domains of wellness models: A systematic review. *International Journal of Wellbeing*, 13(2), 1-19. <https://doi.org/10.5502/ijw.v13i2.2619>
- Khatri, P., & Gupta, P. (2017). Workplace spirituality: A predictor of employee wellbeing. *Asian Journal of Management*, 8(2), 284-292 <https://doi.org/10.5958/2321-5763.2017.00044.0>
- Kihm, H., & McGregor, S. (2020). Wellness and well-being: A Decade review of AAFCS journals (2009-2019). *Journal of Family and Consumer Sciences*, 112(3), 11-22. <https://doi.org/10.14307/JFCS112.3.11>
- Korstjens, I., & Moser, A. (2017). Series: practical guidance to qualitative research. Part 2: context, research questions and designs. *European Journal of General Practice*, 23(1), 274-279. <https://doi.org/10.1080/13814788.2017.1375090>
- Kumar, A., De Bruyn, A. J., & Bushney, M. J. (2020). The employee wellness and employee engagement relationship in a parastatal. *Journal of Contemporary Management*, 17(1), 1-15. <https://doi.org/10.35683/jcm19094.53>

- Kyngäs, H. (2020). Inductive content analysis. In: Kyngäs, H., Mikkonen, K., Kääriäinen, M. (eds) *The Application of Content Analysis in Nursing Science Research*. Springer. [https://doi.org/10.1007/978-3-030-30199-6\\_2](https://doi.org/10.1007/978-3-030-30199-6_2)
- Ledikwe, J. H., Kleinman, N. J., Mpho, M., Mothibedi, H., Mawandia, S., Semo, B., & O'Malley, G. (2018). Associations between healthcare worker participation in workplace wellness activities and job satisfaction, occupational stress and burnout: a cross-sectional study in Botswana. *BMJ Open*, 8(3), 1-7. <https://doi.org/10.1136/bmjopen-2017-018492>
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal Article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *The American Psychologist*, 73(1), 26-46. <https://doi.org/10.1037/amp0000151>
- Lindgren, B., Lundman, B., & Graneheim, U. H. (2020). Abstraction and interpretation during the qualitative content analysis process. *International Journal of Nursing Studies*, 108, 103632. <https://doi.org/10.1016/j.ijnurstu.2020.103632>
- Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative data collection in an era of social distancing. *International Journal of Qualitative Methods*, 19, 1-8. <https://doi.org/10.1177/1609406920937875>
- Luijten, C. C., Kuppens, S., van de Bongardt, D., & Nieboer, A. P. (2019). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF) in Dutch adolescents. *Health and Quality of Life Outcomes*, 17(1), 157. <https://doi.org/10.1186/s12955-019-1221-y>
- Mabuza, L. G., & Mafumbate, R. (2019). Perceptions of teachers on wellness of learners living with physical disabilities in upper primary schools in the Hhohho region of Eswatini. *Research on Humanities and Social Sciences*, 9(18), 96-102. <https://doi.org/10.7176/RHSS/9-18-12>

- Mahat-Shamir, M., Neimeyer, R. A., & Pitcho-Prelorentzos, S. (2021). Designing in-depth semi-structured interviews for revealing meaning reconstruction after loss. *Death Studies*, 45(2), 83-90. <https://doi.org/10.1080/07481187.2019.1617388>
- Majid, U. (2018). Research fundamentals: Study design, population, and sample size. *Undergraduate Research in Natural and Clinical Science and Technology (URNCSST) Journal*, 2(1), 1-7. <https://doi.org/10.26685/urncst.16>
- Makhanya, B. (2021). *The impact of employee wellness programme on employee wellness and performance: a Kwazulu-Natal Municipality case study* [Masters dissertation, University of South Africa]. <http://hdl.handle.net/10500/27424>
- Manganyi, P. S., & Mogorosi, L. D. (2021). The utilisation of employee assistance programme: the case of a tertiary hospital in Limpopo province, South Africa. *Gender & Behaviour*, 19(1), 17384-17399. [https://doi.org/10.10520/ejcg-genbeh\\_v19\\_n1\\_a21](https://doi.org/10.10520/ejcg-genbeh_v19_n1_a21)
- Matthews, L. R., Gerald, J., & Jessup, G. M. (2021). Exploring men's use of mental health support offered by an Australian employee assistance program (EAP): perspectives from a focus-group study with males working in blue- and white-collar industries. *International Journal of Mental Health Systems*, 15(1), 1-68. <https://doi.org/10.1186/s13033-021-00489-5>
- Mayer, C., Van Niekerk, R., & Fouche, P. J. P. (2020). Holistic wellness in the life of Angela Merkel: a call to revise the wheel of wellness in the light of new positive psychology movements and socio-cultural changes. *International Review of Psychiatry (Abingdon, England)*, 32(7-8), 625-637. <https://doi.org/10.1080/09540261.2020.1735317>
- McCluskey, M. C. (2022). Revitalizing Alfred Adler: An echo for equality. *Clinical Social Work Journal*, 50(4), 387-399. <https://doi.org/10.1007/s10615-021-00793-0>

- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9), 1002-1006. <https://doi.org/10.1080/0142159X.2018.1497149>
- McLellan, R. K. (2017). Work, health, and worker well-being: Roles and opportunities for employers. *Health Affairs*, 36(2), 206-213. <https://doi.org/10.1377/hlthaff.2016.1150>
- Medical Brief. (2021, 15 July). Violence and looting cripple healthcare across Gauteng and KZN. <https://www.medicalbrief.co.za/violence-and-looting-cripple-healthcare-across-gauteng-and-kzn/>
- Meier, B. P., Dillard, A. J., & Lappas, C. M. (2019). Naturally better? A review of the natural-is-better bias. *Social and Personality Psychology Compass*, 13(8), n/a. <https://doi.org/10.1111/spc3.12494>
- Meikassandra, P., Prabawa, I. W. S. W., & Mertha, I. W. (2020). Wellness tourism in UBUD. "A Qualitative approach to study the aspects of wellness in tourism development." *Journal of Business on Hospitality and Tourism*, 6(1), 79. <https://doi.org/10.22334/jbhost.v6i1.191>
- Miller, A. S., Ailey, S. H., Buchholz, S. W., Fogg, L., & Ingram, D. (2019). Improving stage of change in an employee wellness program. 67(8), 381-390. *Workplace Health and Safety*. <https://doi.org/10.1177/2165079919838291>
- Milot, M., & Borkenhagen, E. (2018). Job stress in users of an employee assistance program and association with presenting status. *Journal of Workplace Behavioural Health*, 33(3-4), 153-167. <https://doi.org/10.1080/15555240.2018.1502044>
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development*, 7(1), 23-48. <https://doi.org/10.26458/jedep.v7i1.571>

- Montoya, A. L., & Summers, L. L. (2021). 8-dimensions-of-wellness-for-educators. *The Learning Professional*, 42(1), 49-62.
- Newman, P. A., Guta, A., & Black, T. (2021). Ethical considerations for qualitative research methods during the COVID-19 pandemic and other emergency situations: Navigating the virtual field. *International Journal of Qualitative Methods*, 20, 1-12. <https://doi.org/10.1177/160940692111047823>
- Nicholls, C. D. (2019). Innovating the craft of phenomenological research methods through mindfulness. *Methodological Innovations*, 12(2), 205979911984097. <https://doi.org/10.1177/2059799119840977>
- Nunes, A. P., Richmond, M. K., Pampel, F. C., & Wood, R. C. (2018). The effect of employee assistance services on reductions in employee absenteeism. *Journal of Business and Psychology*, 33(6), 699-709. <https://doi.org/10.1007/s10869-017-9518-5>
- Oliver, M., Baldwin, D., & Datta, S. (2018). Health to wellness: A review of wellness models and transitioning back to health. *International Journal of Health, Wellness & Society*, 9(1), 41. <https://doi.org/10.18848/2156-8960/CGP/v09i01/41-56>
- Ott-Holland, C. J., Shepherd, W. J., & Ryan, A. M. (2019). Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, 24(1), 163-179. <https://doi.org/10.1037/ocp0000096>
- Park, Y. S., Konge, L., & Artino, A. R. (2020). The positivism paradigm of research. *Academic Medicine*, 95(5), 690-694. <https://doi.org/10.1097/ACM.0000000000003093>

- Passey, D. G., Brown, M. C., Hammerback, K., Harris, J. R., & Hannon, P. A. (2018). Managers' support for employee wellness programs: An Integrative review. *American Journal of Health Promotion*, 32(8), 1789-1799. <https://doi.org/10.1177/0890117118764856>
- Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: Definitions and why they matter. *Jornal Brasileiro De Pneumologia (Brazilian Journal of Pulmonology)*, 44(2), 84-84. <https://doi.org/10.1590/S1806-37562018000000088>
- Perrault, E. K., Hildenbrand, G. M., & Rnoh, R. H. (2020). Employees' refusals to participate in an employer-sponsored wellness program: Barriers and benefits to engagement. *Compensation and Benefits Review*, 52(1), 8-18. <https://doi.org/10.1177/0886368719899209>
- Pulla, V., & Carter, E. (2018). Employing interpretivism in social work research. *International Journal of Social Work and Human Services Practice*, 6(1), 9-14. <https://doi.org/10.13189/ijrh.2018.060102>
- Radzi, A. B. M. N., Hasbollah, R. B. H., Saidi, A. B. N., Hashim, H., Ali, F. B. M. A., & Hashim, H. (2020). Wellness, work and employee assistance programs as part of CSR initiatives among the corporate companies. *Journal of Archaeology of Egypt/Egyptology*, 17(4), 499-506.
- Ramlawati, R., Trisnawati, E., Yasin, N. A., & Kurniawaty, K. (2021). External alternatives, job stress on job satisfaction and employee turnover intention. *Management Science Letters*, 11(2), 511-518. <https://doi.org/10.5267/j.msl.2020.9.016>
- Ranjitha, R. (2021). Measuring the mental well-being of e-workers and its impact on e-work life balance during COVID-19 pandemic. *Psychology and Education Journal*, 58(4), 718-728.

- Rehman, R., Syed, S., Hussain, M., Fraz, T. R., & Shaikh, S. U. (2020). Impact of wellness indicators on intellectual dimensions of medical teachers of Karachi: Findings from cross-sectional study. *Journal of the Pakistan Medical Association*, 70(4), 655-659. <https://doi.org/10.5455/JPMA.19316>
- Richardson, K. M. (2017). Managing employee stress and wellness in the new millennium. *Journal of Occupational Health Psychology*, 22(3), 423-428. <https://doi.org/10.1037/ocp0000066>
- Roche, A., Kostadinov, V., Cameron, J., Pidd, K., McEntee, A., & Duraisingam, V. (2018). The development and characteristics of employee assistance programs around the globe. *Journal of Workplace Behavioural Health*, 33(3-4), 168-186. <https://doi.org/10.1080/15555240.2018.1539642>
- Ruvalcaba, C., Akdevelioglu, D., & Schroeder, J. (2022). Stakeholders as value creators: The Role of multi-level networks in employee wellness programs. *Journal of Micromarketing*, 42(3), 414-432. <https://doi.org/10.1177/02761467221084626>
- Ryff, C. D., Boylan, J. M., & Kirsch, J. A. (2021). Eudaimonic and Hedonic Well-Being. In Matthew T. L., L. D. Kubzansky, & T. J. VanderWeele (Ed.), *Measuring Well-Being* (pp.94-135). Oxford University Press. <https://doi.org/10.1093/oso/9780197512531.003.0005>
- Saadeh, I. M., & Suifan, T. S. (2020). Job stress and organizational commitment in hospitals. *International Journal of Organizational Analysis (2005)*, 28(1), 226-242. <https://doi.org/10.1108/IJOA-11-2018-1597>
- Sabharwal, R., Chugh, M., Hossain, R., & Wells, M. (2018). Learning management systems in the workplace: A literature review. paper presented at the - 2018 *IEEE International Conference on Teaching, Assessment, and Learning for Engineering (TALE)*, Wollongong, Australia. 387-393. <https://doi.org/10.1109/TALE.2018.8615158>



- Safeer, R., & Allen, J. (2019). Defining a culture of health in the workplace. *Journal of Occupational and Environmental Medicine*, 61(11), 863-867. <https://doi.org/10.1097/JOM.0000000000001684>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Seward, M., Goldman, R., Linakis, S., Werth, P., Roberto, C., & Block, J. (2019). Showers, culture, and conflict resolution: A Qualitative study of employees' perceptions of workplace wellness opportunities. *Journal of Occupational and Environmental Medicine*, 61(10), 829-835. <https://doi.org/10.1097/JOM.0000000000001671>
- Shaheen, M., Pradhan, S., & Ranajee. (2019). In sampling in qualitative research. In M. Gupta, M. Shaheen, & K. Reddy (Ed.), *Qualitative Techniques for Workplace Data Analysis*. IGI Global. <https://doi.org/https://doi.org/10.4018/978-1-5225-5366-3.ch002>
- Shapiro, D. E., Duquette, C., Abbott, L. M., Babineau, T., Pearl, A., & Haidet, P. (2019). Beyond Burnout: A physician wellness hierarchy designed to prioritize interventions at the systems level. *The American Journal of Medicine*, 132(5), 556-563. <https://doi.org/10.1016/j.amjmed.2018.11.028>
- Shepps, H., & Greer, K. (2018). Exploring the impact of promotion on the use of EAP counselling: A retrospective analysis of postcards and worksite events for 82 employers at KGA. *A Retrospective Analysis of Postcards and Worksite Events for 82 Employers at KGA*, 7(2), 1-17. [https://archive.hshsl.umaryland.edu/bitstream/10713/8046/6/Shepps\\_Greer\\_%20EASNAResearchNote%20%20Vol7No2\\_2018Revised.pdf](https://archive.hshsl.umaryland.edu/bitstream/10713/8046/6/Shepps_Greer_%20EASNAResearchNote%20%20Vol7No2_2018Revised.pdf)

- Smith, R., Badr, K., & Wall, A. (2019). Employee assistance programs: balancing increased productivity and engagement among employees with equal employment and legal compliance. *Competition Forum*, 17(2), 232-239. <https://search.proquest.com/docview/2343014440>
- Sovacool, B. K., Axsen, J., & Sorrell, S. (2018). Promoting novelty, rigour, and style in energy social science: Towards codes of practice for appropriate methods and research design. *Energy Research & Social Science*, 45, 12-42. <https://doi.org/10.1016/j.erss.2018.07.007>
- Spanoudi, V., Garoufallou, E., Zafeiriou, G., Siatiri, R., & Antonopoulou, S. A (2018). comparative analysis of wellness models and tools. In 6th international conference on contemporary marketing issues (ICCMI) (2018: Athens, Greece) 6th International Conference on Contemporary Marketing Issues (ICCMI): June 27-29, 2018, Athens, Greece/co-organized by Alexander Technological Educational Institute (ATEI) of Thessaloniki (p. 619).
- Stehman, C. R., Clark, R. L., Purpura, A., & Kellogg, A. R. (2020). Wellness: combating burnout and its consequences in emergency medicine. *The Western Journal of Emergency Medicine*, 21(3), 555-565. <https://doi.org/10.5811/westjem.2020.1.40971>
- Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *Canadian Veterinary Journal*, 58(8), 861-862. <https://www.ncbi.nlm.nih.gov/pubmed/28761196>
- Street, T. D., Lacey, S. J., & Somoray, K. (2018). Employee stress, reduced productivity, and interest in a workplace health program: A case study from the Australian mining industry. *International Journal of Environmental Research and Public Health*, 16(1), 94. <https://doi.org/10.3390/ijerph16010094>

- Tanucan, J. C. M., & Bojos, M. T. (2021). Filipino families in slum communities and their tales of survival in times of pandemic: An exploration of wellness dimensions. *Pertanika Journal of Social Sciences and Humanities*, 29(1), 311. <https://doi.org/10.47836/pjssh.29.1.18>
- Terblanche, L., Gunya, T., Maruma, M., Mbuyisa, K., Maseko, T., Mojapelo, K., Myeni, N., Pretorius, M., & Tyson, W. (2021). Employee assistance programmes and social work: Interrelated with distinct features. *Social Work*, 57(1), 16-38. <https://doi.org/10.15270/52-2-904>
- Teti, M., Schatz, E., & Liebenberg, L. (2020). Methods in the time of COVID-19: The vital role of qualitative inquiries. *International Journal of Qualitative Methods*, 19, 1-5. <https://doi.org/10.1177/1609406920920962>
- Torrentira Jr., M. C. (2020). Online data collection as adaptation in conducting quantitative and qualitative research during the Covid-19 pandemic. *European Journal of Education Studies*, 7(11), 78-87. <https://doi.org/10.46827/ejes.v7i11.3336>
- Veldsman, D., & Van Aarde, N. (2021). The impact of COVID-19 on an employee assistance programme in a multinational insurance organisation: Considerations for the future. *SA Journal of Industrial Psychology*, 47(4), e1-e10. <https://doi.org/10.4102/sajip.v47i0.1863>
- Vespestad, M. K., & Clancy, A. (2021). Exploring the use of content analysis methodology in consumer research. *Journal of Retailing and Consumer Services*, 59, 102427. <https://doi.org/10.1016/j.jretconser.2020.102427>
- Walliser, J. C., de Visser, E. J., Wiese, E., & Shaw, T. H. (2019). Team structure and team building improve human-machine teaming with autonomous agents. *Journal of Cognitive Engineering and Decision Making*, 13(4), 258-278. <https://doi.org/10.1177/1555343419867563>

Whyte, C. (2020). The components of an effective employee health and wellness programme in healthcare workers. *Southern African Journal of Public Health Incorporating Strengthening Health Systems*, 4(1), 27-29.  
<https://doi.org/10.7196/SHS.2020.v4.i1.112>

Wickramarathne, P. C., Phuoc, J. C., & Albattat, A. R. S. (2020). A review of wellness dimension models for the advancement of the society. *Journal of Social Sciences Studies*, 5(1), 185-197.  
<https://doi.org/https://doi.org/10.5281/zenodo.3841435>

Zaidi, U. (2020). Health and rehabilitation science specialities, physical activity and dimensions of wellness among the students of PNU. *Heliyon*, 6(1), 1-8.  
<https://doi.org/10.1016/j.heliyon.2020.e03204>

## **ANNEXURE A: PARTICIPANT INFORMATION SHEET**

Ethics clearance reference number: 41892453\_CREC\_CHS\_2022

Research permission reference number (if applicable):

Title: Township clinic employees' experience of the influence of an employee assistance programme on their wellness.

### **Dear Prospective Participant,**

My name is Nwabisa Mnisi, and I am doing research with Dr Annelize van Niekerk, a Senior Lecturer in the Department of Industrial and Organisational Psychology towards a Master of Commerce (Industrial and Organisational Psychology) at the University of South Africa. We are inviting you to participate in a study entitled. The experience of an EAP amongst township clinic employees and their wellness.

### **WHAT IS THE PURPOSE OF THE STUDY?**

I am conducting this research to gain insight into the experience of an EAP amongst township clinic employees and their wellness.

## **WHY BEING AM I INVITED TO PARTICIPATE IN THE STUDY?**

I chose this group as part of purposeful sampling they are working in the clinic and will be able to answer the research questions as they have experience of the situation. I obtained the participants' contact details from the clinic manager from the permission that was granted by the Department of Health to conduct research in the township clinics. The sample will include ten to twelve participants or until data saturation is reached in line with qualitative research.

## **WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?**

The study involves conducting interviews via MS Teams as a way of observing COVID-19 protocols. Semi-structured interviews as a way of collecting data. Questions for semi-structured interviews will come from the research questions of the study. Interviews will last for 60 minutes.

## **CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?**

Participating in this study is voluntary and you are under no obligation to consent to participation. If you feel you want to take part in the study, you will be handed an information sheet to keep and you will be asked to sign a written consent form. If you feel like you want to withdraw from participating, you can do that at any time you want without explaining.

## **WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?**

This study plays a major role in contributing to the growing body of knowledge concerning the experience of an EAP among employees and their overall well-being. Organisations will be able to obtain a better knowledge of what they need to improve for their employees to gain the full benefits of EAP's in their workplace. Industrial and organisational psychologists, human resource professionals, and EAP practitioners will all benefit from the results and use the knowledge to improve the implementation of EAP's in organisations.

## **ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?**

This study will not cause any inconvenience or discomfort to the participant. The data of the study will be kept by the researcher and will remain confidential and only the researcher and the supervisor will have access to the data of the study.

## **WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?**

All the information collected during the study will be kept confidential, no names will be linked with the data and no one, apart from the researcher and identified members of the research team, will know about your involvement in this research. Your answers will be given a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. Your anonymous data may be used for other purposes, such as a research report, journal articles and/or conference proceedings and your privacy will be protected in any publication of the information.

## **HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?**

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked filing cabinet at the home office for future research or academic purposes; electronic information will be stored on a password-protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Hard copies will be shredded, and electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

## **WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?**

No participant will be rewarded in any form for participating in the study.

## **HAS THE STUDY RECEIVED ETHICS APPROVAL?**

This study will receive written approval from the Research Ethics Review Committee of the Department of Industrial and Organisational Psychology at Unisa. A copy of the approval letter can be obtained from the researcher if you wish so.

## HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Nwabisa on 084564 4402. The findings are accessible for one year. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Nwabisa Mnisi at 084 564 4402 or [znwash@gmail.com](mailto:znwash@gmail.com). Should you have concerns about how the research has been conducted, you may contact the supervisor and chair of the research ethics committee, Dr Annelize van Niekerk on 012 429 8231 or [vnieka2@unisa.ac.za](mailto:vnieka2@unisa.ac.za). Alternatively, you can contact the research ethics deputy chairperson of the research ethics review committee, Ms Cebile Tebele [tebelc@unisa.ac.za](mailto:tebelc@unisa.ac.za) or 012 429 8809, if you have any ethical concerns.

Thank you for taking the time to read this information sheet and for participating in this study.

Thank you.

***N Mnisi***



## **ANNEXURE B: CONSENT TO PARTICIPATE IN THIS STUDY**

### **CONSENT TO PARTICIPATE IN THIS STUDY**

I, \_\_\_\_\_ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the <insert specific data collection method>.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature..... Date.....

Researcher's Name & Surname..... (please print)

Researcher's signature..... Date.....

## **ANNEXURE C: INTERVIEW GUIDE**

### **SEMI-STRUCTURED INTERVIEW GUIDE**

The semi-structured interview schedule consists of the following 4 stages: 1) Preparing stage, 2) Initial stage, 3) Interview stage and 4) Final stage.

#### **1. PREPARING STAGE**

In this stage, the researcher prepares for the interview by making sure that everything is set, and the supervisor is on standby for any unforeseen situation during the interview.

#### **2. INITIAL STAGE**

In the initial stage when the participants are equipped for the interview, the following areas are explained to them making sure they are comfortable and know what is expected from them at this stage.

- 2.1 Participants' rights in the research process.
- 2.2. The aim of the interview.
- 2.3. The reason for being selected.
- 2.4. The expected duration of the interview.
- 2.5. That they are not forced to participate in the study

#### **3. INTERVIEW STAGE**

During the interview participants will be asked the following questions:

- 3.1. What is the level of awareness and knowledge of the employee assistance programme and its purpose?
- 3.2. What challenges do employees face in benefiting from employee assistance programmes?

- 3.3 What is the perceived experience of the employee assistance programme and its benefits towards employee wellness?
- 3.4 What improvements can be proposed towards enhancing the influence of employee assistance programmes on employee wellness?

In between the interviews, participants will be asked if they still want to continue with the interviews.

#### **4. FINAL STAGE**

The final stage of the interview will be concluded by requesting if participants have questions and would like to add anything.

## ANNEXURE D: ETHICAL CLEARANCE CERTIFICATE



### COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

31 January 2022

Dear Mrs Nwabisa Mnisi

**Decision:**  
**Ethics Approval from 31 January 2022 to 31 January 2025**

NHREC Registration # :  
Rec-240816-052  
CREC Reference # :  
41892453\_CREC\_CHS\_2022

**Researcher(s): Name:** Mrs Nwabisa Mnisi  
**Contact details:** [41892453@mylife.unisa.ac.za](mailto:41892453@mylife.unisa.ac.za)  
**Supervisor(s): Name:** Dr Annelize van Niekerk  
**Contact details:** [082 332 7377](tel:0823327377) / [012 429 8231](tel:0124298231)

**Title: Township clinic employees` experience of the influence of employee assistance programmes on their wellness.**

#### **Purpose: MA**

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *low risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

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 should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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](http://www.unisa.ac.za)


confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. 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. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**31 January 2025**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

*Note:*

*The reference number **41892453\_CREC\_CHS\_2022** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature : 

Prof. KB Khan  
CHS Research Ethics Committee Chairperson  
Email: [khankb@unisa.ac.za](mailto:khankb@unisa.ac.za)  
Tel: (012) 429 8210

Signature : PP 

Prof K. Masemola  
Exécutive Dean : CHS  
E-mail: [masemk@unisa.ac.za](mailto:masemk@unisa.ac.za)  
Tel: (012) 429 2298



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](http://www.unisa.ac.za)

## ANNEXURE E: TURN-IT-IN REPORT

N. Mnisi 41892453

### ORIGINALITY REPORT

<b>10%</b>	<b>9%</b>	<b>2%</b>	<b>2%</b>
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

### PRIMARY SOURCES

<b>1</b>	<b>hdl.handle.net</b> Internet Source	<b>4%</b>
<b>2</b>	<b>uir.unisa.ac.za</b> Internet Source	<b>2%</b>
<b>3</b>	<b>repository.nwu.ac.za</b> Internet Source	<b>1%</b>
<b>4</b>	<b>core.ac.uk</b> Internet Source	<b>&lt;1%</b>
<b>5</b>	<b>Submitted to University of South Africa</b> Student Paper	<b>&lt;1%</b>
<b>6</b>	<b>www.researchgate.net</b> Internet Source	<b>&lt;1%</b>
<b>7</b>	<b>sajhrm.co.za</b> Internet Source	<b>&lt;1%</b>
<b>8</b>	<b>Jasso, Jesusa Elena. "The Lived Experiences of Doctoral-Level Student Supervisors Addressing the Wellness of Counselors-in-Training Supervisees", Texas A&amp;M University - Corpus Christi, 2023</b> Publication	<b>&lt;1%</b>

Open Rubric