



**The utilisation of an employee wellness programme  
and factors determining its usage in a South African  
organisation.**

**Nozibusiso Blessed Nyawose**

**submitted in accordance with the requirements**

**for the degree of**

**DOCTOR OF PHILOSOPHY**

**in the subject of**

**PSYCHOLOGY**

**at the**

**UNIVERSITY OF SOUTH AFRICA**

**Supervisor: Dr E Tlou**

**JANUARY 2024**

**Declaration**

I, Nozibusiso Nyawose, student number 67145183, hereby declare that the work reported in this thesis is my own original work unless stated specifically to the contrary. I further declare that this thesis has not been submitted to any other university for any other degree.

---

Ms Nozibusiso Blessed Nyawose

---

Date

---

Dr E Tlou

---

Date

Supervisor

## Acknowledgements

I would like to acknowledge the following people, to whom I am eternally grateful for their role and contribution in the completion of this thesis:

1. Thank you to my heavenly Father for creating me in your image – an image of strength, grace and patience. That is what it has taken me to finish this PhD journey.
2. My promoter, Dr Emmanuel Tlou: Your consistency, promptness and patience are unmatched. Thank you for always taking your time and always being available. Thank you for trusting me and giving me hope each time. I have learnt a great deal from you. I hope to share a seat with you at the table of greatness one day.
3. Thank you to my mother, Maria Swelekile Nyawose. I hope I can be as wise as you are. Thank you for truly believing in me. You started this journey with me long before I even knew it. I am proud to finish it with you.
4. My late father, Bonginkosi Gladstone Nyawose: I hope you are smiling with pride.
5. To my participants: Thank you for trusting me with your truth and your views. Thank you for trusting that your cries will not go unheard.
6. Thank you to myself, Nozibusiso Blessed Nyawose. This one is for you.
7. Last, but not least, my daughter. Born 22 August 2023; Zibusiso ZamaDlaba Shezi. For the first time in my life, I have a purpose. You are my cause. You are all my reasoning.

## **Abstract**

This study aimed to explore the employee wellness programmes used within the Passenger Railway Agency of South Africa (PRASA) and the factors that influence the programme's utilisation. The findings of this study present the utilisation rates, as well as the perceptions of employee wellness within PRASA. The main objective of the study was to explore the organisational dynamics (processes and operations) influencing employees' utilisation rates of employee wellness programmes (EWP) or employee assistance programmes (EAP) at PRASA. The secondary objectives were to:

- a) understand the organisational dynamics that account for the low utilisation rates and the general usage of EWP/EAP at PRASA;
- b) explore the accessibility of the EWP/EAP to PRASA employees;
- c) explore employees' understanding and perceptions of the EWP/EAP service; and
- d) to develop a conceptual framework and intervention for the utilisation of employee wellness services.

Considering both individual and system-level factors, a conceptual framework was developed to understand the multitude of factors that influences the utilisation of EWP/EAP. Qualitative research was employed to explore participants' accounts and perceptions of employee wellness. A total of 30 PRASA employees were recruited to participate in the study and were interviewed individually using a semi-structured interview schedule. The participants comprised of train drivers, supervisors, managers, yard masters, administration staff and the EWP/EAP practitioner currently employed within the PRASA clinic. A total of nine themes and subthemes emerged from analysing the data. Although there was a general acceptance and a strong approval of employee wellness services, the key findings of the study showed a poor promotion of wellness services; a need for the change of location of the services due to concerns over confidentiality and issues with organisational leadership's views of employee wellness services. The study concluded that organisational culture and PRASA's organisational objectives have not effectively positioned employee wellness services. The study proposes a conceptual framework for the successful implementation of employee wellness services in the workplace in a South African context.

## Acronyms

EAP	Employee Assistance Programme
EAPA	Employee Assistance Professional Association
EAPA-SA	Employee Assistance Professionals Association of South Africa
EWP	Employee Wellness Programme
HRT	Human Relations Theory
PRASA	Passenger Rail Agency of South Africa

## Table of Contents

DECLARATION.....	II
ACKNOWLEDGEMENTS.....	III
ABSTRACT.....	IV
TABLE OF CONTENTS .....	VI
LIST OF TABLES .....	XI
CHAPTER ONE.....	1
INTRODUCTION .....	1
1.1 INTRODUCTION AND BACKGROUND.....	1
1.2 PRASA .....	6
1.3 PROBLEM STATEMENT .....	14
1.4 RESEARCH OBJECTIVES.....	14
1.5 RESEARCH QUESTIONS.....	15
1.6 SIGNIFICANCE OF THE STUDY.....	15
LITERATURE REVIEW.....	16
2.1 INTRODUCTION .....	16
2.2 DEFINING EMPLOYEE WELLNESS AND EMPLOYEE ASSISTANCE PROGRAMMES .....	16
2.3 THE HISTORICAL EVOLUTION OF WORKPLACE WELLNESS PROGRAMMES & HEALTH PROMOTION .....	18
2.4 HEALTH PROMOTION AND HEALTH BEHAVIOR .....	20
2.5 EMPLOYEE ASSISTANCE PROGRAMMES AND PRIMARY PREVENTION .....	23
2.6 DIMENSIONS OF EWPS.....	23
2.7 PSYCHOLOGICAL DIMENSION .....	24
2.8 OCCUPATIONAL HEALTH DIMENSION .....	24
2.9 HUMAN RESOURCE DIMENSION .....	25
2.10 SOCIAL DIMENSION .....	25
2.11 OVERVIEW OF EMPLOYEE WELLNESS PROGRAMMES .....	25
2.12 EFFECTIVENESS OF EAPS .....	26
2.13 BARRIERS TO UTILISATION OF EAPS.....	29

2.14 PERCEIVED ORGANISATIONAL SUPPORT .....	30
2.15 DETERMINANTS OF PERCEPTIONS AND ATTITUDES .....	31
2.16 EMPLOYEE ENGAGEMENT .....	32
2.17 EMPLOYEE WELLNESS DURING COVID-19 .....	33
2.18 WELLNESS SERVICES POST THE COVID-19 PANDEMIC .....	35
2.19 AWARENESS OF THE EAP IN THE WORKPLACE .....	35
2.20 THE ROLE OF MANAGEMENT IN EMPLOYEE WELLNESS .....	36
2.21 EMPLOYEE ASSISTANCE PROGRAMMES IN SOUTH AFRICA .....	38
BACKGROUND .....	38
2.22 PRACTICE MODELS OF EMPLOYEE WELLNESS PROGRAMMES IN SOUTH AFRICA .....	41
2.23 EMPLOYEE ASSISTANCE PROFESSIONAL ASSOCIATION OF SOUTH AFRICA (EAPA-SA) .....	41
2.24 BASIC PRINCIPLES OF EMPLOYEE ASSISTANCE PROGRAMMES.....	42
2.25 CONFIDENTIALITY .....	43
2.26 NON-DISCRIMINATION .....	44
2.27 ACCOUNTABILITY .....	45
2.28 EAP MODELS OF SERVICE DELIVERY .....	45
2.29 IN-HOUSE MODEL .....	46
2.30 OUT-OF-HOUSE MODEL .....	46
2.31 INTEGRATED MODEL .....	47
REFERRALS TO AN EMPLOYEE ASSISTANCE PROGRAMME .....	47
2.32 SELF-REFERRAL .....	47
2.33 INFORMAL REFERRAL .....	47
2.34 FORMAL REFERRAL .....	48
2.35 CRITIQUES OF EAPS.....	48
2.36 SUMMARY .....	49
HUMAN RELATIONS THEORY .....	50
3.1 INTRODUCTION .....	50
3.2 HUMAN RELATIONS THEORY .....	51

3.3 UBUNTU AND HUMAN RELATIONS THEORY .....	53
3.4 AFRICAN BUSINESS LEADERSHIP .....	54
3.5 CRITIQUE OF HUMAN RELATIONS THEORY .....	55
3.6 SUMMARY .....	56
RESEARCH METHODOLOGY .....	57
4.1 INTRODUCTION .....	57
4.2 QUALITATIVE RESEARCH APPROACH .....	58
4.3 STUDY POPULATION .....	58
4.4 THE PASSENGER RAIL AGENCY OF SOUTH AFRICA (PRASA) AND THE EAP .....	58
4.5 RESEARCH DESIGN .....	60
4.6 SAMPLING TECHNIQUE .....	61
DATA COLLECTION METHODS .....	62
4.7 SEMI-STRUCTURED INDIVIDUAL INTERVIEWS .....	61
4.8 PROCEDURE .....	62
DATA ANALYSIS .....	63
4.9 THEMATIC ANALYSIS.....	63
4.10 INDUCTIVE APPROACH .....	63
4.11 LATENT INTERPRETIVE APPROACH .....	64
PHASES OF THEMATIC ANALYSIS .....	65
4.12 PHASE 1: DATA FAMILIARITY .....	65
4.13 PHASE 2: GENERATING INITIAL CODES .....	65
4.14 PHASE 3: DEVELOPING THEMES .....	65
4.15 PHASE 4: REVIEWING THE THEMES .....	66
4.16 PHASE 5: DEFINING AND NAMING THEMES .....	66
4.17 PHASE 6: REPORT .....	66
4.18 REFLEXIVITY .....	67
4.19 SCIENTIFIC RIGOUR .....	69
4.20 CONFIRMABILITY .....	69



4.21 TRANSFERABILITY .....	69
4.22 CREDIBILITY .....	70
4.23 DEPENDABILITY .....	70
4.24 ETHICAL CONSIDERATIONS .....	71
4.25 SUMMARY .....	71
CHAPTER FIVE.....	72
PRESENTATION OF FINDINGS .....	72
5.1 INTRODUCTION .....	72
5.2 PARTICIPANTS' CHARACTERISTICS .....	73
5.3 PARTICIPANT DEMOGRAPHIC INFORMATION .....	72
5.4 THEMATIC MAP .....	75
5.5 OBJECTIVE ONE: FACTORS CONTRIBUTING TO UTILISATION RATES .....	79
5.6 THEME ONE: THE EWP/EAP AT PRASA FAILS TO PROMOTE ITSELF SUFFICIENTLY .....	78
5.7 THEME TWO: MANAGEMENT-RELATED PROBLEMS .....	79
5.8 THERE IS A WIDESPREAD CONCERN ABOUT MANAGERS AND THEIR ATTITUDES .....	80
5.9 THEME THREE: EAP MUST BE LOCATED OUTSIDE OF PRASA .....	81
5.10 THEME FOUR: PERCEIVED LACK OF CONFIDENTIALITY .....	82
5.11 OBJECTIVE TWO: THE ACCESSIBILITY OF THE PRASA EAP .....	84
5.12 OBJECTIVE THREE: EXPERIENCE OF EAP SERVICES .....	85
5.13 SUMMARY .....	86
CHAPTER SIX.....	87
6.1 INTRODUCTION .....	87
6.2 THEME ONE: THE PRASA EAP FAILS TO PROMOTE ITSELF .....	87
6.3 THEME TWO: DISCONTENT WITH LEADERSHIP .....	90
6.4 THEME THREE: THE LOCATION OF EAP SERVICES .....	91
6.5 THEME FOUR: PERCEIVED LACK OF CONFIDENTIALITY .....	93
6.6 THEME FIVE: PRASA EAP IS EASILY ACCESSIBLE.....	93
6.7 THEME SIX: PRASA EAP HELD IN HIGH ESTEEM .....	93

6.8 EAP NON-USE.....	94
6.9 SUMMARY .....	95
6.10 CLOSING PROPOSITION.....	96
6.11 PRASA’S POSITIONING IN THE SOUTH AFRICAN POLITICAL LANDSCAPE .....	96
6.12 ORGANISATIONAL STABILITY AS A CONTRIBUTING FACTOR TO SUCCESSFUL IMPLEMENTATING OF EAP .....	98
6.13 IMPLEMENTATION OF A SUCCESSFUL EAP .....	100
CHAPTER SEVEN .....	102
7.1 CONCEPTUAL FRAMEWORK OF EWP/EAP USAGE .....	102
7.2 INDIVIDUAL LEVEL FACTORS .....	103
7.3 SYSTEM LEVEL FACTORS.....	103
7.4 SUMMARY .....	111
CONCLUSION AND RECOMMENDATIONS .....	112
8.1 CONCLUSION .....	112
8.2 CONTRIBUTIONS OF THE STUDY .....	112
8.3 LIMITATIONS OF THE STUDY .....	113
8.4 CIRCUMSTANTIAL LIMITATIONS .....	113
8.5 METHODOLOGICAL FACTORS .....	114
8.6 RECOMMENDATIONS FOR FUTURE RESEARCH .....	114
8.7 SUMMARY .....	115
REFERENCES .....	116
APPENDIX A: ETHICAL CLEARANCE .....	142
APPENDIX B: PERMISSION TO CARRY OUT RESEARCH FROM PRASA .....	144
APPENDIX C: INFORMATION SHEET FOR PARTICIPANTS .....	145
APPENDIX D: INFORMED CONSENT .....	147
APPENDIX E: INDIVIDUAL INTERVIEW SCHEDULE .....	150

## List of Tables

Table 1	<i>Statistical Representation of EAP Utilisation Rates at PRASA over a Three-Year Period</i>	6
Table 2	<i>Pillars covering PRASA's primary mandate</i>	9
Table 3	<i>Objectives of EAPA-SA</i>	42
Table 4	<i>The Goals and Functioning of EAPs</i>	42
Table 5	<i>Demographic Characteristics of Participants</i>	73
Table 6	<i>Summary of the Objectives, Questions and Themes of the Study</i>	77
Table 7	<i>Individual level factors</i>	105
Table 8	<i>System level factors</i>	108

## List of Figures

Figure 1	<i>Organisational Structure of PRASA</i>	11
Figure 2	<i>Operational Structure of PRASA</i>	12
Figure 3	<i>Thematic Map</i>	75
Figure 4	<i>Final Thematic Map</i>	76
Figure 5	<i>: Conceptual Framework for Utilisation of EWP/EAP</i>	104

## **Chapter One**

### **Introduction**

#### **1.1 Introduction and Background**

The research study embarked on an understanding and exploration of the utilisation of an employee wellness programme (EWP) and factors that influence the programme's usage at the Passenger Railway Agency of South Africa (PRASA). The concept of EWP is a critical division and is widely used in the domain and discipline of human resources management (HRM) in many South African organisations (Makhanya, 2021). It was recognised by Matlhape (2003) to be a versatile intervention in organisations internationally. Later, Els and De La Rey (2006) developed the first Holistic Wellness Model in South Africa which detailed the various elements and components of wellness. An EWP model would serve as a frame of reference for the construction of a valid and reliable inventory that would be considered suitable for the assessment of the wellness of employees in South African organisations (Els & De La Rey, 2006) and, as such, this model could be used to explain wellness in terms of existing theory.

The vast majority of research in the past has produced no uniform definition of health and wellness (Martin et al., 2003) and the term 'wellness' remains an unclear concept that is yet to be universally or clearly defined in academic literature. In addition, research conducted by Sieberhagen et al. (2011), showed that different researchers used different constructs to address the same issues, such as "employee wellness", "employee-wellbeing" (Noblet & Rodwell, 2007) and "workplace wellness" (Wojcik, 2007). This contributed to a further derailment of a universal and uniform definition which led to these terms being used interchangeably.

Currently, the World Health Organisation's (WHO) (2019) special initiative for Mental Health (2019–2023) defines the terms 'health and wellness' as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity".

Although the term 'wellness' is a multidimensional, common and worldwide phenomenon, its definition remains unclear in academic literature. Similarly, Vercio et al. (2021) convey that, in wellness literature, different models emphasize similar dimensions, which includes physical, mental, social and spiritual wellness. Vercio et al. (2021) identify physical wellness to include the incorporation of physical activity and healthy nutrition as an investment of self-care. Mental

wellness is an internal state of balance and social wellness includes positive, healthy interpersonal and community relationships. The spiritual wellness model is defined by Vercio et al. (2021) as rising above the self to find purpose and meaning internally and externally. These models are helpful in providing wellness goals for wellness programmes for both individuals and organisations.

Organisations are becoming more aware of issues related to employee wellness or well-being (Hooper, 2004) and this has led to the introduction of valuable programmes that play a pivotal role in employee satisfaction and morale. They include employee wellness programmes (EWPs) and employee assistance programmes (EAPs) (Sieberhagen et al., 2011) to address the issues of wellness and well-being in the workplace.

According to Long and Cooke (2022), an EAP is:

A work-based programme that encompasses a widespread spectrum of helping services to address aspects of work, life, and health, and is intended to remedy existing employee difficulties as well as mitigate future adversities.

Other authors have described EAPs as programmes that offer employees with cognitive behaviour therapies (Varga et al., 2021), whilst other authors have linked EAPs to various employer benefits such as increases in job performances (Ott-Holland et al., 2019) and production over and above health.

According to Sieberhagen et al. (2011), an EWP is:

An intervention strategy that is intended to promote the wellbeing of employees within the organisation and create awareness to facilitate the management of employee's health and maladaptive change behaviour and health attitudes.

These two definitions of EAP and EWP clarify that the two concepts address similar issues in relation to employee wellbeing. These two concepts will be used interchangeably in this paper, to address the same.

In South Africa, employee wellness programmes date back as far as the 1980s where they gained momentum and appreciation, and have been used to enhance the functioning of employees. Currently, in South Africa, public institutions such as state departments and state-owned enterprises, as well as private business organisations have recognised the importance of employee wellness programmes in humanising the workplace. As such, the rationale for implementing EWPs is to assist in increasing employees' work commitment and performance through knowledge, improve social skills and both mental and physical health (Manganyi & Mogorosi, 2021). As Gobind (2015) intimated, the need for sound employee relations in South Africa stems from having to find a balance between worker needs and employer satisfaction, hence the relevance of the proposed study in a South African context and organisation.

It has been over two decades since Matlhape (2003) recognised the underutilisation of EWP services in the South African context and described the conditions which influences and affects utilisation rates. Pompe et al. (2018) asserted the gap in the utilisation of employee wellness services to be worldwide. McRee's (2017) findings suggested minimal use of EWPs overall, despite Matlhape's (2003) claim that the twenty-first century has been marked by an increase in the utilisation rate. In 2018, EAPs were still reported to be failing in attracting participation among certain segments of the workforce, with only an estimated 40% of eligible employees participating in the programmes (Lowensteyn et al., 2018). In addition, Perrault et al. (2020) claimed that the social structures of workplaces within organisations have been found to deter the participation in employee wellness services. With increased implementation of EWPs worldwide, more skills and competencies from employers would be required for the efficient and increased utilisation of the programmes across multiple industries.

The central purpose of an EWP is to provide timely, professional aid to employees whose personal issues at work, at home and in the community at large might otherwise lead to deterioration in work performance, absenteeism, accidents, conflict in the work setting, or even job termination (De Sousa Sabbagha et al., 2018). Employee wellness in the workplace is important and has a positive impact on individual wellness and productivity. Pompe et al. (2018) lamented minimal emphasis being placed on EWPs in the past years. Employee wellness programmes have been recognised by Tringali et al. (2022) as being dependent on high participation rates of employees for their success. In addition, the workplace health climate, a measure of perceptions of support and environmental conditions, have been shown to influence the participation

in wellness programs (Tringali et al., 2022). The delivery and the promotion of health risk assessments are among crucial services, notified by White (2020), as being contributory elements of a comprehensive assistance programme.

The Employee Assistance Professionals Association of South Africa (EAPA-SA) is the body that provides guidelines for the implementation of EAPs in South African workplaces. Its core activities include the training, developing, and assisting organisations' stakeholders, such as managers, supervisors and unions, who are seeking to effectively manage the employee who is experiencing behavioural, emotional or issues related to wellness. The focus is on enhancing the work environment and improving employees' job performance. The body oversees the confidential and timely risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration and aftercare services for employees with personal and work-related concerns that may affect job performance. (EAPA-SA, 2020).

The present study focuses on the utilisation of employee wellness and the factors that influence the programmes usage in a South African organisation. The utilisation rates, as well as the reasons behind employee utilisation or non-utilisation, are essential to determine as this will provide crucial information about the effectiveness of an EWP. Determinants in the context of this study, are decisional factors that influence wellness intervention-seeking behaviour. Primarily, the purpose of exploring utilisation rates of EWPs are to justify their existence in organisations, and to understand the extent to which they achieve their objectives, as well as finding methods and ways of improving their effectiveness within organisations (Sieberhagen et al., 2011).

In 2003, a study conducted by Naidoo and Jano reported that fewer than half of South Africa's top one hundred organisations have EWPs, and those that do, have poor utilisation rates. More than a decade later, a study by Letsoalo (2016) pointed to an increase in EWPs in organisations, but low utilisation and participation rates, despite the benefits associated with the wellness programmes. Attridge's (2019a) study pointed to EAPs yielding very low utilisation with only a reported 2% using it for counselling a year. Collectively, these studies spoke to addressing and applying preventions and strategies for employee participation.

Therefore, in this study, the primary aim was geared to explore employees' perceptions of an EWP within PRASA, specifically to determine factors associated with the utilisation rates of

the employee wellness programme. For the present study, 'utilisation rate' refers to the measured number of people utilising the services rendered by the EAP. Utilisation rates are used to compare an organisation's ability to assist employees and to ascertain what model of assistance can be used. According to Csiernik (2003), the rate of utilisation is used as an evaluative tool and can be used to assess the need for additional programme promotion and development. As a parastatal that has undergone transitional and organisational changes, PRASA is one of the operational organisations that have implemented the use of EWPs and has aligned the needs of its employees with EWP.

Despite the introduction of an EWP at PRASA in KZN Durban region, South Africa, the researcher's observation as a former EWP professional is that there are relatively few employees who make effective use of the EWP programme, an observation originally made by Mathlape (2003).

It is unclear whether this was related to the positioning of the EAP within a South African context with the constant change and transition within the PRASA organisation. This lack of effective utilisation presents a researchable problem. In the researcher's role as a clinical psychologist and a former employee wellness practitioner at PRASA, numerous awareness workshops and programmes have been conducted. Visits to different depots at PRASA have been made, advertising the programme and its benefits. Yet, the programme has remained underutilised and weak. Csiernik (2003) highlighted utilisation as an important concept routinely used as a descriptor of EAP success. To support this notion, Attridge (2019a) asserted that utilisation is a good method for assessing the effectiveness of an EAP service. However, this should be done cautiously as the field of EAP has yet to adopt industry-wide standardisation in the measurement of programme service utilisation.

In addition to poor service utilisation, PRASA continues to have a high rate of absenteeism that has become a trend with many employees in the Durban region. According to Grobler and Joubert (2012), wellness programmes are the ideal vehicle for implementing an integrated approach to targeting, managing and dealing effectively with employees' psychosocial dilemmas. The overall EWP/EAP utilisation rates at PRASA over a three year period, based on in-house statistics are shown in Table 1.



**Table 1**

*Statistical representation of EWP/EAP utilisation rates at PRASA over a three year period.*

<b>PRASA (2,763 employee)</b>		
<b>Year</b>	<b>EWP/EAP use</b>	<b>% EWP/EAP use</b>
2018	671	28.2
2019	515	18.6
2020	303	10.9

(Source: Risk and Compliance Management monthly statistics: PRASA)

The utilisation rates over the 3 year period reflected a decline in employee wellness attendance rates. Although the attendance rates were already low, it should be noted that year 2020 coincided with the coronavirus (COVID-19) pandemic which was marked by a high infection rate and employees quarantining at home.

Apart from the psychosocial dilemmas, the impact of the coronavirus (COVID-19) pandemic in 2019 has caused major shifts in the positioning of employee wellness programmes and its utilisation. These changes have also impacted and contributed towards a redefinition of employee expectations regarding flexibility and organisational support, and a focus on work/life boundaries (Tiry et al., 2022). The pre-pandemic health and wellness needs of employees changed from occupational and personal issues, to crisis intervention and the anxieties of the COVID-19 pandemic. To respond to the newly adapted COVID-19 changes, many organisational wellness programmes may need to adjust their programme offerings to support their employees (Campbell, 2020).

## **1.2 PRASA**

The Passenger Railway Agency of South Africa (PRASA) is a parastatal entity whose legal mandate and aim is to deliver commuter rail services in the metropolitan areas of Southern Africa which includes local and long distance (intercity) bus services to and from the borders of the Republic of South Africa. With PRASA Rail being the biggest division in transport services, PRASA has to meet the transportation demands of train commuters and the changing preferences and demographics of commuters who utilise its services on a daily basis, as trains

and buses are still the cheapest mode of transportation for many South Africans. PRASA is made up of five divisions and these include: PRASA Rail, Autopax, Intersite Investments and PRASA CRES (Corporate Real Estate Solutions).

Performing organisations and parastatals such as PRASA seek to achieve optimal business outputs. This validates the growing need for engagement at individual and organisational levels with relevant stakeholders. As a transportation business unit of the South African parastatal sector, there are growing concerns about the rates of absenteeism, substance abuse, psychosocial concerns and ultimately worker engagement at PRASA. Although PRASA is currently undergoing organisational changes, political debate, and is under administration, it seeks to achieve optimal business outputs while maintaining a sustainable and competitive business advantage in relation to other transport organisations.

PRASA is a schedule 3B national government business entity reporting to the Minister of Transport and it derives its mandate from the Legal Succession to the South African Transport Services Act (1989), as amended (PRASA Corporate Plan, 2022). PRASA's main objective and business is to ensure, in consultation with the Department of Transport, that rail commuter services and long-haul passenger rail and bus services are provided within, to and from South Africa in the public interest. PRASA's secondary objective and business is to generate income by exploiting its assets. In carrying out its objectives and business, PRASA ensures due regard for key government social, economic and transport policy objectives, including the National Development Plan and the national land transport strategic framework (PRASA Corporate Plan, 2022).

According to the PRASA Corporate Plan (2022), the imperatives considered by government and the stakeholder for PRASA, as informed by the National Development Strategic Plan and priorities of the sixth administration, are:

- Providing public transport solutions that respond to the needs of travellers
- Providing reliable, safe and affordable transport
- Improving accessibility and connectivity for marginalised communities
- Providing public transport development solutions for rural communities.

- Supporting economic growth and spatial development through the provision of access to major employment areas.
- Contributing to a reduction in emissions and to cleaner cities.

The corporate plan issued by PRASA for the year 2022 to 2025 provides the vision, strategies, plans, budget and activities for the next three years and has measurable objectives for each of the financial years. The corporate plan outlines the actions needed and the funding requirements from an operational and capital investment perspective.

A copy of PRASA's primary and secondary mandate directly from the corporate Plan 2022/2025 is attached as Table 2. Employee wellness has not been accounted for in both the primary and secondary mandates.

**Table 2**

*Pillars covering PRASA's primary mandate*

**STRATEGIC INTENT**

PRASA's strategic intent is to be recognised as a provider and manufacturer of safe and reliable public transport services and products.

**Pillars for the strategy execution**

The eight pillars reflected in the previous corporate plan have been refined for the 2022/23 period. Initially, the development of the eight pillars entailed a consultative process whereby all of PRASA's entities and departments were given the opportunity to participate in planning. However, this presented challenges in 2021/22 such as overlaps, duplications and dependencies between pillars. The pillars have, accordingly, been reorganised to ensure a clear link with the shareholder requirements. The revised pillars are as follows:

**Pillars covering PRASA's primary mandate.**

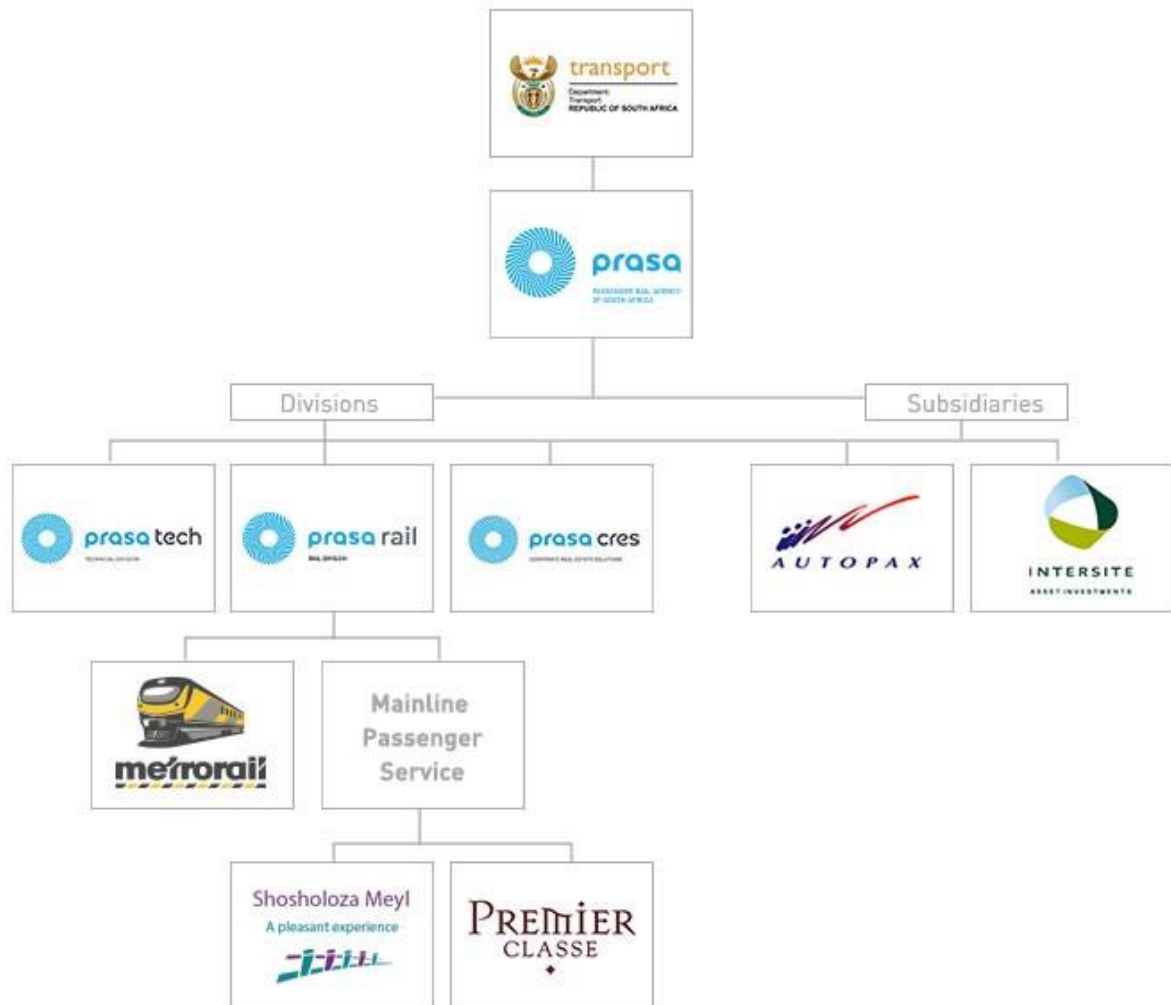
<b>Pillar 1</b>	<b>Pillar 2</b>	<b>Pillar 3</b>
Rebuilding corridors for consistently good services with passengers at the centre.	Modernisation of infrastructure, rolling stock and stations.	Enhancing operational and workplace safety and security, covering assets and people.
Construction, repair and replacement of infrastructure on corridors per priority list	Rolling stock fleet renewal programme.	Security of assets & people
Revitalise and rebuild stations on corridors per priority list.	Resignalling	Security service operations.
Retailing stock availability through general overhaul programme, technical maintenance contracts and general maintenance.	Station revitalisation & modernisation.	Safety in service operations.
Longitudinal services (MPLS and Autopax)	Depot modernisation.	

**Pillars addressing the secondary mandate and enabling operations.**

<b>Pillar 4</b>	<b>Pillar 5</b>	<b>Pillar 6</b>
<p>Pursue financial gains through revenue enhancements and costing improvements.</p> <p>Property development.</p> <p>Alternative revenue sources.</p> <p>Cost structures and improvement</p>	<p>Excellence in performance across all areas of the business with a focus on enabling operations</p> <p>Legal, compliance and insurance</p> <p>Finance</p> <p>Supply chain management (SCM)</p> <p>Research</p>	<p>People priorities: Addressing employees and stakeholders.</p> <p><b>Employees</b></p> <ul style="list-style-type: none"> <li>• Performance management</li> <li>• Consequence management</li> <li>• Skills and training</li> <li>• Gender responsiveness</li> </ul> <p><b>Stakeholders</b></p> <ul style="list-style-type: none"> <li>• GBVF</li> <li>• Procurement through businesses owned by women youth or people with disabilities</li> <li>• Communications with communities and other stakeholders.</li> </ul>

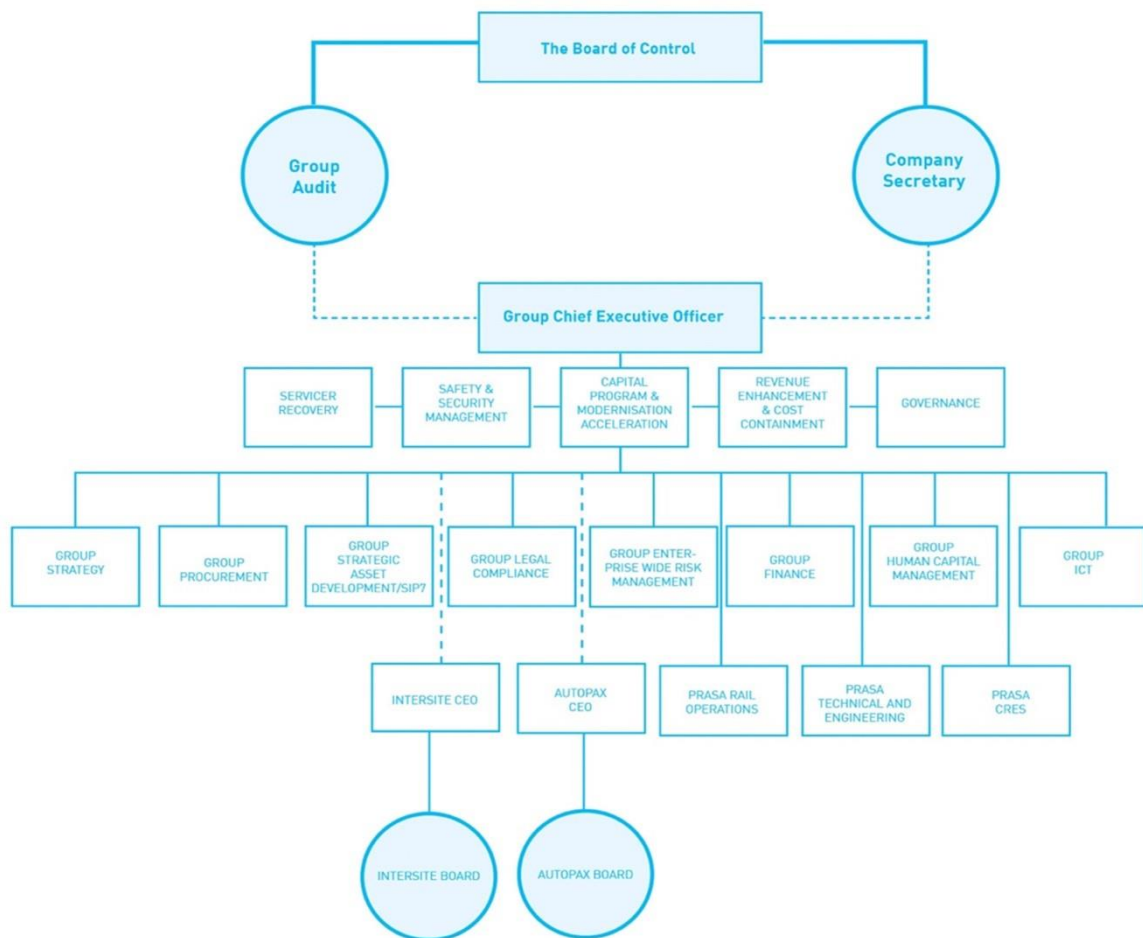
<b>Pillar 7</b>
<p>Enable transition to a digitally enabled organisation.</p> <p>Stabilisation</p> <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Security</li> <li>• Augmenting skills</li> </ul> <p>Rebuilding</p> <ul style="list-style-type: none"> <li>• SAP</li> <li>• Productivity tools</li> </ul>

**Figure 1**  
*Organisational structure of PRASA (PRASA, 2019)*



**Figure 2**

*Operational structure of PRASA (PRASA, 2019)*



Figures 1 and 2 reflect the organisational and operational structures at PRASA. The organisational structure begins with the Department of Transport. The primary responsibility of the Department of Transport is to regulate and provide an integrated transportation system through the regulation of public transport whilst ensuring access to safe, efficient and affordable public transportation and facilitating the development of the transport industry. This is followed by PRASA, with its three divisions and two subsidiaries. PRASA Technical is an integral part of the strategy of the PRASA group that functions to improve and modernise rolling stock, modernise depots and strategic infrastructure of PRASA. The largest operating division, is PRASA Rail. PRASA RAILS primary aim and main objective is controlling the Metrorail commuter services in the metropolitan areas and long-distance passenger rail services between major cities. It consists of subdivisions of Metrorail, Mainline Passenger Service, Shosholoza Meyl and Premier Classe. PRASA Cres (Corporate Real Estate Solutions) is the division tasked with managing the property portfolio. The two subsidiaries include Autopax and Intersite which operates the long distance and luxury bus services. In diversifying revenue and the streams of income, Autopax caters for the bus hire solutions. (PRASA, 2019).

Despite the railways agencies' diversified streams and provision of an integrated transportation system, it was in 2019 that the former transport minister, Mr Fikile Mbalula, made a decision to dissolve the interim board and placed the entity under administration (Lindeque, 2019). Deep-rooted challenges were cited that required decisive interventions at leadership and management levels. In 2019, the Auditor General report for the 2018/2019 financial year raised critical issues on governance and the misuse of finances within PRASA. The audit find concluded irregular patterns of spending, fruitless and wasteful expenditure and a lack of action in taking effective and preventative steps, as required by law (AGSA, 2019). This highlighted the dysfunctionality of PRASA and records of non-compliance with financial prescripts that warranted immediate action and intervention. The Auditor General labelled PRASA as one of the top offenders when it came to irregular expenditure in the public sector.



### **1.3 Problem Statement**

The central aim of the study that resulted in this thesis was the exploration of employee wellness programmes within PRASA and the perceptions of the programme within the organisation that affect its usage of employee wellness. Relatively few employees make effective use of the wellness programme. As a basis for this study, the researcher identified the problem to be three-fold. First, the current existing employee wellness interventions, namely in-house psychotherapy and counselling, do not seem to be effective. Secondly, the issue relates to the perceptions of employee wellness programmes held among employees and management within PRASA which has an impact on usage. Thirdly, the wellness programme may not be as accessible to all PRASA employees. Past research has been conducted on employee wellness programmes. Sieberhagen et al. (2011) explored the management of employee wellness in South Africa with a focus on the employer, service provider and union perspectives. In 2019, Krekel et al. conducted a study on employee wellbeing, productivity and organisational performance. Makhanya's 2021 study explored the impact of employee wellness programmes on employee wellness and performance and found that wellness programmes supported employees in achieving a work-life balance and providing counselling and advisory services. Varga et al. (2021) conducted a study on employee perceptions of wellness programmes and found that employee perceptions of wellness programmes impacted turnover intention, job stress and perceived organisational support. Although the authors above conducted studies on employee wellness in organisations, the utilisation of the programme was not explored. . This study focused on employee wellness and the perceptions of the programme that influence usage within the organisation, so as to provide a conceptual framework for implementing a successful and effective employee wellness programme within PRASA.

### **1.4 Research Objectives**

The objectives of the study were to:

- i. Understand the organisational influences that account for the current utilisation rates of EWP at PRASA;
- ii. Explore the accessibility of the EWP to PRASA employees;
- iii. iii. Explore employees' understanding and perceptions of EAP services, and
- iv. iv. To develop a proposed framework and intervention for the utilisation of employee wellness services.

## **1.5 Research Questions**

In pursuit of the research objectives, the study explored the following research questions:

- i. What are employees' perception of the factors that promote and account for the employee wellness programme utilisation at PRASA?
- ii. What are the employees' perception of the PRASA's service accessibility?
- iii. What are the perceptions of PRASA employees regarding EWP services?

## **1.6 Significance of the Study**

This current study is relevant in that it addresses and focuses on the EWP as one of the key elements of promoting the well-being of employees in an organisation in a South African context. A qualitative approach was used in exploring the employees' perception of utilisation rates and reasons for such between users and non-users of EWP services within the PRASA. The emerging data is discussed in relation to existing research and theories related to EWP and wellness programmes within organisations.

The introductory chapter presented a brief overview of the formation of EAPs worldwide and their introduction into the organisational sphere. The chapter highlighted the role played by EAPs worldwide as well as within the South African context. The considerable gap in the utilisation of employee assistant programmes was presented, as well as the conditions which influences and affects the rates of utilisation. It is clear that EAPs play a valuable role in wellness and employee productivity. However, much awareness is needed to shape employees' perceptions of the EAP. The workplace, being PRASA, has been chosen as a unit of analysis as it was the researcher's place of work at the time of the study, and participants could be easily obtained. The next chapter presents recent and comprehensive literature on EAPs, which includes their effectiveness and the barriers that impact effectiveness.

## **Chapter Two**

### **Literature Review**

#### **2.1 Introduction**

This chapter reviews the literature in the field of employee wellness programmes (EWP) and employee assistance programmes (EAP), as well as its definitions. It will review the development and the historical evolution of employee wellness within organisations. In addition, this chapter will explore legislation and policy development within the South African context, the dimensions of EWP and its services globally and locally.

#### **2.2 Defining Employee Wellness and Employee Assistance Programmes**

The definition and the clarification of the key concepts are as follows:

According to Sabharwal et al. (2019), employee wellness programmes are:

Company-based initiatives that include increased employee productivity as well as morale, which overall can decrease the rates of illness and ill health, while producing performance benefits ranging from reduced healthcare costs to productivity improvements.

In addition, Amir et al. (2021) assert that:

Wellness can be defined as incorporating habits that improve and maintain an individual's physical and mental health in order to have a positive well-being, and incorporating services of employee wellness into a workplace can benefit an employee's health as well as reduce absenteeism and boost employee morale.

A large body of evidence, past and recent, show that workplace wellness programmes reduce healthcare costs (Baicker et al., 2010; Chapman, 2012; Chiapetta, 2005 and Veldsman & Van Der Merwe, 2022), offer effective means to manage and reduce healthcare costs (Zhang et al., 2014 and Sabharwal et al., 2019), and promote the well-being of employees (Long and Cooke, 2022).

Definitions of EWP and EAP vary depending on the type of programmes, the nature of the services offered, the standards being applied and the regions in which they operate (Masi, 2020). In principle, however, both EWP and EAP provide the same service.

According to the Society for Human Resource Management (2020), an EAP:

Is a work-based intervention programme designed to assist employees in resolving personal problems that may be adversely affecting the employees' performance.

In this regard, EAPs are geared towards assisting the employee to achieve the goals of the job specification whilst maintaining job performance.

The Employee Assistance Professional Association (EAPA) (2016) defined EAP as:

Programmes that serve organisations and their employees in multiple ways, ranging from consultation at the strategic level about issues with organisation-wide implications to individual assistance, to individuals and their family members experiencing personal difficulties. As workplace programmes, the structure and the operation of each EAP varies with the structure, functioning, and the needs of the organisation it serves. In general, an EAP is a set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace and to address a work organisations particular business needs through the application of specialised knowledge and expertise about human behaviour and mental health.

Currently, the Employee Assistance Professional Association (EAPA) (2020) simply defines EAP as:

Work-based intervention programmes designed to enhance the emotional, mental, and the general psychological wellbeing of all employees and includes service provision to immediate family members.

Long & Cooke (2022) argued that this definition focused predominantly on remedial intervention while ignoring preventative functions.

Taking the definitions of EWP and EAP into context, the relationship between the concept of EWP and EAP are intricately correlated (Masi, 2020) and can be used interchangeably, as it will be in this study.

### **2.3 The Historical Evolution of Workplace Wellness Programmes & Health Promotion**

To understand the concept of the EWP/EAP, it is necessary to understand its roots in the phenomenon of health promotion, which will be defined and explored in more detail later in the chapter. The concept of promoting and protecting health, as well as preventing disease and injury, has been established by many researches in health sectors. Encouraging positive health changes has been important for individuals, health professionals and the community at large over the years. The evolution of health promotion is traced back to 1984, when the art and science of health was just emerging as an organised field of study and practice in the United States (O'Donnell, 2002). The focus of health promotion has changed from focusing on individual lifestyles, to more structural factors in society (McIntyre, 1992) and this supports the type of choices and decisions that people make.

By 1994, over 80% of employers with 50 or more employees had health promotion programmes in place in the USA, and a number of other health-related professionals' associations added special interest groups for workplace health promotion or health education (O'Donnell, 2002). Similarly, Mandle (2010) highlights that the idea of health promotion became a focus of industrial research; it furthermore entered into the healthcare lexicon when the federal government stretched its role through funding for the expansion of health promotion programmes. The 1990s made rise and made way for the emergence of population health as a competing health policy discourse (Raphael, 2008). This meant that the population health literature grew and research shifted its focus to the determinants of health in many countries of the world.

The 1990s were marked by the emergence of health promotion in the South African health economy, and followed by the new policy appearing in the African National Congress' (ANC) health policy document (Onya, 2007). Given its history of inequality and poverty, South Africa has a quadruple burden of disease (Perez et al., 2013). Health-promotion interventions driven by an independent Health Promotion and Development Foundation (HPDF) was found by (Perez et al., 2013), to be one of the ways to address the burden of disease along with the social determinants of health and social inequality. As such, the inclusion of a comprehensive and inclusive political and health policy is crucial. South Africa is known to have concrete policies, including that of health, which have been found to be strong on the rhetoric of equity, health promotion and other primary health care features and approaches. Singh et al., (2010) however laments that South Africa has showed very little evidence of translating this into action. This

means that expected health-promotion outcomes were not being achieved and health inequalities continued still. The roots of a dysfunctional health system in South Africa have been related to poverty, the country's history of colonial subjugation, apartheid disposition and politics. Hoosen et al. (2009) laments that racial and gender discrimination, vast income inequalities, destruction of family life, substance dependency and extreme violence, have all formed parts of South Africa's troubled past, and all have inexorably affected the promotion of health and health systems in general.

While health promotion certainly showed tremendous growth and advances in healthcare and lifestyle approaches in other countries, it was, however, arguably met with criticism from some scholars. Raphael and Bryant (2002), criticised health promotion approaches as being epidemiologically orientated approaches that 'de-politicises' health issues. This leaves little room for views of knowledge alternative to traditional positivist models and has little to say about community involvement and participation. This, thus, ignores the political context of health promotion. Similarly, McLeroy et al. (1988) accused promoters of health promotion as lifestyle interventions of encouraging a victim-blaming ideology by failing to focus on the importance of community social influences on health and disease. McLeroy et al. (1988) conceptualised and empirically tested environmental influences on population health outcomes in health promotion. The components of health promotion have been viewed as minimising the effects and consequences of the environment on health. The promotion of health must place emphasis and target the behavior of individuals by also intervening at the various levels and facets that shape human behavior. These must include the social, adaptive and the environmental level of functioning.

#### **2.4 Health Promotion and Health Behaviour**

Although health promotion is an essential part of the organisation in many occupational settings, there is no universal definition of health promotion, as writers have conceptualised it differently. For example, the Ottawa Charter for Health Promotion has defined health promotion as "the process of enabling people to increase control over, and to improve, their health"

(WHO, 2016). Barry and Jenkins (2007) referred to health promotion as being concerned with achieving positive health and quality of life. O'Donnell's (2002) definition sees health promotion as "the science and art of helping people change their lifestyle towards optimum health". Tlou (2009) further cites O'Donnell's (2002) definition of health as "balance of physical, emotional, spiritual and intellectual health, without sacrificing one area in order to achieve excellence in another".

Hubley and Copeman (2013) defined health promotion as the core component of public health, combining health education directed at individuals and communities, service improvements to make them more appropriate and acceptable, and advocacy in influencing policies that affect health. Similarly, Tlou (2009) highlights that health promotion is the process of enabling people to increase control over the environmental conditions that are conducive to improved health. Health promotion seems to have been addressing the mainstream healthcare issues of the twenty-first century by contributing to newer approaches to health improvement, whole population programmes, health impact assessment, investment for health projects, capacity building, community planning and involvement, and perhaps most importantly, evidence-based practices (McDonald & Bunton, 2002). More recently, health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but is also action directed towards changing social, environmental and the economic determinants of health and wellness programmes (Nutbeam & Muscat, 2021).

Health promotion requires more than just behaviour change. It also requires a structured and supportive work environment, which will also include management supporting the employees' participation in wellness services during business hours. Interestingly, a study conducted by Jorgensen et al. (2015) showed that employee wellness programmes offered to employees during their leisure time such as break intervals were associated with lower utilisation in all measured activities, compared to when offered during working hours. This was common among hard-labour workers. Similarly, a recent study conducted by Berry et al. (2020) indicated that certain units/departments should have set times for wellness usage during work to monitor utilisation.

Wellness programmes offered during employees' leisure time also caused a gap among operational workers, who used breaks as an opportunity to rest due to the high physical demand of

their jobs. They, therefore, did not have adequate time for an EAP activity, as when compared to their superiors and managers who may have been more flexible. This is consistent with the results of a study that showed that workplace health promotion is primarily affective among white-collar workers and highly selected individuals (Rongen et al.2013). The study found that adverse working environmental factors, such as low social support and very fatiguing work, were associated with lower employee participation and utilisation of employee wellness programmes (Rongen et al., 2013). Masi (2020) argues that employee wellness is abysmal and that most companies are not communicating employee wellness well with their employees.

These findings suggested that for utilisation rates to increase, good environmental initiatives and organisational support are crucial. Indeed, Paterson et al. (2014) observed that, in a supportive work environment, employees can acquire new knowledge and information, refine their skills and also investigate problems and find new solutions through the use of EAPs. Goldgruber and Ahrens (2010) produced evidence that the strategy of reorganising workplaces to facilitate employee utilisation and control offers a productive means of improving employee health and well-being, although the most effective means of implementing this strategy needs to be better understood.

Health promotion cannot be achieved without health behaviour. Health behaviour has been conceptualised differently by many researchers. For example, Tlou (2009) referred to health behaviour as being a combination of actions performed by people who are not yet ill, in order to prevent the onset of the disease. According to Rubinelli and Diviani (2020), health behaviour refers to every individual action affecting one's health and is shaped by the individual, the social context and the environment. Achieving optimal health behaviour is key in preventing the onset of diseases (Tlou, 2009), and maintaining a positive perception about one's health, values and beliefs. Health behaviour would best be achieved at an individual level, where the individuals or employees endeavour to encourage themselves to learn about and attain crucial lifestyle changes for achieving health promotion and well-being.

In the efforts to assist employees to move towards a direction of optimal health, Tlou (2009) cited O'Donnell's (2002) three levels for health-promotion programmes. Level one includes enhancement of employees' awareness. According to Zula et al. (2013), level one may include health fairs, monthly newsletters, posters, flyers, health screenings and generally other health



activities. Level two includes employees changing their lifestyle, their way of life and their physical well-being. This level also provides information on eliminating negative and unhealthy habits. Finally, level three includes management creating environments within the workplace that support healthy lifestyles and promote workplace health.

Workplace health promotion should be a growing movement as organisations move towards advances in the culture of health and wellness promotion. According to Attridge (2019a), positive workplaces embrace three concepts within the working environment. Foremost is the vision and recognition that operational excellence and business success require a psychologically healthy workplace, as well as comprehensive strategies and company policies that promote health. Secondly, these need to be sustainable over time and operate at the employee, workplace and organisational level. Finally, Attridge (2019a) concluded that services should be offered to both the employees and their family members, for optimum health promotion to be achieved.

In the evaluation of health promotion, several issues have been the topic of debate. These include the measurement of relevant outcomes of health-promotion interventions and the process by which this is achieved (Nutbeam, 1998). The complexity of health promotion activities must be understood by organisations in order to achieve the desired outcome and respond to the needs of the employees. Tetrick and Quick (2011) divided health-promotion interventions into three groups: primary, secondary and tertiary. Whilst the primary group consists of interventions aimed at prevention of ill-health and promotion of health for the organisation, the secondary group is directed at examining and exploring organisational risk factors for the employees. Tetrick and Quick (2011) defined the tertiary group as reactive and limited in their scope to offer treatment and assistance services to employees in need. Health promotion interventions in the workplace become rubrics and ideal references for organisational management involved in the development of employee wellness programmes. As such, wellness programmes have been considered as both a primary and secondary interventions of prevention for organisations.

## **2.5 Employee Assistance Programmes and Primary Prevention**

The evolution of organisations and employees has been accompanied by an increasing burden and a changing spectrum of psychosocial stressors, occupational diseases, and medical and psychological illnesses. According to Goldgruber and Ahrens (2010) and Ahrens and Schott

(2004), the knowledge that some of modern society's diseases are caused primarily by unhealthy behaviour, and are therefore preventable, has triggered multiple behavioural interventions within organisations. This knowledge, as well as awareness of the importance of prevention, is what led to the development of employee wellness programmes. Although the effectiveness of EAPs has been debated, it can be argued that these organisational interventions are preferable. They are critical as preventative measures in primary prevention care, and identifying primary indicators and causes of unhealthy working environments for employees.

Indeed, preventative measures are better than curative ones.

The awareness of and interest in preventative health measures by the general public are critical factors in determining the impact that disease prevention and health-promotion initiatives will have in improving personal health and reducing healthcare costs (Dejoy & Wilson, 1995). Research has indicated that preventative measures in employee wellness include actions aimed at minimising, and preferably eradicating, the impact of maladaptive and unwanted behaviour (Wendimagegn & Bezuidenhout, 2019). Such actions include increasing the awareness of health promotion and behavior by the organisation for employees. This increases greater organisational support for the employee.

## **2.6 Dimensions of EWPs**

Different organisations have different dimensions of EWPs/EAPs, which traditionally fall under the organisation's human resource management function. According to De Sousa Sabbagha et al. (2018), the dimensions of EAP include the psychological, occupational health, human resource and social dimensions.

## **2.7 Psychological Dimension**

The psychological aspect of employee assistance and wellness involves psychological practitioners intervening and ensuring that employees receive professional assistance in dealing with mental health concerns. This includes the introduction of programmes, campaigns and awareness programmes aimed at alleviating stress-related problems. These are crucial as they help to reduce sickness, absenteeism, employee turnover and workplace accidents (De Sousa Sabbagha et al., 2018). In their study on wellness, Ott-Holland et al. (2019) agreed that, whilst the psychological dimensions are critical, there has been an organisational failure to adequately assess the psychological factors that motivate programme participation and utilisation by employees.

The psychological dimension of employee wellness speaks a great deal to the clinical assessment and evaluation of employees in the workplace in relation to their mental health, drug and alcohol abuse, and work-related and psychosocial stressors. The aim is to help employees improve their mental and emotional health and for informed decisions to be made regarding their physical and psychological well-being. This can increase work productivity within the workplace.

EAPs are predicated and grounded on a humanistic paradigm that encourages organisations to meet the needs of troubled employees (Kunte, 2016). According to Bophela and Govender (2015), the psychological provision of services through an EAP helps employees to improve their behavioural well-being timeously.

## **2.8 Occupational Health Dimension**

The EAP occupational health dimension is the organisational division that focuses on the medical aspects of wellness. De Sousa Sabbagha et al. (2018) asserted that management of work injuries, chronic disease and pandemics amongst employees has been a focus area for employee wellness. The occupational health dimension, in conjunction with the psychological dimension, has given rise to counselling programmes for the management of employees with the human immunodeficiency virus (HIV) in the workplace. Counselling plays an important role in mitigating the spread and management of HIV and the acquired immunodeficiency syndrome (AIDS). EAP practitioners with a focus on HIV and AIDS have an obligation to facilitate behavioural change, promote the early management of opportunistic and sexually transmitted infections, facilitate referrals for social and employee peer support, and to normalise HIV and AIDS and the associated stigma within the workplace (De Sousa Sabbagha et al., 2018). In facilitating innovative and cost-friendly approaches, the occupational health dimension is crucial for both the organisation and the employee in providing preventative measures for the workers. Bophela and Govender (2015) argued that these programmes are a national priority that should be aligned with national strategic plans, and in doing so, organisational policies and procedures should address the needs of infected employees.

## **2.9 Human Resource Dimension**

The human resource (HR) dimension comprises a set of policies that are designed for the maximising of organisational integration and quality of work. Workplace dysfunction is bound to occur in an organisation. The human resource dimension therefore aims at creating ideal working conditions. An HR system should be focused on human capital enhancement and the multiple dimensions of operational performance, including employee productivity.

## **2.10 Social Dimension**

At a social level, EAPs are concerned with the well-being of employees within the context of their families. An EAP therefore aims at providing support not only to employees, but also to their immediate family members. According to De Sousa Sabbagha et al. (2018), organisations which institute their EAP initiatives based on dimensions aiming to achieve work and life balance, tend to achieve high levels of work commitment, employee satisfaction and engagement. Combined, these four dimensions act as building blocks for organisations which value employee relations.

## **2.11 Overview of Employee Wellness Programmes**

Employers are in a unique position to investigate the health needs of their employees and to develop interventions and initiatives which aim to maximise employee well-being and productivity. A strategic and integrated approach to wellness is needed. This includes clearly defined objectives of the organisation. Employee assistance and wellness are usually considered to fall under the auspices of the human resources department in many structured organisations (Mathlape, 2003).

In this thesis, the terms ‘employee assistance’ and ‘employee wellness’ have been used interchangeably to encapsulate holistically the extensive and multidimensional complexity of both terms within the spectrum of wellness. Solnet et al. (2020) defined ‘workplace wellness’ as involving the complex and multifaceted nature of physical, mental and emotional health and well-being of employees and their personal resources in terms of ability, knowledge and motivation to strive towards well-being. According to this definition, ‘assistance programmes’ are considered a process where workplaces offered wellness services to employees.

Roche et al. (2018) explained EAPs as workplace programmes that are designed to assist employers to improve productivity and to identify and address workers' personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress and other related issues. If left unaddressed, such problems can have adverse repercussions for employees in terms of quality of life and work performance, which also impacts employers. This can lead to increased healthcare spending or costs due to losses in productivity (Milot, 2019).

EAPs have been adopted in various countries around the world (Roche et al., 2018). Their recognition made way for the tailoring of EAPs to the unique and culturally diverse characteristics of organisations. Accordingly, EAPs have been adapted and modified to meet local and regional needs, with subsequent variations in perspective and approach.

Blandin de Chalain (2020) echoed this view in that these programmes have been introduced to organisations over many years and are constantly evolving in how they aim to address performance-impairing behaviours of employees over time. Although all EAPs ultimately seek to improve employee well-being and productivity, differences exist in how such concepts have been defined, prioritised, and operationalised (Joseph et al., 2018). Ultimately, the operationalisation of EAPs will have an impact on their effectiveness and utilisation.

Previous and current research into EAPs has shed light and focused directly and indirectly on EAP effectiveness, economic metrics such as worker productivity (Gubler et al., 2018), economic returns (Chapman, 2012), and cost savings from insurance and absenteeism (Baicker et al., 2010). Some studies have opted to explore ways to reduce medical spending in organisations (Jones et al., 2019), while others have evaluated the effect of comprehensive workplace wellness programmes on improving health (Reif et al., 2020), and reducing occupational stress and burnout, as components of wellness and well-being (Rothman, 2008). Other writers, on the contrary, have questioned EAP effectiveness in the workplace (Frakt & Carroll, 2014), and lamented that EAP effectiveness is unclear (Goldgruber & Ahrens, 2010).

## **2.12 Effectiveness of EAPs**

Despite extensive and widespread knowledge on the effectiveness of EAPs, findings on the utilisation of the wellness programmes have been unsatisfactory. For example, Joseph et al. (2018) observed that although there is a rapid increase of employee wellness programmes, it

has not been matched by an accompanying research base of programme efficacy. Their study reported inconsistent information relating to the effectiveness of EAPs in enhancing employee and organisational outcomes. Compton and McManus (2015) referred to employee wellness programmes as a vital aspect of organisational support and a significant element in identifying issues for intervention. However, according to Hsu et al. (2020), the development of employee wellness programmes has encountered difficulties in recent decades and one of the key reasons for this has been the lack of a valid instrument to assess its effectiveness.

Despite the popularity of employee assistance programmes and activities amongst employers, few organisations are conducting formal assessments of impact or evaluation to determine effectiveness (Corporate Health Systems, 2008; Zula, 2014). However, employees that do conduct formal evaluations rely heavily on employee participation (Zula, 2014) to determine the effectiveness of the programmes. Different organisations may use different formal and informal measures for programme evaluation. Health claims analysis, health risk appraisals, absenteeism reports (Zula et al., 2013), monthly statistics and attendance registers have emerged as some of the various forms of measurement.

It is common, however, that some organisations may not assess the utilisation and effectiveness of their programmes internally to determine whether they are successful or not. According to Mattke et al. (2013), there are 5 known factors which impact on a favourable outcome for employee assistance programmes in any organisation. These factors include:

- 1) Effective communication strategies;
- 2) Opportunity for employees to engage;
- 3) Leadership engagement;
- 4) Use of existing resources and relationships;
- 5) Continuous evaluation (Matket et al., 2013, p. 13).

Similarly, Berry et al. (2010) suggested that the success of a strategically well-integrated employee assistance programme is supported by 6 essential and important pillars. These included:

- 1) Multilevel leadership;
- 2) Alignment;
- 3) Scope, relevance and quality;
- 4) Accessibility;

- 5) Partnership;
- 6) Communication.

In essence, the effectiveness of wellness programmes, regardless of the size of the organisation, can be achieved through employing different modalities and interventions. Good research and organisational practices have to be employed by organisations to implement and evaluate the success and effectiveness of the programme. As such, research suggests that successful programmes in companies utilise the six pillars of EAP. This is supported by Berry et al. (2010) in that companies in a variety of industries (including Johnson & Johnson) have built their employee wellness programmes on all six pillars and have reaped significant rewards in the form of lower costs, greater productivity and higher employee morale.

The effectiveness of an employee wellness programme is also dependent on the communicative strategies employed for employees within the organisation. As there are still factors that may hinder utilisation of workplace wellness programmes, such as stigma and lack of knowledge Manzini (2007), communicative methods should be delivered with sensitivity and use diverse media to accommodate the different groups within the work setting. Zula (2014) supports print media and electronic methods. Face-to-face communicative methods also play a crucial role, depending on the organisation and level of education of the employees. Leadership should also be engaged in all levels of health-promotion strategies, as employees are more likely to engage in workplace activities if demonstrated and observed participation is from all levels of management.

The perception of employee wellbeing on employees and its effectiveness is not without debate. Baicker et al. (2010) lamented that most employers do not engage in wide-scale workplace wellness-promotion practices. Although past research has scrutinised and surveyed recruitment and participation rates in organisations and wellness programmes (Ott-Holland et al., 2019), some studies have shifted to focus on the demographics of employees within the organisation or workplace climate as factors that influence participation and utilisation (see Ryde et al., 2013, for example). A recent study conducted by Unsal et al. (2021) on the evaluation of workplace wellness programmes, showed new criticism on the effectiveness of EWP. The literature argues that employee behavioural change and EWP cost savings may not materialise, citing a

lack of reliable evidence on workplace wellness programmes' effectiveness in delivering positive return on investment (Unsal et al., 2021).

In view of the foregoing research, this study is an attempt to understand the utilisation of an EAP and ultimately conceptualise, the EAP in the South African organisation. The findings of this study are expected to illuminate the nuances of employee wellness effectiveness in the South African context, through the lens of the experiences of PRASA employees.

### **2.13 Barriers to Utilisation of EAPs**

Although employee wellness programmes are being utilised increasingly the world over, and have become accepted as an effective way to improve employee well-being, there are factors to consider that determine the increase or decrease in the use of these services. These factors range from employees not having enough knowledge about the programme to their perceptions of, and personal feelings about, the programme. When employees perceive that the rewards are not equal with the effort they invest in work, the risk of poor mental health increases. The perception of fair processes and justice in the workplace, notably, accuracy of assessment, inclusion in decision-making and respectful treatment by supervisors, may have an influence on the process of seeking assistance in the workplace due to stigma (Attridge, 2019b).

Stigma is an attitude of disapproval towards a specific act, association or group of people with different characteristics (Zhang et al., 2020). A study conducted by Milot (2019) investigated the association between worker perceptions of stigma and the likelihood of accessing an EAP for distressing personal problems. Of the numerous insights gained from the study, Milot (2019) ascertained that workers reported experiences of stigma related to receiving assistance from the EAP. Furthermore, workers with greater experiences of mental health stigma were less likely to utilise the services of EAP in the future (Milot, 2019). Stigma has been considered to be a barrier to EAP use, which is a similar phenomenon observed with other mental health and psychological services. Stigma may also help explain gender-based patterns of EAP utilisation, as utilisation rates differ between men and women. Therefore, greater understanding of the degree to which stigma is a barrier to the use of EAPs may help employers and EAP providers develop strategies to attain utilisation rates that are unhindered by worker perceptions and biases (Milot, 2019).



Stigma can be identified as a factor that contributes to the treatment gap and inaccurate information about employee wellness. Hanisch et al. (2016) noted the lack of knowledge of the symptoms of mental illness and how to access treatment. This was attributed to the prejudicial attitudes and anticipated or real acts of discrimination against people who have mental health problems. Public stigma, as described above, can induce self-stigma, an internalisation of stigmatising attitudes, which results in diminished self-esteem and self-efficacy in people with mental health problems in the workplace. The adverse effects of stigma influence various aspects of life and further to that, add an additional burden on those already suffering with mental illness. Perhaps most devastating is the impact of stigma as a major barrier to accessing employee wellness programmes for mental health treatment in the workplace (Hanisch et al., 2016).

Zarkin et al. (2000) found that employees were reluctant to use counselling services at work if they believed this would affect their career opportunities negatively. This clearly illustrates that the stigma of mental illness has a negative impact on the utilisation of healthcare services at work and results in employees not seeking assistance until their symptoms interfere severely with their daily functioning, instead of seeking support early. The help seeking of employees can also be impacted by their perceived organisational support.

#### **2.14 Perceived Organisational Support**

Perceived organisational support is the extent to which employees perceive their organisation as being supportive. This forms a crucial element and influences discretionary employee behaviour and organisational outcomes (Wayne et al., 2002). Generally, it is common to note that employees in any organisation form global and individual beliefs and perceptions concerning the degree to which the organisation values their contribution and cares about their well-being. Earlier research by Eisenberger et al. (1986) suggested that perceived organisational support is assumed to increase the employee's affective attachment to the organisation and his or her expectancy that greater effort towards meeting organisational goals will be made. Similarly, more recent research by Imran et al. (2020) posited that the perception of the organisation will encourage the intrinsic interests of the employees by enhancing their self-efficacy and realisation of the importance of their well-being in the occupational setting. When organisations are able to meet the socio-economic needs of employees, higher engagement is seen and this, in turn, encourages involvement in health-promotion programmes which thus has an impact on

the utilisation rates of the organisation's EAP. Newman et al. (2012) argued that the positive encouragement of an employee's socio-psychological stability demonstrates and validates the vital role of the perceived organisational support. Imran et al. (2020) noted that it is in the best interest of organisations to organise their roles appropriately and effectively in the establishment, integration, monitoring and management of health promotion programmes, as an initiative for strengthening their organisational support to employees.

### **2.15 Determinants of Perceptions and Attitudes**

Employees' perceptions and attitudes can play a role in their behaviour and that of others. As a result, the majority of employees may, and often do, engage in what they see others engaging in. Bargh (2001) reported that the tendency to imitate is the consequence of the way people, or rather, their brains, are innately. In addition, culture plays an important role in socialisation and the ultimate perceptions of EAPs. An old study on worker perception and behaviour conducted by Bernstein (1958) confirmed a general correlation between sub-culture or class and educational attainments of their workers. This means that sub-culture and social class have an influence on behaviour and learning. Dlamini et al.'s (2020) study on environmental perceptions of employees concluded that behaviour is action emanating from beliefs, attitudes, values and perception towards the environment.

Understanding the factors that determine attitudes towards the utilisation of EAPs is important in order to ascertain what motivates employees to engage with and participate in wellness programmes. Facets of identity and self-perception may also play a pivotal role in the development of attitudes and behaviour. Goles et al. (2008) asserted that personal moral obligation and perceived usefulness are significant predictors of perception and intention across all settings. Attitudes towards any object are determined by beliefs about that object, which may be favourable or unfavourable, depending on the characteristics associated with the object (Tlou, 2009). Tlou (2009) also asserted that attitudes and beliefs towards objects may be acquired through direct observation of the functioning of an EAP and through information from people outside the organisation, who may or may not have experience with an EAP, thus causing preconceived notions about the programme in employees. It is, therefore, necessary to assess employees' perceptions of wellness programmes and the impact that these perceptions have on utilisation and employee engagement.

## 2.16 Employee Engagement

In scholarly definitions, the most widely cited definition for employee engagement is that it is a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption (Schaufeli et al., 2002). Kumar (2019, p. 15) highlighted that employee engagement is a “conscious and informed decision by an employee to add value to the organisation by expressing passion, knowledge, skill, experience and intellectual abilities in task performance”. Similarly, to Schaufeli et al. (2002), Harry and Gallie (2019) supported three dimensions of work engagement, namely, vitality, dedication and absorption. *Vitality* is the readiness and the preparedness of employees to dedicate effort and energy to work. *Dedication* is the strong identification of feelings towards the actual job. *Absorption* is the cognitive component and is characterised by individuals being completely involved in their work and experiencing satisfaction and total involvement in their work performance. Absorption has been a cause for debate, as it has been argued to be unstable. Rothman (2013) referred to the absorption dimension as being prone to fluctuation in comparison to the other two dimensions. Harry and Gallie (2019) mentioned that vitality and dedication showed dynamism and greater positive outcomes.

In contrast to worker engagement, Rensburg et al. (2011) assert that the South African Board for People Practices (SABPP) defined employee *disengagement* as representing an immense liability for organisations in the form of loss of profitability, lower productivity levels, poor safety measures, increased mental-health issues, higher turnover and increased unethical behaviour, like fraud and corruption. The disengagement of employees may lead to changes in work morale, motivation and role disengagement. It is to the advantage of the organisations to have engaged and healthy employees; and it can be deduced that successful organisations focus on engagement and wellness in order to achieve optimum results (Kumar et al., 2020). Burke and Richardsen (2014) provided evidence that the benefits achieved by encouraging wellness strategies in the workplace supersede and outweigh the losses incurred when no wellness practice or employee engagement exists.

Employees in organisations with employee wellness programmes are more likely to engage in healthy behaviours, including practising good coping skills, exercising and being able to manage their stressors effectively, in comparison to employees from organisations that do not have EAPs. A study by Songs and Baicker (2019), however, found that no significant differences were observed on self-reported and objective health outcomes, nor were there any beneficial

effects of wellness initiatives on employee withdrawal behaviour. Employee programme withdrawal did not generate differences in clinical measures or changes in employees' health. Furthermore, Songs and Baicker (2019) question the fact that the employee withdrawal only affected self-health behaviour, but not overall health or economic outcomes.

Hence, the availability of a programme will not automatically lead to its usage by employees nor guarantee effectiveness or utilisation.

Possibly, the levels of positions held by employees in an organisation may have an effect, as Solnet et al. (2020) lament that EAPs tend to be utilised less by those employees in low-waged and precarious jobs. Unfortunately, in South Africa, this forms the bulk of employees in the service sector, as is the case at PRASA. Ironically, these are the very jobs characterised by socio-economic and racial disparities in health, and greater exposure to physical and social hazards in the work environment, along with a higher risk of chronic illnesses, psychological burden, and job insecurity (Stiehl et al., 2018). Furthermore, Ross et al. (2007) acknowledges that due to the nature of their work, low-waged employees are known to have lower levels of morale and less opportunities of access to EAPs.

### **2.17 Employee Wellness during COVID-19**

On 11 March 2020 the World Health Organisation (WHO) declared the coronavirus (COVID-19) pandemic (WHO, 2021). Additionally, during March 2020 South Africa declared a national lockdown. This was marked by the global spread of the virus and the thousands of deaths, which would soon become millions. To date, the world has paid a high toll in this pandemic in terms of human lives lost, economic repercussions and increased poverty (Ciotti et al., 2020). Years post the pandemic, developed countries were left damaged and developing countries were severely affected. Africa, the poorest continent with the most vulnerable populations to infectious diseases (Lone & Ahmad, 2020), was in health ruins and many organisation sectors were left damaged.

For many organisations, the COVID-19 pandemic raised major social issues (including the risk of the contamination of employees, the protection of employee and client health, health measures and other economic issues (for example., reduction of activities, risk of bankruptcy, management of financial impacts, market evolution), and environmental issues (including the

role of habitat destruction and climate change) (Boiral et al., 2021). The vulnerability of organisations and institutions to the ecosystem disruption made it difficult to address these interrelated concerns, as no organisation was prepared for COVID-19. Moreover, the pandemic forcefully called for corporate leaders to be accountable and responsible in preventing the infection of employees from the organisations' activities and to limit the spread of COVID-19. Organisations had to adopt safer working environments and practices in dealing with the threats arising due to COVID-19.

Organisations have had to learn to find effective ways to mitigate workplace wellness programmes due to the effects generated by the COVID-19 pandemic. Employees' health has been affected, not only by the possibility of contracting COVID-19, but by the negative consequences that this pandemic has brought, such as confinement, social distancing and self isolation (Núñez-Sánchez et al., 2021). Global surveys across different professions found that mandatory lockdowns, social distancing and other COVID-19-related organisational and work changes caused a rise in stress, burnout symptoms and mental distress (Toma et al, 2022) for many employees. Although there have been calls for efforts to address employee well-being during COVID-19, minimal literature and studies have assessed employee service utilisation and satisfaction (Rene et al., 2021).

PRASA operates in sectors that are considered to be safe, critical and high risk in terms of disease transmission and infection. The COVID-19 pandemic meant that a decision had to be taken for a prolonged halting of the organisations' activities in various depots and departments. This included, among others, the ticket sales services, the operation of buses and the driving of trains. Employee wellness services, including one-on-one consultation, was among the halted services. The practices put in place by PRASA were regarded as being crucial to limiting the risk of spreading COVID-19. The changing climate due to COVID-19 meant that many employees in PRASA were absent, or that less time was spent in the workplace. This impacted the utilisation rates of wellness programmes. There was a rapid increase in the numbers of infected employees reported by management. Between the months of April 2020 to July 2020, the wellness clinic had reported more than two thousand COVID19 infected employees. By December 2020 there were 6 confirmed deceased employees (PRASA EWP statistics, 2020). Symptomatic employees were urged to stay at home and quarantine. The EWP utilization rates decreased significantly as employees were no longer consulting either one-on-one or telephonically.

## **2.18 Wellness Services Post the COVID-19 Pandemic**

A little over 3 years post the pandemic, the ramifications of COVID-19 at PRASA continues to affect operations. Bus and train services have been halted in operating routes. During 2020, the COVID-19 pandemic reportedly deepened PRASA's financial woes with a revenue loss of R757 million (Lone & Ahmad, 2020). Already in business rescue, the COVID-19 pandemic resulted in many financial and operational constraints, loss of employees, vandalised and dilapidated depots and stations.

Uncertainties of the COVID-19 pandemic required PRASA and many other organisations to acquire new skills and abilities and implement innovative measures to face these challenges. While social distancing and restrictive movement policies have significantly interrupted the traditional methods of physical contact practices (Pokhrel & Chhetri, 2021), the COVID-19 pandemic has provided many organisations and institutions the opportunity to pave the way for introducing digital platforms of correspondence, interaction and learning.

In the efforts of innovation, and in order to promote the utilisation of wellness services post the pandemic, PRASA employee wellness must be geared towards virtual consultations and the hosting of virtual wellness events and meetings. This will strengthen the communication with employees and offer opportunities for constant interaction for both on site and remote employees.

## **2.19 Awareness of the EAP in the Workplace**

An effective workplace wellness programme is an organised employer-sponsored programme with the aim of supporting employees as they adopt and sustain a healthy lifestyle including behaviours that reduce health risks, improve quality of life and enhance personal effectiveness. An organisation needs to recognise that a vision for operational excellence and business success depends on a psychologically healthy workplace for its employees (Attridge, 2019). For the workplace wellness programme to be successful with a great likelihood for service use, high levels of awareness and promotion must be implemented.

Attridge et al. (2010) proposed that a necessary component of implementation is to maintain regular communication with employees and family members regarding the availability the EAP

and the importance of being proactive about it. Employees in the organisation should be encouraged to approach the EAP with an open and positive mindset and be open to being informed and educated about EAPs. Through different means of organisational communication, awareness can be spread to employees. Babcock (2009) noted that one of the most important factors related to increased utilisation was employee awareness. It is critical for employers to increase the visibility of their EAP. In light of the above, Azzone et al. (2009) suggested that an additional consideration is that it may be necessary to increase levels of promotional efforts and worksite activities and specifically target such initiatives at employees and family members. It should therefore be stressed that EAP providers and employers should invest in increasing EAP promotional messages and raising EAP visibility through worksite activities.

## **2.20 The Role of Management in Employee Wellness**

The role of management should be positioned from a human relations perspective in ensuring that, as leaders of the workplace domain, wellness programmes are well-positioned for employees and that the resources of the organisation are well communicated to employees. According to Mazur and Mazur-Malek (2016), the role of management was historically identified as a reactive support system to the EAP. Rajin (2012) recognised the role of management in ensuring that government policies and programmes are implemented and, in this context, the behaviour and the work performance of the public sector officials are important. Typically, managerial involvement was (and still is) largely to identify the ‘at risk’ or ‘troubled employee’ and refer the employee to the EAP for professional counselling and psychotherapy (Matolo & Mukulu, 2016, as cited in Blandin de Chalain, 2020). Blandin de Chalain (2020) suggested the involvement of management and human resources would drive the agenda of referring employees for wellness participation. However, limited research has guided the transition and change of the managerial role from a well-being point of view, as being more than just the referring agent. The question beckons what the managerial role looks like under an EAP banner in the world of work today.

Nishii et al. (2008), and Ott-Holland et al. (2019) noted that employees’ views of wellness programmes can be a result of positive managerial motives and initiatives. Similarly, Solnet et al. (2020) reported that management can play an important role in promoting wellness. This can be achieved by modelling employee assistance behaviours. For example, by engaging in the programme themselves and promoting efficiency as opposed to simply ‘face time’ at work,

and by avoiding celebrating overwork. Solnet et al. (2020) also suggested supporting wellness, such as encouraging employee assistance programmes for employees to seek help should they feel strained, and treating wellness as not only for occupational productivity, but also as a positive end in itself.

Employees in the operational sector will seldom attend an EAP due to the nature of their shifts and the demands of their job specification. They will, however, present at the clinic for medical examinations and mandatory blood tests for sobriety, but will not present for psychosocial well-being and rehabilitation. This may be influenced by the managerial or supervisory attitude towards the employee wellness programme, which may include not giving the employee permission to attend. This contributes to attitudes on how the EAP is generally viewed in the workplace. All these factors are likely to have a negative impact on employee well-being. As Gordon and Adler (2017) affirmed, this creates a vicious circle where those likely to benefit most are also the least likely to access available initiatives or may simply be ineligible. Managers, therefore, play a crucial role in establishing a strong culture of wellness and health, as they serve as the face of the company and organisation to many employees. Managers can perhaps offer information or tools that help employees adopt healthy behaviours and a positive attitude towards the EAP.

Studies on wellness efficacy have shown a perceived notion that wellness programmes can only be effective and successful when there is a clear organisational focus on health and wellness. Payne et al. (2018) found that employees who reported the greatest leadership support and interventions from management on employee engagement did, in fact, perceive greater support for their health and had a positive outlook on the EAP. Berry et al. (2010) supported this notion and asserted that, by shaping mini-cultures in the workplace, managers could support employee wellness efforts. In contrast however, managers' or employers' interventions and initiatives to increase employee wellness utilisation and engagement through incentives and competitions could be perceived as coercive rather than caring (Payne et al., 2018), as workers could vary in their responses to initiatives. It can be argued, however, that there are also unexplored individual factors that mediate and account for employees' perceptions of an EAP, as well as wellness outcomes. Wright et al. (2007) argued that the dual organisation and employee discourse influences "the construction and enactment of wellness programmes", and, in turn, this highlights the employee's agency in participation (Dailey et al., 2018).



Individual factors can be explored by understanding the psychology of the employee.

## **2.21 Employee Assistance Programmes in South Africa**

### **Background**

Globally, South Africa is known as the nation that instituted apartheid (Govender & Vandayar, 2018), which was the legal racial separation, in 1948. Many nations did not approve of these injustices, which gave rise to sanctions against South Africa by other countries. The release of Nelson Rolihlahla Mandela from prison in 1991 and the ensuing elections in 1994 paved the way for a democratic and multiracial society. This turbulent history has had an impact on every part of South African society, and the development of employee wellness programmes has been no exception (Govender & Vandayar, 2018).

At the heart of the public service sector within a developing country such as South Africa, is the contentious issue of good service delivery (Harry & Gallie, 2019). Rajin (2012) recognised the public service sector as crucial in the reconstruction of the past through practicing a democratic public administration in order to transform the economy. In becoming more aware of the issues and concerns related to employee well-being, South Africa has increased its public interest in the integration of employee assistance programmes and activities within an employer's responsibilities (Hillier et al., 2005). The current South African shift towards healthy workplaces and employees' mirrors trends in positive psychological positions and organisational well-being for both the employer and the employee.

Employee wellness programmes in South Africa have been established for a variety of reasons, ranging from seeking alternative ways to manage poor performance in organisations, to giving expression to the concept of internal responsibility and preventative approaches, to crisis intervention (Du Plessis, 2013). Sieberhagen et al. (2011) asserted that the development of EAPs in South Africa has been a milestone, as resistance to these programmes has been overt. This has been due to stigma associated with EAPs and the perception that EAP users are substance abusers. Furthermore, employees have seen the participation in such programmes as a demand rather than a resource (Taute & Manzini, 2009). According to Mathlape (2016), EAPs in South Africa did not gain much momentum and drive until the 1980s. He argued that, despite the

growth of EAPs in South Africa during the 1980s, it has remained on the periphery of business activities and has been regarded as a nice-to-have rather than a business imperative.

Through the appointment of a consultant in 1983, the Chamber of Mines first introduced EAPs in South Africa. This was preceded by the introduction of counselling centres and practitioners (Masi et al., 2006). During this time, the willingness of employees rather than legislative frameworks influenced the utilisation EAPs. Sieberhagen et al. (2011) reported on a feasibility study in the mining industry from 1983–1985, which was a milestone in the development of EAPs and which resulted in the appointment of a social worker who was primarily responsible for the well-being of the miners.

Cekiso and Terblanche (2018) pointed out that EAPs are relatively new in South Africa. With that, research has shown that most South African EAPs were designed according to US models and were introduced to South African organisations by social workers and psychologists (Roche et al., 2018). The comprehensive study on EAPs in South Africa conducted by Cekiso and Terblanche (2018) revealed that economic, political, social, cultural and political norms and values are likely to continue to influence further developments in EAPs in South Africa (and internationally). Another study conducted by the Workplace Outcome Suite (WOS) issued a report of findings asserting that about two-thirds of EAP users were female and one-third was male (Attridge, 2019a). About eight out of every ten cases were self-referrals; referrals from a family or other source comprised seven per cent, supervisor referrals comprised five per cent, and a mandatory referral from HR or the employer comprised only two per cent. Thus, 98% of these cases accessed the EAP voluntarily. The most common clinical issues were related to mental-health issues (40% of cases) such as depression and anxiety, or personal stress, followed by relationship problems with marriage or family life (29%), work and occupational issues (18%), and alcohol misuse and drug problems (4%) (WOS, 2018).

Organisations and EAP providers often use EAP utilisation rates as an outcome measure of the success of the EAP. Although by itself this is, at best, an ambiguous outcome measure, increased rates of utilisation are typically considered to be a sign of EAP success. Both EAP providers and sponsoring organisations typically compare their utilisation rates with industry and national benchmarks (EAPA, 2009). Azzone et al. (2009) observed the willingness of employees to utilise EAPs, and they measured this both through surveys as well as the actual

utilisation of EAPs by client characteristics such as gender, marital status, educational level, employment tenure and presenting problem. Attridge (2017) believed that the use of employee assistance programmes in the workplace is associated with improvements in employee work presenteeism, absenteeism, workplace distress, work engagement, and overall life satisfaction.

Organisations are becoming more aware of issues relating to employee wellness or well-being, and there is an increase in public interest in integrating wellness activities with the employer's responsibilities. The move towards healthy workplaces and empowered employees mirrors trends between positive psychological states and organisational well-being. In spite of the benefits of an EAP, the potential of these programmes and employee wellness practitioners has been under-utilised by various organisations in South Africa compared to other organisations in the global market. There is no doubt that people in a country like South Africa would benefit a great deal from EAPs, as they face many stressors such as the impact of HIV and AIDS, diversity issues, unemployment, poverty and many other challenges (Ndhlovu, 2010).

Nyathi (2013) argued that many South African organisations and employers do not design and implement EAP strategies thoroughly, based on the needs of the employees. This was a view echoed and supported by Metsing (2015), who observed that the intention of EAPs in government institutions has been influenced predominantly by instructions from the Department of Public Service and Administration. This would then strongly suggest that the programme is not guided by the needs of the employees in implementing an effective EAP, but by bureaucrats' need to 'tick the box' for compliance. The value of an EAP should be calculated by employers to ensure an interdependent balance in wellness dimensions.

## **2.22 Practice Models of Employee Wellness Programmes in South Africa**

Following the evolution of EAPs in the country, Maiden (1992) argued that EAPs in South Africa have been rooted in the same basic conceptual origins as wellness programmes in the United States. Although health concerns and challenges related to the health and wellness of employees are not limited to the US, or only developed nations, it can be argued that EAPs have been built on the premise of American employment and labour practices, which differ from South African organisational practices, geographical and cultural attributes. In comparison to American models, EAPs in South Africa are characterised as macro models. Although

South African EAPs have been modelled on the American framework, Du Plessis (2013) affirmed that they have quickly evolved and taken on a shape of their own within the organisational framework of South Africa. Maiden (1992), however, argued that during this evolution, EAPs in South Africa may have essentially skipped a generation of development and still require evaluation for a thorough integration into the South African system.

The year 1993 saw major transformation in the field of EAPs in South Africa. In 1997 the South African chapter, known as the Employee Assistance Professional Association of South Africa (EAPA-SA), was formed. According to Masi et al. (2000), this board would bring professionalism and policy development to guide the practice of EAPs in the country, as an institution of growth and change.

### **2.23 Employee Assistance Professional Association of South Africa (EAPA-SA)**

The Employee Assistance Professional Association (EAPA) is the governing body that governs EAPs in South Africa. It has gained momentum and the recognition of many corporate organisations in the country. With eight local chapters of its own, EAPA-SA has members throughout South Africa, holds an annual conference that draws close to four hundred delegates and is widely recognised as the national voice of the EA profession (Maynard, 2017). With its professional standards and ethics, EAPA-SA governs and maintains the regulations of EAP practitioners. Terblanche (2018) has tabulated the objectives of EAPA-SA. These are presented in Table 4.

**Table 3**

*Objectives of EAPA-SA*

1.	To provide leadership in promoting the national and regional growth and development of EAPs in both the public and private sector workplaces.
2.	To continuously improve EAPA-SA organisational structure and resources and pursue its vision, achieve its mission and fully satisfy the needs of its members.
3.	To provide resources for fostering national and regional initiatives that enhance the value and impact of EAPs.
4.	To devise and maintain EAPs and EAP professional and practitioner standards.
5.	To administer the code of ethics and complaints procedure for EAPA-SA members.
6.	To provide regular opportunities for EAP professionals and practitioners to network and jointly contribute to the successful development of employee and organisational programs.

7.	To affiliate with South African national initiatives as this embraces the furtherance of the broader EAP objectives.
8.	To promote awareness and recognition of employee assistance service benefits.
9.	To organise and promote research in the EAP field.
10.	To promote the effective and efficient professional training relevant professionals.

Source: Terblanche (2018)

Similarly, to EAP-SA, Optum (2014) has provided the goals and functioning of EAPs, as seen in Table 4.

**Table 4**

*The Goals and Functioning of EAPs*

1.	Provide an alternative approach to disciplinary action for employees who are experiencing work performance challenges.
2.	Assist employees and their immediate families with personal challenges.
3.	Assist companies to maintain a stable, well-functioning workforce and decrease companies' expenses caused by the loss of well-trained employees.

Source: Optum (2014)

In governing the EAP practitioners, EAPA-SA has played a key role in enhancing the standards and the trends of the profession and the professional development of organisations in the country. Today, EAPA-SA functions on both a national and international level, and, according to Maynard (2017), EAPA-SA exposes local practitioners to global standards of practices and advances in the field through a variety of workshops, conferences and networking opportunities. It serves as a useful guide for EAP practitioners and incorporates essential values for the ethical governing of EAPs in South Africa.

**2.24 Basic Principles of Employee Assistance Programmes**

It can be argued that employee assistance programmes work on the assumptions of positive psychology, including an individual's experiences and their positive traits. De Sousa Sabbagha

et al. (2018) said that employee well-being can be enhanced by focusing on people's strengths, rather than on those limitations that cause dysfunctions. When implemented appropriately, EAPs have far-reaching rewards for individuals, but the basic principles of confidentiality, non-discrimination and accountability must be maintained.

### **2.25 Confidentiality**

One of the most crucial factors to utilisation of an EAP in the workplace is trust. Taute and Manzini (2009) pointed to the fact that trust cannot be fully achieved unless all personal information shared during the counselling process is kept confidential. Mujtaba and Cavico (2013) noted that an invasion of privacy may arise in an employee wellness context if the implementation of the employer's wellness policy is deemed to be an impermissible intrusion into the employee's private life, or if there has been an improper disclosure of the employee's personal healthcare information. It is the responsibility of the EAP practitioner to discuss confidentiality with the employee during the initial contact, as it may be essential to share selected information. It is essential to ensure that the employee signs a consent form with the EAP practitioner relating to the sharing and management of information (Taute & Manzini, 2009, p. 385). South Africa has received its own data protection legislation, the Protection of Personal Information Act (POPI) promulgated in November 2013. This Act protects the privacy rights determined by Section 14 of the South African constitution (Bruyn, 2014). With the promulgation of the POPI act, practitioners are bound to safeguard and protect employees' personal information as well as provide measures to be taken to prevent contraventions (Bruyn, 2014).

Privacy concerns might also influence whether EAP users choose to seek help for work-related issues using a workplace benefit. For example, a fear, albeit unrealistic, of being identified by an employer as a user of an EAP to address a workplace concern might discourage use for those purposes. Increased utilisation of EAPs for reasons related to working conditions might be achieved through better communication of the confidentiality aspects, whether by employers or EAP practitioners at time of intake (Milot & Borkenhagen, 2018, p. 163). This sentiment was echoed by Frey et al. (2018), who said that the trust between the EAP practitioner and the employee is crucial and may be a determinant of utilisation.

The necessity of an EAP appears evident when one considers the myriad problems employees can face. In contrast, however, Attridge (2013) noted that viewing the benefits of an EAP as

only addressing one problem can rationalise the use of EAP. For example, an organisation considering investing in an EAP could ignore all the potential and holistic problems an EAP could address and look solely at stress. Attridge (2010) verified that an estimated one in four (25%) adults have a diagnosable mental disorder which has an impact on productivity. Similarly, Miller (2009) demonstrated that workers who experienced financial stress had increased absences, lower performance ratings and lower job productivity.

### **2.26 Non-discrimination**

Information gathered from employees during the consultation with an EAP practitioner should not be used against them unfairly. Employees who use EAP services should receive the same consideration as those with medical problems, and no employee should receive preferential or particular treatment based on participation of the programme. The utilisation of an EAP should also not jeopardise an employee's chances of securing a promotion nor related benefits. Csiernik (2003) indicated that treatment shared during a consultation should not be used for any disciplinary process. Wellness programmes can be criticised for being unfair because they can possibly disadvantage some employees in need of healthcare. Moreover, EAP practitioners can penalise employees who legitimately struggle to attain employee assistance objectives (Schmidt et al., 2010). As such, if any employee has failed to meet the objectives of the programme, the employer should not act to discriminate or penalise the employee, but rather explore other possible avenues which the employee can take.

### **2.27 Accountability**

EAP practitioners are to be accountable for the services provided to employees. According to EAPA-SA (2009), management needs to ensure that suitably qualified EAP professionals are hired to achieve the goals and objectives of the programme. The employees should have access to follow-up services to ensure that they continue to receive the type of services they need to resolve their problems successfully. Employee assistance practitioners, who have inculcated a healthy culture of maintaining the basic principles of EAP successfully, will undoubtedly reap the rewards of success rates in any organisation. Healthy success rates will prompt practitioners to increase EAP-promotion initiatives in the workplace.

Rakepa (2012) said that wellness programmes include two types of health promotion: complex care management and chronic disease management. Complex care management refers to the

coordination of types of services used by employees and includes medical care, disability programmes, workers' compensation programmes, absenteeism and occupational safety programmes. Schulman and Thomas-Henkel (2019) asserted that complex care programmes incorporate strategies to address the social determinants of health and this explores patients' social needs, including identifying non-medical needs and partnering with community-based organisations. Currently, and with this understanding, EAP practitioners should be testing new approaches to wellness and care.

Chronic disease management refers to chronic diseases which persist for lengthy periods of time. Organisations need to have systems in place to deal with such occurrences. Chronic disease management has been known to curb the risk of mortality for many employees affected within organisations. As lifestyle plays a significant role in the onset and the progression of chronic diseases, wellness programmes then advocate for the healthy behaviour modification for employees (Mattila et al., 2010).

## **2.28 EAP Models of Service Delivery**

Each organisation has its unique characteristics, such as the geographical location, organisational culture and behaviour, demographic profile and employee needs. These unique characteristics determine what mode of EAP service delivery may be used.

### **2.29 In-house Model**

The in-house model of EAP involves personnel employed by the organisation itself to operate the services, using the internal EAP practitioners to offer interventions. The EAP office is usually placed as part of the human resources department in most organisations. The in-house model enhances the ownership of the programme by employees.

Organisations have developed the in-house model for a number of reasons. According to EAPA-SA (2009), the benefits of this model includes the EAP practitioner having access that facilitates an understanding of the work and culture of the organisation and that the EAP is accessible to employees during working hours. This may increase staff utilisation of the programme. It also allows for closer management of the wellness programme users. It can be argued, however, that an in-house model may result in reluctant employees and thus contribute to reduced utilisation rates. The reluctance of employees may be due to perceived stigma and



discrimination. Furthermore, a lack of trust and concerns over confidentiality may result in employees not using the service.

### **2.30 Out-of-house Model**

The out-of-house model is an outsourced EAP where employers enter into a contractual agreement with an external EAP provider to provide employees with services. The contractual agreement between the employer and the service provider details all the specifications of how the service should be provided to the employees. It has become increasingly popular for organisations to contract for external EAP services from providers who specialise in such services. Often these services are provided through telephonic or face-to-face counselling, depending on the nature and the urgency of the case.

The utilisation of an out-of-house model is advantageous for organisations in that it provides better accountability and a possible lower legal liability. Furthermore, Attridge et al. (2013) echoed the same sentiments in that confidentiality is easier to maintain due to limited contact with people other than clients separate from the corporate politics of the organisation. In addition, offsite counselling offers more privacy and a less stigmatised route to access.

For this model to be successful, however, Attridge et al. (2013) proposed that the external providers need to familiarise themselves with the unique culture of the organisation and background in order to understand the nature of the organisational dilemmas that the employees with whom they consult may face. External service providers can also be argued to be profit oriented and may not always serve the interests of the organisation. In this regard, the organisation must play a crucial role in clarifying their objectives and expectations from the external service provider.

### **2.31 Integrated Model**

This model, according to Malange (2019), refers to the systematic combination of the EAP, the organisation's working plan and work-life balance to develop an integrated EAP as an intervention strategy by the organisation to improve employee and workplace effectiveness. Simply, this model is the organisation's method of bringing together inputs, management and services that will be rendered.

### **2.32 Referrals to an Employee Assistance Programme**

There are several types of referrals to an EAP. These will be described in the following sections.

### **2.33 Self-referral**

A self-referral involves an employee who presents themselves to an EAP. In this situation, the EAP practitioner will conduct a preliminary assessment of the employee's problem and then recommend a course of action, which may include a referral to an external source for treatment. The entire transaction is confidential and management is only informed of the visit at the employee's specific written consent (Thethiwe, 2012).

### **2.33 Informal Referral**

Informal referral is when a manager, colleague, family member, union representative or supervisor identifies a problem from an employee and recommends that the employee consults with EAP personnel. A supervisor who believes that an employee has a personal problem, and the problem might contribute work deterioration, may suggest informally that the employee arrange for an interview with an EAP practitioner. The informal referral of an employee to EAP may help in enhancing the employee's knowledge of the EAP and services provided, and may enhance utilisation of the programme. Issues of confidentiality are treated the same as for a self-referral and no information is divulged without the employee's consent.

### **2.34 Formal Referral**

The formal supervisory referral is based on a pattern of declining job performance that is observed over a period of time. It is utilised when a supervisor's normal attempts to correct the situation, such as reaffirmation of performance expectations, offering job training, changing the work situation, improving communication, or making similar managerial interventions, do not result in improved or desired performance.

Formal referral involves management presenting or referring the employee to an EWP using an appropriate referral form or in writing. Forms can also be signed online. When the organisation has a functional and effective EAP, management does not have to wait until employee problems escalate to a point where the fitness of duty deteriorates or is questioned.

Supervisors should intervene at an early stage of dysfunction and refer employees to EAPs.

### **2.35 Critiques of EAPs**

Employee assistance programmes have grown quite significantly over the years. Although their growth has been highlighted, there has been a failure to address concerns and critiques related to EAP. Mujtaba and Cavico (2013) argued that an initial and significant problem with any examination of wellness programmes in the workplace is that there is no statutory, regulatory, or uniform definition of the term ‘wellness programme’ from a legal, healthcare or management perspective. These views pose a challenge for wellness programmes in that uniformity is key in the implementation and designing of wellness interventions that are standardised for all organisations and employees, and which do not leave gaps for discrimination and inequality.

Mello and Rosenthal (2008) stated that employee wellness programmes can be discriminatory because some groups are inevitably unable to participate for a variety of reasons. Due to non-uniformity, some organisations may tend to penalise employees for their lack of utilisation and participation of wellness programmes. Sizemore (2011) agreed that the potential for discrimination and harassment for failure to participate exists. An example of this would be when employees are faced with punitive measures with no other option but to attend an EAP.

This may especially be in cases of substance abuse in the workplace and poor performance.

Some employers subject employees to mandatory health tests. Cavico et al. (2014) noted that one fear is that the workplace programmes, whether voluntary or mandatory, are giving employers too much control over their employees’ lives. This ultimately questions the employers’ main motivation and raises arguments about the ethics around workplace wellness programmes. Cavico et al. (2014) asserted that some arguments have been made suggesting wellness programmes were seen as coercive and invasive. They criticised Schmidt et al.’s (2010) deep concern about the privacy of EAPs and the information collected by the practitioners, because it did not give the employees control over the sensitive information they were required to submit. Such data can be used in different occupational circumstances, disciplinary hearings or cases, without the knowledge or consent of the employee. Similarly, Bottles (2015) contended that employee wellness programmes may invade workers’ rights to privacy.

While workplace and wellness programmes are voluntary and free for all employees, some organisations have financial incentives that are designed to induce and reward participation. According to Cavico et al. (2014), organisations offer financial inducement, such as reductions in an employee's monthly contribution for health coverage, which results in an employee stratification-based income. This predisposes employees who receive low salaries to become more economically vulnerable to financial inducements. The costs of cutting on spending has been challenged on several fronts, as researchers such as Bottles (2015) argued that incentive based employee and wellness programmes may be inequitable and highly discriminative against employees, especially blue-collar workers relative to white-collar workers.

In addition, many employees do not have power over how their personal information is utilised by employers in wellness surveys and employee consults. While some organisations may use an employer-based and/or in-house wellness provider, other organisations may use external service providers to tend to the needs of its employees. External service providers may not be regulated in terms of confidentiality of employees' personal health information and may use such data for their own marketing or advertising needs.

### **2.36 Summary**

This chapter presented a global overview of EAPs and the emergence of the services in South Africa. The chapter presented the historical foundations and evolution of workplace health promotions and the importance of health behaviour within organisations. The chapter has illustrated the need for more literature and empirical research in this area.

## **Chapter Three**

### **Human Relations Theory**

#### **3.1 Introduction**

There is no known comprehensive theory of EAPs in the literature (Letsoalo, 2016). In the absence of such a theory, human relations theory (HRT) (O'Connor, 1999) forms the conceptual foundation for this study. Premised on the idea of motivation and support in the workplace, this study approaches the concept of EAPs from this theoretical viewpoint. Writers such as Roche et al. (2018) remain undivided in the belief that such programmes improve organisational productivity and identify and address workers' personal concerns. HRT is rooted in humanism, which, from a philosophical stance, emphasises the value and the agency of individuals collectively in society. This framework draws significantly on human motivation and

worker satisfaction. This chapter provides an overview of HRT, as it forms the theoretical basis of the study, followed by likening it to ubuntu, and then exploring African business leadership. It concludes with a critique of HRT by other scholars.

### **3.2 Human Relations Theory**

‘Human relations’ refers to the study of how organisations manage and interact with their employees in their efforts to recuperate and improve employee and organisational effectiveness (Letsoalo, 2016). There is a significant increase in the morale and motivation of employees when their work is seen as valuable and appreciated. Employee wellness programmes can play a crucial role in validating the employees, and contributing particularly to their psychological and physical well-being. PRASA is influenced by policies and human relations, and as an organisation, the relationship between the employer and employee is important. The employment of wellness practitioners shows the organisation’s attempts to understand fully the complexity of employee behaviour, recognising both personal motivation and psychological well-being.

The human relations theory of management was developed from an empirical study by Elton Mayo (1933) and revised by scholars such as Roethlisberger et al. (1981) who carried out their study at the Hawthorne Plant of Western Electric in the USA during the 1920s and 1930s (Ajayi & Ayodele, 2011; Omodan et al., 2020). According to Manoj (2016), the Hawthorne studies stipulated that social and psychological elements within the workplace determine the employees’ morale and output. The Hawthorne studies concluded that leadership, style of supervision, communication and participation play a central role in worker behaviour, satisfaction and productivity (Manoj, 2016; Omodan et al., 2020). The purpose of Mayo’s (1933) research study was to test the effect of lighting intensity on worker productivity and to observe human relations and work behaviour. His findings concluded that job satisfaction increased through employee participation in decisions rather than through short-term incentives (Mayo, 1933).

Omodan et al.’s (2020) viewpoint of HRT emphasised the theory’s deviation from the scientific and classical view that “man [sic] was only an economical animal who responded only to financial incentives”. This has been a welcome shift and evolution of organisational analysis, and it magnified the connection between management and employees. Coombs (2006) highlighted how the organisational shift has revealed the powerful nature of social relations in organisations and has redirected managers more towards the interpersonal aspects of managing.

Human relations theory, with its focus on human motivation and worker satisfaction, is an important step in the evolution of management theory (Nicotera, 2020). It has marked a conceptual passage between classical and contemporary management for organisations since its inception by Mayo (1933). Mayo's work made human relations psychologically and economically feasible, as it would now be possible to satisfy the individual's and society's needs simultaneously, while also satisfying the needs of economic performance (Sarachek, 1968). The human relations theoretical framework of productivity includes the motivation of employees and other psychological elements and features in employee management strategies. Employees motivation, in this regard, has an influence in employees' perceptions of EWP that influence programme utilisation. Worker satisfaction and motivation are an ultimate goal in human relations. Mayo assumed that a satisfied employee would be a productive employee.

Mayo has been described to both scholarly and popular audiences as the leader of the 'human relations' school and movement (O'Connor, 1999). Mayo has played a key role and contributed immensely to literature on human nature, organisational behaviour and knowledge that has inspired and motivated social science literature and organisational management. According to Nicotera (2020), the early applications of HRT theory supplemented, revised and shifted the focus of management strategy from the work to the worker, while the fundamental management goal remained to be maximising productivity.

Although classical management at PRASA has restricted its focus on employees to solely formal communication and productivity, provisions have been made for the establishment of a wellness centre incorporating a holistic approach to the health, wellness and psychological well-being of employees. As an organisation, PRASA is aware of the informal and social forces within the workplace that are bound to occur and the interplay of human relations between employees. In understanding human and worker behaviour, PRASA has tried to establish an equilibrium between skills development and human relations. In human relations theory, psychological elements are seen as crucial and central to the organisation. Mayo (1933) opined that workers were unable to find suitable outlets for expressing their personal, psychosocial and occupational stressors. As such, the establishment of wellness programmes was to cater to the needs of employees with the aim of assisting employees in creating a work-life balance and providing counselling services. The perception of wellness services by the employees would

ultimately impact on the utilisation rates of these services. Operational and technical efficiency were no longer seen as the only answers to organisational problems. Not taking into consideration the feelings and emotions of workers was the problem. Medury and Dhameja (2020) postulated that Mayo's experiments demonstrated that informal approaches and groups with a basis in human emotions, sentiments and interactions play a very important role. In a developing country such as South Africa, with its very own Afrocentric approaches, western management discourse has continued to play a role in its theories and practices.

### **3.3 Ubuntu and Human Relations Theory**

South Africa is a nation strongly rooted in the phenomenon of ubuntu. Ubuntu is a uniquely African philosophical construct about humanity and humanness, a quality that includes the essential human virtues of compassion and concern for all humanity. This cultural concept may be understood using HRT. The humanistic philosophy in organisations affirms the notion of ubuntu in a South African society rooted in humanist values. Ramose (2007) described the concept of ubuntu as an African philosophy whereby, through motion, all beings exist in an incessant complex flow of interaction. This worldview takes the ethical imperative and position that to be human is to understand the complex wholeness and the multi-layers of ubuntu and its interconnectedness to HRT. African humanist Eskia Mphahlele (2005) added to this notion by saying that ubuntu emphasises human potential and people's capacity to reason in an interconnected system of shared values, beliefs and culture.

Cross-cultural leadership studies indicate that cultural differences influence leadership behaviour, and management philosophies typically evolve in harmony with the cultures within which they function (Booyesen, 2001). Although South Africa is a complex amalgam of several cultures within organisations, the dominant management practices and positions have, for historical reasons, been managed by the white population group. Corporate South Africa is, however, becoming more diversified and inclusive of all groups. For example, PRASA is an organisation with a staff complement dominated by African employees. According to Thomas and Bendixen (2000), the key to managing cultural diversity in the workplace is the promotion of management effectiveness in an inclusive, organisational culture. Furthermore, employees will commonly make decisions that draw upon their cultural background, or, rather, choices are made because of their identity-group affiliations. It is therefore crucial to gain an understanding of the values of employees from different ethnic backgrounds.



The original theory of human relations was proposed in the early 1900s when the world of work and business was significantly different from what exists today. As a parastatal organisation in the South African post-apartheid era, PRASA is bound by a government-led transformation imperative derived from a human rights tradition that values human dignity, equality, and fairness. In a government of fiscal constraints, political debates and a myriad other force, the theory of human relations might be difficult to implement in the context of the political cycles, complex delivery systems and politically deployed leaders with limited organisational leadership skills in order to meet the growing expectations of employees. The challenges of socio-economic transformation in South African after apartheid have been matched with misspent resources for both PRASA, as an organisation, and the employees within the organisation. With the ongoing transformation within organisations, and in Africa as a whole, a call for an African renaissance for organisational, cultural and economic renewal is important.

### **3.4 African Business Leadership**

Mulemfo (2000) asserted that Africans have been urged to liberate themselves from colonial and post-colonial thinking and to re-engage with African value systems in leadership. This notion has found resonance across Africa and has been applied to business leadership by writers such as Mbigi (2007), in search of an African business renaissance from an African perspective. Compared to western management theory and practice, African management and leadership is characterised by flatter structures which stress inclusion, interdependence and broad stakeholder participation. African management tends to prefer a web of interdependence of roles, relationships and competencies (Mbigi, 2007). It is less concerned with structure in comparison to western management (Heuvel et al., 2006). Similar to HRT, African culture calls for personalised relationships. Heuvel et al. (2006) reported that what drives organisations, more than official roles within a hierarchy, is the informal power that derives from natural social clusters, consultation and negotiation. The African renaissance has called for the reengagement of indigenous knowledge and practices (Bolden & Kirk, 2009). In their studies promoting African leadership, Bolden and Kirk (2009) presented Pan-Africanist leadership development programmes as significant in seeking new understanding of African leadership in current organisations, as a way of transferring existing knowledge and evaluating alternative concepts of leadership.

Through this, the aim is to contribute towards the development of more culturally sensitive and relevant perspectives for organisations. According to Mbigi (2007, p. 5), the shift to more Afrocentric views of leadership in business and organisations requires the rejection of many aspects of “western culture with its narrow, arrogant, empty, materialistic values of hamburger and cocaine”. Whilst this study highlighted the importance of leadership in organisations, it also speaks to transforming and integrating an African understanding of leadership, taking into consideration the cultural background of employees when employing and promoting these psychological approaches in EAPs. The transformation also allows for wellness programmes that are tailor made for diverse employees and their backgrounds to be considered when rendering wellness services.

### **3.5 Critique of Human Relations Theory**

The theory that emerged from Mayo’s study has been highly acclaimed in organisational management research. However, the study has been the subject of criticism by some scholars. For example, Carey (1967) argued that Mayo’s small samples of five to six women were invalid and could not be considered a reliable sample from which generalisations could be made. Similarly, Briefs (1940) questioned the external validity of the sample and questioned the relationships formed by the participants. Given a larger sample, the relationships observed would not have been possible.

According to Medury and Dhameja (2020), Mayo did not fully and sufficiently appreciate and value the complexity of the nature of human beings and their relationships in relation to the work environment. Mayo’s experiments took place under controlled circumstances, where the employees were aware of the fact that they were under surveillance. Furthermore, the sample was Mayo’s very own students, which spoke to a conflict of interests. Bendix and Fisher (1949) postulated that it was not feasible or possible to assess the effect of Mayo’s approach with respect to the personnel practices of factory managers, as the work of human relations consisted of the work of Mayo, his colleagues and students.

Mayo’s Hawthorne studies did not take into account the impact of technological elements and factors in enhancing productivity. Scholarly critiques of the human relations theory have found the connection between employee satisfaction and productivity as being tenuous and unsubstantiated. For example, Nicotera (2020) asserted that while the human-relations prescribed

practices do indeed reduce worker turnover and create a more humane and ethical workplace, both of which improve the quality of the working environment, the HR movement's success in enhancing workers' quality of life did not result in the anticipated productivity gains.

Regardless of the difference in scholarly viewpoints and criticism regarding the authenticity and validity of the human relations theory and the Hawthorne studies, Medury and Dhameja (2020) affirmed that they could be considered a turning point in management thinking and planning, as they generated new ideas and thinking regarding work groups and informal organisations. Human relations theory has also assisted in laying a strong foundation for the development and management of employee organisational behaviour.

Similarly, to EWP/EAP, the HRT identifies the significance of the human factor in organisations, which is central to the conclusions of Mayo's Hawthorne studies in emphasizing better communication between management and employees and a greater involvement in their health needs. Furthermore, both the HRT and employee wellness assert that the employee is the fundamental unit on which all legitimate cooperative organisation is founded. The notion of human relations, as concerned with the workers' needs, is appropriately captured in understanding the roles of EAP and HRT. Employee behaviour is placed centrally, as both EAP and HRT places a strong emphasis on the individual. This in turn, can have a significant effect in the utilisation rate of wellness programmes. The role of employee wellness programmes essentially place the psychological needs of employees and speaks to the employees need of improving their health behavior. An increase in the utilisation rates can contribute to a satisfaction of employees' needs, preserve and develop the efficiency and productivity of labor within the organisation.

### **3.6 Summary**

The chapter provided a detailed explanation of the Human Relations Theory that forms the basis of this study by virtue of its documented success in employee relations and behaviour. This chapter provided an understanding of employee management in organisations and the role of motivational support.

## **Chapter Four**

### **Research Methodology**

#### **4.1 Introduction**

The chapter's objective is to outline the qualitative research design and the methodology used to conduct the research. The aim of the study was to explore the perceptions of employee wellness programmes by PRASA employees and how accessible the wellness programmes are in the workplace. The literature review of employee wellness programmes, and of the application of the Human Relations Theory, highlighted the following: (a) the benefits of integrated wellness programmes within organisations and the role they play for employees' well-being, and (b); the perceptions held by employees regarding wellness programmes may be a limitation and may influence the utilisation of wellness programmes. To remedy these limitations, the current study aimed to contribute to the body of knowledge in this field by interviewing a sample of PRASA employees to obtain their attitudes and perceptions regarding the programme and how this affects utilisation.

In order to achieve the objectives of the study, the methodological principles are presented in this chapter, primarily focusing on the approaches and actions that were utilised in the research process; this includes the research design, selection of the sample, instruments used, data collection methods and also the ethical issues to be considered.

## **4.2 Qualitative Research Approach**

The nature of the research on which this thesis is based necessitated the use of a qualitative research design. Qualitative research is considered to be an interpretive methodological approach that primarily creates more subjective knowledge (MacDonald, 2012). Further to this, Lacey and Luff (2009) note that qualitative research develops from the behavioural and social sciences as a means of understanding the exceptional, self-motivated and inclusive nature of human beings. Furthermore, Burns and Grove (2009) assert that qualitative research is a systematic and subjective approach used to highlight and explain daily life experiences and to give them proper meaning. As the research sought to gain insight into the behaviour and perceptions of PRASA employees with regard to EAP services, an approach that enabled a deeper understanding of the meaning's participants attach to the EAP was deemed appropriate.

Thomas (2006) describes the qualitative approach as primarily using detailed readings of raw data to derive concepts, themes, or a model, through interpretations made from the raw data by the researcher. For Merriam (2009), the qualitative research approach covers an array of interpretive techniques that seek to describe, code and translate meanings occurring in the social world. The qualitative approach is considered highly relevant in different academic areas, which includes humanities and social sciences, especially for its use of emergent designs. Pailthorpe (2017) refers to it as the ability to adapt to new ideas, concepts, or findings that arise while conducting qualitative research. Hence, the approach accommodates unanticipated information during data collection, which often contributes to the richness of the collected data.

## **4.3 Study Population**

A population has to do with the elements to which the results or the outcomes of the investigation are generalisable (Eldredge et al. 2014). The population refers to the entire group of people, events, or things of interest that the researcher wishes to investigate. This study targeted employees at PRASA regarding their perceptions of EAP services. Data was collected from the

PRASA regional office in Durban, which houses approximately twenty different departments and train depots. PRASA is a railway agency dealing with the transportation of commuters in the KwaZulu-Natal (KZN) region. The Durban division of PRASA to date, currently has 2,763 permanent employees, excluding contract and part-time workers. Since the study focused on both users and non-users of the EAP, a sample was drawn from the entire population of permanent staff members.

#### **4.4 The Passenger Rail Agency of South Africa (PRASA) and the EAP**

PRASA was established in terms of Section 22 of the Legal Succession to the South African Transport Services Act in 2008. It is a public entity wholly owned by the South African government and reports to the minister of transport, currently being Ms Lydia Sindisiwe Chikunga. The formal and legal mandate directs PRASA to deliver commuter rail services in the metropolitan areas of South Africa, including long- and short-distance travel, and travel to and from the borders of the Republic of South Africa. PRASA Durban rail is one of the largest operating divisions in the PRASA group and employs more than 2,763 employees in Durban, with 15,000 PRASA employees countrywide. All PRASA branches have internal EAPs which cater to the needs of the employees and their immediate families.

The focus of this study was the perceptions of PRASA employees on wellness programmes that have an impact on the utilisation rate of the services as well as the accessibility of the services to employees. This study was carried out in a parastatal organisation, operational in structure and consisting of employees in safe critical (tasks deemed to be dangerous and hazardous) and non-critical grades. For this study, utilisation has been loosely defined to which employees engage in a voluntary workplace health programme. The study explored how wellness services targets the wellbeing of employees, including the psychosocial, medical and occupational stressors that may have an influence and impact on their occupational functioning. By exploring employees perceptions and the factors that determine utilisation, the study aimed to gain richer insights, as it explored organisational factors that account for the utilisation rates and the reasons for utilisation or underutilisation. The study also explored the reasons of individual perceptions of the EAP, especially when one considers the benefits associated with the programmes. Expanding and increasing our knowledge of how individual beliefs and perceptions contribute to participation rates may help organisations to implement wellness interventions in a more targeted and structured manner (Ott-Holland et al., 2019).

The study assessed individual perceptions and beliefs about the value of the wellness programme, including the organisations' environment, and whether they believed that it was supportive or not. Indeed, EAPs need to be interpreted positively by employees for there to be a subsequent willingness to engage in the programme and thus a rise in utilisation rates. Nishii and Wright (2008) noted that, in order for EAPs to have a desired positive effect on attitudes and behaviour, they need to be understood in an optimistic manner, and the environment needs to allow the employees to use such services. This view was shared by Ulich and Wulser (2009), in that employee health can be increased through improved working conditions, a participative leadership, health-promotion interventions in an organisational culture and a supportive environment.

This study deviated from other studies in that the focus was on the utilisation of EAP services and, particularly, the underutilisation of EAP services in a South African organisation. This, especially, is a concern when one considers the benefits associated with such programmes, as shown by Letsoalo's (2016) findings from her study of an EAP located within the Limpopo Department of Public Works. The significance of Letsoalo's (2016) findings was that they pointed to increasing EAP utilisation by addressing and applying both primary (prevention) and secondary (peer intervention and after-care) strategies for employees.

For this study, utilisation rates referred to the measured quantity of utilisation for the services rendered by the EAP. Utilisation rates are regularly used to compare an organisation's ability to assist employees and to ascertain what model of assistance can be used. According to Csiernik (2003), the rate of utilisation is used as an evaluative tool and can be used to assess the need for additional programme promotion and development. As a parastatal that has undergone transitional and organisational changes, PRASA is one of the operational organisations that has implemented the use of EAPs and has aligned the needs of its employees with its EAP. The research design used for the study is described in the following section.

#### **4.5 Research Design**

A research design is a strategic framework for the research actions that serves as a bridge between the research questions and the execution or implementation of the research (Durrheim, 2007). Green and Thorogood (2014) assert that a research design gives an indication of how

the research will be addressed by declaring the processes and procedures that are to be followed in each stage of the research. Yin (2014) has argued that the research design gives a logical sequence to a researcher which, in turn, creates a connection between the research questions and aims and objectives, to eventually lead to the conclusion.

The study aimed at addressing the following objectives:

- i. Understand the organisational dynamics that account for the current low utilisation rates and the general usage of EWP at PRASA;
- ii. Explore the accessibility of the EAP to PRASA employees; and
- iii. Explore employees' understanding and perceptions of EAP services.
- iv. To develop a proposed framework and intervention for the utilisation of employee wellness services

The intention to adopt the single case study design in this study is guided by Dyer and Wilkins' (1991) notion that this design is best suited when a researcher intends to gain a deeper understanding of a particular subject, in this case, issues relating to perceptions, attitudes and behaviour of PRASA employees towards the EAP services. Yin (2003) concurred that it is better to conduct a single case study when the researcher wants to study a person or a group of people. It is within this context that the researcher of this study intended to investigate the factors contributing to the underutilisation of EAP services by PRASA employees.

#### **4.6 Sampling Technique**

A purposive sampling technique (under the auspices of probability sampling) was used in the process of collecting participants. Purposive sampling is used in research when the data needed for the study can only be provided by a particular population knowledgeable in the area of study or who have experienced the phenomena under investigation (Burns & Gray, 2012; Dartey, 2017). According to Neuman (2000), purposive sampling is based on the judgment of the researcher regarding the characteristics of the sample. This type of sampling relies on the subjective consideration of the researcher, as participants in this study exhibit some variables of key interest to the researcher. The sampling was based on the following inclusion criteria:

- Employees who are permanently employed by PRASA;
- Employees in possession of an employee number, regardless of their department;



- Employees employed in the Durban region of PRASA;
- Employees who volunteer to participate.

Exclusion criteria:

- Employees in the risk pool (i.e., on the incapacity programme)
- Employees serving their resignation or retirement notice

Participants who met the inclusion criteria were trusted to be knowledgeable to provide detailed and rich data.

## **Data Collection Methods**

### **4.7 Semi-structured Individual Interviews**

Brynard et al. (2014) stated that practitioners and researchers use instruments to aid in obtaining data from participants. One such instrument is the interview. Interviews can be divided into three categories, namely, structured, semi-structured and unstructured interviews (Zhang & Wildemuth, 2009). The researcher had planned to collect data by means of both a questionnaire and focus group interviews. The start of the COVID-19 pandemic contributed to the delay of data collection as there were numerous changes pertaining to the physical interaction of participants for the study. COVID-19 regulations of social distancing were to be adhered to and this meant that focus group interviews were not permitted at PRASA. Only the use of questionnaire interviews was permitted.

For the purpose of this study, data was collected using semi-structured interviews. The flexibility of semi-structured interviews, in comparison to structured and unstructured interviews, allowed for the discovery and the elaboration of essential and critical information and the provision of in-depth responses (Gill et al., 2008).

According to Maree (2015), qualitative interviews can be a valuable source of information provided they are used correctly, as they are used to see the world through the eyes of the participants. Using an interview schedule (Appendix E), the researcher made provision for each participant to freely express themselves. The researcher chose this method of data collection so that the participants could provide in-depth information relating to their own experiences with

the EAP. Each interview took approximately 60 minutes. The focus of attention in these interviews included the perceptions, behaviours and attitudes of the PRASA employees towards the EAP services.

#### **4.8 Procedure**

The participants were briefed regarding the nature of the study and its objectives. Their right to participate or not participate in the study was discussed, as well as their right to withdraw from participation at any point of the study. Confidentiality was discussed with the participants regarding the information they supplied and, following their understanding and agreement, participants signed the consent forms (Appendix D). During the interviews, the researcher employed communicative techniques, such as probing questions, interpreting silence, point clarification and observing, as well as expressing non-verbal encouragement (Dartey, 2017).

### **Data Analysis**

#### **4.9 Thematic Analysis**

This study followed a Holloway and Wheeler (2010) analytical procedure of thematic analysis. Thematic analysis is a method for systematically identifying, organising and offering insight into patterns of meaning (themes) across a data set (Braun & Clarke, 2012). This method of analysis is appropriate and best used to identify themes emanating from interviews, in which the analysis will be entrenched. Maguire and Delahunt (2017) consider thematic analysis to be a method that focuses on identifying patterned meaning across a dataset. Thematic analysis is known to be a widely used qualitative analytic method (Boyatzis, 1998; Braun & Clarke, 2006; Roulston, 2001). Braun and Clarke (2006) further assert that thematic analysis is the first qualitative method of analysis that researchers should learn, as it provides the core skills that will be useful for conducting different forms of qualitative analysis. These authors argue that thematic analysis should be considered a method in its own right.

As this was a qualitative study, thematic analysis required familiarity with the data, and this included the researcher immersing herself in the data by reading and re-reading the textual data (Braun & Clarke, 2012). In order to provide a label for the features of the research that are

deemed important, the generation of initial codes for the data was critical. The codes were then shifted into themes. A theme captures important aspects of the data in relation to the research question. The developing themes were reviewed. Themes can be identified in one of two primary ways: an inductive or ‘bottom up’ way, or in a deductive or ‘top down’ way (Frith & Gleeson, 2004). For the purpose of the study, inductive thematic analysis was selected.

#### **4.10 Inductive Approach**

The inductive approach is a systematic procedure for analysing qualitative data. The purposes of using an inductive approach are a) to condense raw textual data into a brief, summary format, b) establish clear links between the evaluation of research objectives and the summary findings derived from the raw data, and c) develop a framework for the underlying structure of experiences and processes that are evident in the raw data (Thomas, 2016). This is consistent with Strauss and Corbin’s (1998) viewpoint that the researcher begins with an area of study and gradually allows the theory to emerge from the data. Inductive analysis is therefore a process of coding data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions.

As the research sought to gain insight into the behaviour and perceptions of PRASA employees with regard to EAP services, an approach that enabled a deeper understanding of the meanings participants attach to the EAP was deemed appropriate. The inductive approach has been shown to be systematic for analysing qualitative data in which the analysis is likely to be guided by specific evaluation objectives and, comparatively speaking, differs from counterparts such as the deductive approach, which tests the consistency of data with existing generalisations, hypotheses or theories (Takimoto, 2008).

In order to identify and derive themes, thematic analysis was followed. In identifying the themes, one of two levels can be followed: semantic or latent. For the purpose of the study, the latent or interpretive level was selected.

#### **4.11 Latent Interpretive Approach**

A thematic analysis at the latent level goes beyond the semantic content of the data. For the purpose of this study, themes were not identified at the surface level of the data only. Rather,

the participants' underlying ideas of the EAP, their assumptions and their conceptualisation were identified and examined (Braun & Clarke, 2006), as this shaped and informed the content of the data for the study. Participants' responses were examined to identify the meaning that they carried in order for the interpretive process of the data analysis to begin. The views of participants, their experiences and their perceptions of the EAP, and factors limiting participation, were crucial. Using this paradigm, these factors were examined and, similarly, the participants' experiences were used to formally construct and interpret understandings from the data gathered. Nguyen and Tran (2015) argue, however, that this paradigm is not a dominant model in research but has been able to gain considerable influence because it is able to accommodate multiple perspectives and versions of truth.

## **Phases of Thematic Analysis**

### **4.12 Phase 1: Data Familiarity**

The data were collected by the researcher personally. This process was advantageous in that it allowed the researcher to have prior knowledge of the data before the analysis. The researcher had to immerse herself in the data thoroughly. According to Braun and Clarke's (2006) approach to reflexive thematic analysis, phase 1 is data familiarity. This process included the reading and re-reading of the data and actively searching for the meanings in the participants' responses and patterns. As the researcher chose a latent approach to analysis, initial underlying ideas were thoroughly identified and noted to prepare for the coding process.

### **4.13 Phase 2: Generating Initial Codes**

Having read, become familiar with and identified initial ideas on the data on EAP, the second phase of the analysis involved the production of initial codes from the data. The coding process allowed the researcher to communicate and connect with the data to facilitate the comprehension of the emerging phenomena (Basit, 2003). During the analytical process, coding is important for organising the data. Codes identify a feature of the data that appears interesting to the analyst. Codes are the most basic segment or element of the raw data or information that can be assessed in a meaningful way regarding the phenomenon (Boyatzis, 1998). Coding was used for as many potential patterns as this information may be used later (Braun & Clarke, 2006). The following steps were taken as part of the coding phase:

- The responses were read and re-read three times by the researcher and important phrases and sentences were highlighted, seeking potential patterns; t
- The descriptive information was labelled to be allocated into units;
- The information was coded accordingly and similar codes were grouped together; and
- The information was sorted according to how it related to the objectives of the study.

#### **4.14 Phase 3: Developing Themes**

The codes that emerged were grouped together in order to form themes. The researcher employed an inductive approach to identify the themes that emerged and to categorise them (Polit & Beck, 2013) in order to create a rich description of the phenomena. A thematic map was helpful as a visual representation in developing initial themes and subthemes and sorting the different codes. Using the inductive approach, the data was then condensed into a summary format to establish the final emerging themes. The themes were tabulated and organised according to the objectives of the study and are presented in the results section of the study.

#### **4.15 Phase 4: Reviewing the Themes**

In the process of reviewing themes, it became apparent that some candidate themes did not have enough information from the data to support them. Some proposed themes were combined to form a single theme. During this process, themes should assimilate together and be identifiable. Braun and Clarke (2006) assert that phase 4 of thematic analysis involves two levels. The first level of the analysis involved reviewing the collated themes to see if they represented a consistent and articulate pattern of the data. No problematic themes were identified. Level two involved considering the validity of individual themes in relation to the data set and the initial/candidate thematic map, accurately reflecting the meanings evident in the data set (Braun & Clarke, 2006). The data was read again and the themes were evaluated to see whether or not they worked in relation to the objectives of the study, and if there were any themes that had been missed.

#### **4.16 Phase 5: Defining and Naming Themes**

Phase 5 of the thematic analysis involved the defining and further refinement of themes. The themes were organised according to their narrative. Themes that emerged within a theme (sub-themes) were identified and noted down. Finally, the themes were labeled and given names.

#### **4.17 Phase 6: Report**

The final phase of thematic analysis involved writing the report of the final themes and sub-themes. According to Braun and Clarke (2006), the write-up task is to give a logical, interesting and non-complicated account of the story in the data for the reader. The report writeup consisted of an analytical narrative of the findings in relation to the research questions of the study.

The six phases of thematic analysis were an important guide to follow in order to identify codes and patterns and define them accordingly.

#### **4.18 Reflexivity**

Reflexivity is the act of examining one's own assumptions, beliefs and judgement systems, and thinking carefully and critically about how these influence the research process (Jamieson et al.,2023). An important element of being a researcher is being able to consider one's own unique positionalities and how it may influence and inform the study. Reflexivity encourages and prompts the researcher to acknowledge their own stance, bias and position in the research process and study. Reflexivity is central in debates on objectivity, subjectivity, and the very foundations of social science research and generated knowledge (Jamieson et al., 2023). It is crucial for a researcher to be able to self-reflect during the research process and be insightful about how their world view and beliefs shape the research.

According to Wilkinson (1988), reflexivity, in the context of research, is characterised by:

- The belief that there is no fundamental difference between scientists (researchers) and the person they are studying: they are both constructing events
- The requirement that any psychological theory being developed by theorists (or researcher) must apply as much to the theorists as to the person/s they are researching
- A reciprocal relationship between how life experience influences research and how research feeds back into life experiences.

For this current study, the researcher had to reflect on her own behaviours and thoughts as an EWP/EAP practitioner (at the time of the study) at the site of the research and being able to declare her own positionality in relation to the findings of the study. Being a wellness practitioner and an insider at the organisation at the time of the study implied that the researcher had a positive disposition and possible bias towards EAP. It was therefore crucial that the researcher had self-awareness during the evaluation of the research to ensure that her positionality does not interfere with the interpretation of the findings of the research study. The researcher had to go through a reflexive process and had to recognise the importance of being able to reflect and critically examine her own biases of EAP and how these may influence and affect the findings of the research throughout the study. McGowan (2020, p4) elucidates that the reflexive process is based on the question of “*what is the research process and how am I influencing it?*” This continuous question throughout the study must form an ongoing process that prompts the researcher to continually think, shift and reconstruct (Barret, Kajamaa & Johnston, 2020) their understanding during the research process.

In the reflexive process, it was important to the researcher to critically engage with the methods of data collection and the methods of data analysis throughout the process for transparency and rigour. An interview was used as a means of data collection. Commonality between the researcher and the research participants enabled familiarity and facilitated rapport, which in turn was able to yield rich data through the questioning and the probing of data.

The researcher was aware of the dynamics between herself and that of the participants which include issues of transference. The researcher reflected on the participants’ projections during the interview process and ensured that the handling of the research material from the interview remained as it was given by the participants.

As part of the reflexive process, the researcher kept a journal and spent a considerable amount of time noting her actions, beliefs, thoughts and her own interpretations of the research. In the beginning of the thesis and towards the end of the thesis (pg. 4 and 86), the researcher made a disclosure that she (at the time) was employed as an employee wellness specialist within PRASA from the years 2017 to 2020.

*“PRASA appointed two new EAP practitioners in August 2017. However, it seems as if the general sense of mistrust has been carried over, even with the new practitioners, myself included”.*

It was crucial for the researcher to disclose this information, as being an employee wellness specialist, the researcher is regarded as an ‘insider’ and that has the potential to jeopardise the credibility of the results as the researcher already had her own thoughts and conceptions about EWP. In order to neutralise any arising feelings of negativity that participants may have potentially had, the researcher assured them of being in a safe position of expressing their opinions and thoughts of EWP without being challenged.

Howell (2013) states that:

*“When we undertake a research project, we approach the world with preconceptions about the relationship between the mind and external reality; such will affect the methodological approach, research programme and methods of data collection”.*

Finally, as the researcher concludes the study, she concedes and is aware that knowledge is co-constructed and is inherently impartial. Regardless of the limitations and constraints during the study, it was important for the researcher to essentialise the experience of the participants in the context in which they inhabited. The process of reflexivity is not an easy activity and the researcher regards it as a perilous process. It is challenging balancing the self-analysis and the methodological inadequacies without jeopardising and compromising the outcome of the study.

Reflexivity has not only been an in-depth scrutiny into my role as a researcher, but it has also prompted the researcher to scrutinise her role in the construction of new knowledge, how the conclusions were reached and, most importantly, how the new knowledge functions in order to shape the world.

#### **4.19 Scientific Rigour**

In qualitative research, the trustworthiness and quality of the data collected are measured in terms of its confirmability, transferability credibility and dependability (Patel et al., 2008). Ensuring trustworthiness is a way of ensuring scientific rigour in qualitative research without having to sacrifice its relevance. These aspects are discussed below.



#### **4.20 Confirmability**

Confirmability refers to the researcher's ability to demonstrate that the data represents the participants' responses and not the biases and viewpoints of the researcher (Cope, 2014). Lincoln and Guba (1999) assert that, in order for research to be reliable, it must be confirmed by other researchers. For this study, the researcher made meaning of the phenomena from the viewpoint of participants, understanding their experiences with regard to the research topic.

The results of the study were an accurate depiction of the participants' responses.

#### **4.21 Transferability**

When research findings can be applied to other settings or groups, this is referred to as transferability (Houghton et al., 2013). Transferability has the goal of providing extensive information on the fieldwork, which could help generalisation of the collected data to other groups of people and/or settings (Shenton, 2004). In this study, transferability was achieved through the provision of detailed descriptions of the participants and the phenomena being studied.

#### **4.22 Credibility**

Credibility refers to the truth of the data and involves the process of ensuring that the researcher establishes an accurate image of the phenomena under study. A qualitative study is considered credible if the descriptions of human experience are immediately recognised by individuals who share the same experience (Sandelowski, 1986). To support credibility when reporting a qualitative study, the researcher should demonstrate engagement, methods of observation and audit trails (Cope, 2014). The methods of data collection, instruments and analysis for the study were correctly followed for the credibility of the study to be guaranteed. The formal and official methods of data analysis and collection were followed. The constant review of the data collected was followed for the correct verification of themes that emerged from participants' responses.

#### **4.23 Dependability**

According to Graneheim and Lundman (2004), dependability refers to the state of data consistency over time. Data is dependable if another researcher in a different setting can verify it. Through the researcher's process and descriptions, data consistency and usability are crucial. Dependability was achieved through external audits, which included the examining of data

processes of the study. The purpose of external audit was to evaluate the accuracy (Shenton, 2004) of the research findings and how they are applicable to the study.

#### **4.24 Ethical Considerations**

A researcher cannot conduct research without a proper consideration of research ethics. Olsen (2017) stated that ethics refers to the appropriateness of the researcher's behaviour in relation to the rights of those who have been selected as the subjects. O'Leary (2019) concurred that ethics are standards of acceptable and professional behaviour that provide guidance to the researcher to act with integrity towards the respondents and throughout the entire research process. In this study, the researcher applied for ethical clearance from UNISA and this was granted by the UNISA Research Ethics Committee (Appendix A). Permission to conduct the research at PRASA was obtained and signed by the regional manager (Appendix B). Prior to the interview, participants were provided with an information sheet (Appendix C). Several aspects were included in the information sheet, including the title of the research, aim of the study, its objectives, confidentiality, anonymity and other ethical protocols. The researcher assured the respondents that participation in the research was voluntary and that the participants were aware that they could withdraw from the research process at any given point in time.

#### **4.25 Summary**

This chapter provided an outline of the methodology used for study. The chapter gave an overview of the qualitative research design and the methods and techniques that were used for the study. The chapter also provided an overview of the data analysis and the process of how the themes emerged during the analysis. The following chapter will provide the results of the findings of the study, as per the methods explained in this chapter.

## **Chapter Five**

### **Presentation of Findings**

#### **5.1 Introduction**

The previous chapter presented the enquiry process that I followed to reach the findings that I present in this fifth chapter. The findings presented in this chapter are an outcome of the research questions derived from the objectives of the study as outlined at the beginning of the research methodology chapter (chapter four). As stated in chapter four, an interpretivist approach to analysing the findings was adopted. Chapter five covers two main aspects: an overview of participants' characteristics and a report of the themes that emerged in the study.

## 5.2 Participants' Characteristics

A total of 30 PRASA employees, who were recruited to participate in the study, were interviewed individually using a semi-structured interview schedule. The participants comprised train drivers, supervisors, managers, yard masters, administration staff and the EAP practitioner currently employed within the PRASA clinic. The size of the sample was limited to 30 due to the unavailability of PRASA employees due to the COVID-19 pandemic. Only a limited number of employees were allowed within depots due to social distancing. The questionnaires were printed on paper and handed to each of the participants for completion. The interviews were conducted in a face-to-face format, which lasted between 45 and 60 minutes each.

## 5.3 Participant Demographic Information

The demographic information was crucial in quantifying the representation of participants and their demographic dynamics that could have unfolded during data collection.

**Table 5**

*Demographic characteristics of participants*

<b>Participant number</b>	<b>Age</b>	<b>Race</b>	<b>Gender</b>	<b>Highest level of education</b>	<b>Years of service</b>	<b>Department</b>
1	32	Black	Male	Tertiary	4	Train Operations
2	49	Indian	Male	Grade 12	16	Train Operations
3	54	Black	Female	Grade 10	21	Finance
4	41	White	Female	Tertiary	11	Information Technology
5	32	Black	Female	Tertiary	7	Marketing

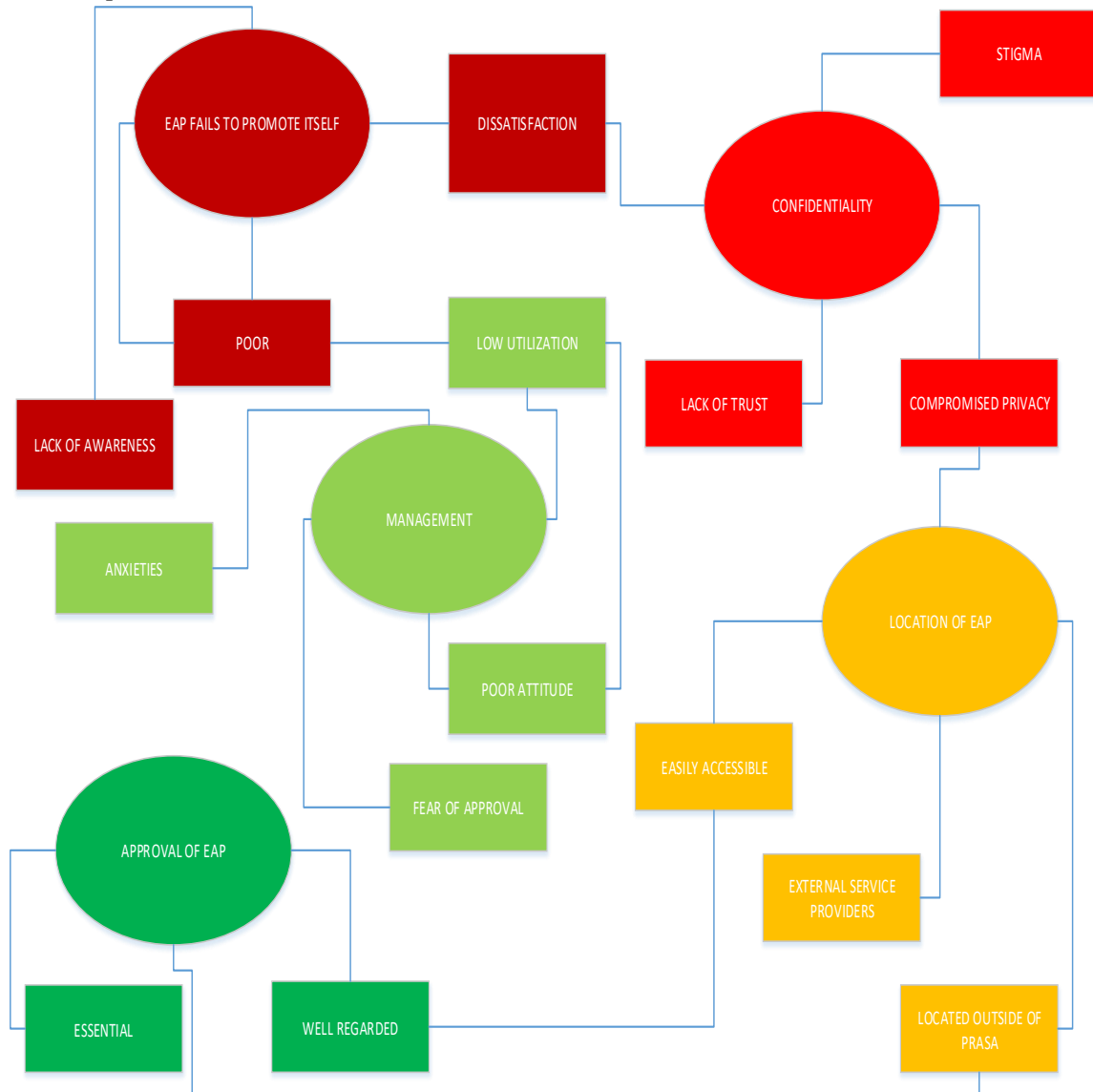
6	47	Indian	Male	Grade 12	14	Protection Services
7	29	Black	Female	Tertiary	9	Marketing
8	52	Black	Female	Tertiary	16	Clinic
9	38	Indian	Female	Tertiary	11	Human Resource
10	41	Black	Male	Tertiary	17	Finance
11	49	Black	Male	Grade 12	19	Recruitment
12	51	Black	Male	Grade 10	29	Train Operations
13	55	Black	Male	Grade 10	21	Protection Services
14	42	Black	Female	Grade 12	16	PRASA Cres
15	44	Black	Female	Grade 11	10	PRASA Cres
16	49	Black	Female	Grade 12	12	ICT
17	52	Black	Male	Grade 11	23	ICT
18	60	White	Male	Grade 8	34	Train Operations
19	36	Black	Female	Grade 12	10	Train Operations
20	51	Black	Male	Grade 10	28	Protection services
21	59	Black	Female	Tertiary	23	Clinic
22	33	Black	Male	Grade 12	6	PRASA Cres
23	48	Indian	Male	Grade 12	11	Information Technology
24	27	Black	Male	Tertiary	5	Marketing
25	50	Black	Male	Grade 12	21	Train Operations
26	41	Coloured	Female	Grade 10	13	Customer Services
27	55	Coloured	Female	Grade 12	20	Customer Services
28	55	Indian	Male	Grade 12	23	Customer Services
29	37	Black	Male	Tertiary	9	Train Operations
30	40	Black	Male	Grade 12	8	Train Operations

#### **5.4 Thematic Map**

In accordance with the research process outlined in the methodology chapter, Figure 1 is a thematic map illustrating the organisation of themes that emerged from the analysis. Figure 2 represents the final themes that emerged. Table 7 presents a tabulated summary of the objectives, research questions and themes of the study.

**Figure 3**

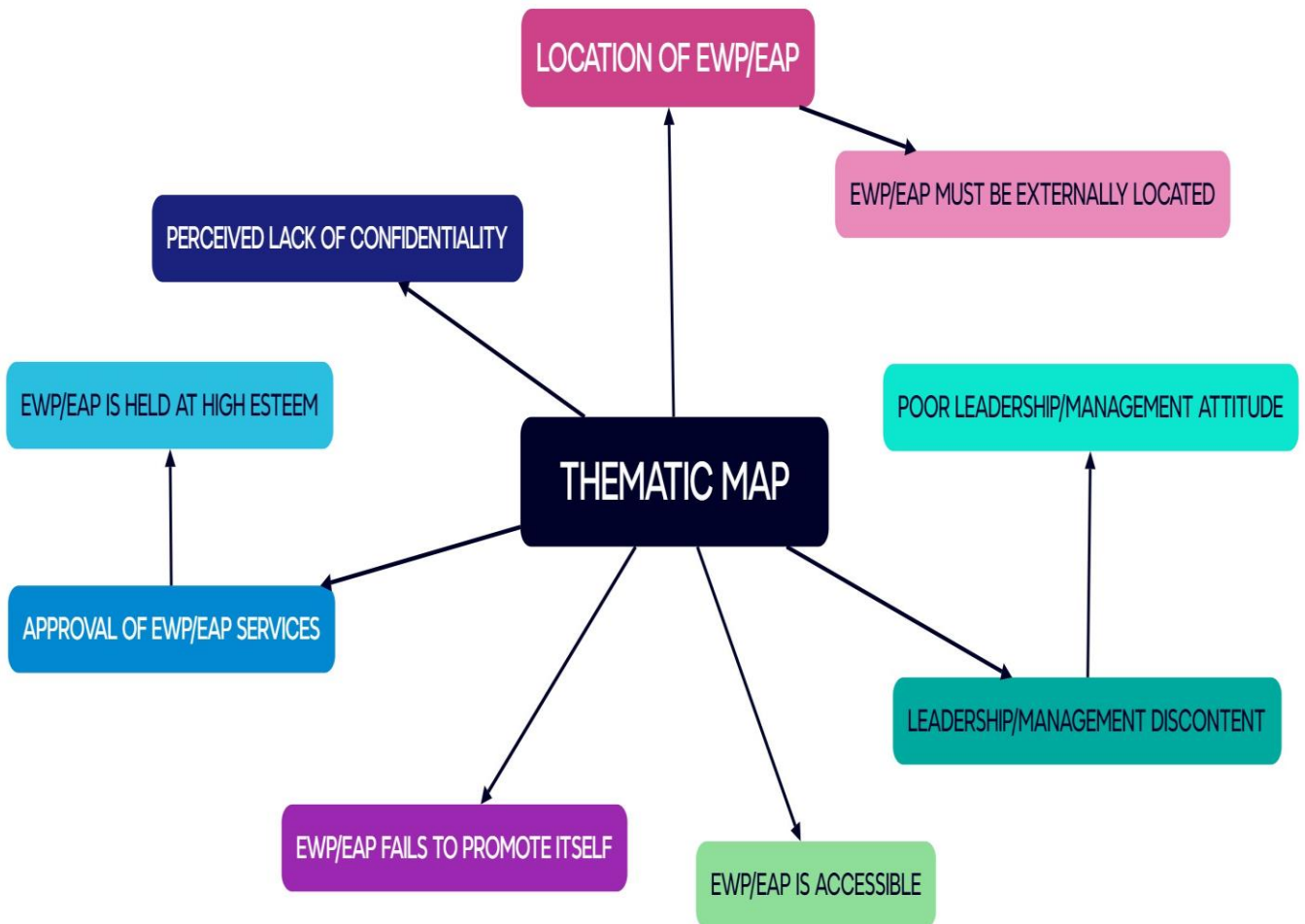
*Thematic map*



*Note:* The oval shapes represent the main themes and their subthemes are represented in the rectangular shapes.

**Figure 4**

*Final Thematic Map*



*Note:* This figure represents the finalised thematic map of the themes and subthemes.



**Table 6***Summary of the Objectives, Questions and Themes of the Study*

<b>Objective</b>	<b>Question</b>	<b>Themes</b>
Organisational factors accounting for low utilisation of EAP services	<ul style="list-style-type: none"> <li>• What is your knowledge of EAP?</li> <li>• Have you used an EAP before?</li> <li>• Understanding the role of EAP?</li> <li>• Frequency of service use?</li> <li>• Ease/difficulty?</li> <li>• Confidence in ability of EAP staff?</li> <li>• Experience of EAP?</li> <li>• Preference of services?</li> <li>• Location of services?</li> <li>• Organisational factors that influence utilisation?</li> <li>• Experience of hostility from colleagues/management arising from EAP attendance?</li> <li>• How often do you approach management?</li> </ul>	<ul style="list-style-type: none"> <li>• EAP fails to promote itself sufficiently.</li> <li>• Management-related issues.</li> <li>• Location of EAP.</li> <li>• Perceived lack of confidentiality.</li> </ul>
Accessibility of the PRASA EAP	<ul style="list-style-type: none"> <li>• Access to the EAP?</li> <li>• Ease/difficulty?</li> <li>• How was EAP referral made?</li> <li>• Location of EAP?</li> </ul>	<ul style="list-style-type: none"> <li>• EAP is easily accessible.</li> </ul>
Experience of EAP services	<ul style="list-style-type: none"> <li>• Use of EAP?</li> <li>• Ease/difficulty?</li> <li>• Confidence in the ability of EAP services?</li> <li>• Experience of stigma, hostility or victimisation?</li> <li>• Reasons for non-use?</li> <li>• Impression of services?</li> </ul>	<ul style="list-style-type: none"> <li>• EAP at PRASA is well regarded/held in high esteem.</li> </ul>

## **5.5 Objective One: Factors Contributing to Utilisation Rates**

Determining the influences that contribute to utilisation rates of EAP in PRASA was the first objective of the study. In relation to the research questions, the following sections report the themes that were elicited. Each section refers to the relevant question(s) in the questionnaire (e.g. Q21).

## **5.6 Theme One: The EWP/EAP at PRASA Fails to Promote Itself Sufficiently**

Despite the number of people using the EWP/EAP services, it is evident that the programme is poorly promoted. Participants reported EAP services to not be well publicised within the organisation. Eight of the thirty respondents (27%, n=8) reported being aware of EAP services through employer-initiated awareness programmes such as the induction of new employees, awareness campaigns and presentations or workshops (Q26, Q30; awareness campaigns: Q10, Q17, Q20; presentation/workshop: Q12, Q21). The theme of inadequate promotion of the wellness services also emerged in questions eliciting respondents' advice on how PRASA could improve EAP services (Q21, Q26). Seventeen per cent (17%, n=5) of respondents recommended staff workshops and depot visits for the promotion of wellness initiatives that are beneficial for their health and well-being.

Respondent 26 stated:

*“There are employees who have worked in PRASA for many years and have not heard of wellness.”*

Respondents reported that having PRASA as an organisation teach them about wellness services is crucial, as opposed to hearsay from their colleagues.

Respondent 13 stated:

*“I only heard about EAP from my colleague who had issues. If my colleague was not unwell, I was not going to know because I have never been.”*

Respondent 2 stated:

*“I heard about them but they never come to depot because they stay in regional office.”*

Employees expressed their concerns on the lack of awareness and promotion of EWP within the respected depots. Employee wellness programmes were regarded as not being communicated adequately or visible enough for the utilisation of employees situated in depots external of the wellness clinic.

### **5.7 Theme Two: Management-related Problems**

The second theme that emerged was a concern about management (i.e., the people in managerial roles) and employees reporting being victimised by management. Question 6 sought to elicit responses on whether respondents visited EWPs. In response to question 26, regarding reasons that would make employees want to or not want to consult the EWP, 10% (n=3) of respondents cited management issues.

Respondent 17 wrote:

*“Unfairness at work by management,”* and as part of the answer to the same question,

Respondent 12 mentioned:

*“Management style.”*

Respondent 5 further elaborated:

*“The way that managers treat us is not fair and I have gone to hospital just cause of my supervisor. These people treat us bad and then they don’t want us to go get help. They say we are dodging work when we say we want EAP and that we want to be booked off.”*

Management attitude has an influence on the EWP utilisation rates. Attitudes are learned states that influence the choice of personal action the individual makes towards objects, people or events (Chakraborty et al., 2017). A positive management attitude towards EWPs is positively related to and can influence a positive perception of EAP towards employees. Similarly, a neg-

ative management attitude will contribute to a negative perception of EAPs. Programme implementation may depend on a manager's ability to adopt a positive attitude towards the programme itself.

### ***5.8 There is a widespread concern about managers and their attitudes***

More relevant to identifying this as a theme was question 21 which sought to elicit responses pertaining to how respondents "*think and feel about approaching their manager or supervisor*", if they had a problem. Twelve of the twenty-nine respondents (40%, n=12) indicated that they would be comfortable approaching management if they had a problem. The rest of the respondents (a majority at 57%, n=17) voiced varying degrees of concern expressing discomfort with approaching management. Among the concerns raised were issues pertaining to perceived professionalism of management, with Respondent 17 stating:

*"...not comfortable or okay as I fear the level of professionalism..."*,

while Respondent 13 stated:

*"Not a good idea because I do not have a good relationship with my manager."*

Respondents 2, 12 and 17 (10%, n=3) had similar views. Respondent 2 stated:

*"I won't approach my supervisor."*

Respondent 12 stated:

*"I am not comfortable speaking about personal troubles to my manager. How will they look at me?"*

Respondent 17 stated:

*"Definitely not my manager."* (laughing).

Respondent 28 stated:

*“I’m scared.”*

In response to question 22, which sought to elicit responses on the frequency with which respondents approached management with their problems, participants’ responses suggested their fears were based on their managers’ perceptions and opinions of EWP. Other respondents (for example Respondents 5 and 15), (6%, n=2) cited fears of breach of confidentiality as a concern if they had to approach management. Thus, a theme pertaining to management and their attitude towards employees became prominent.

### **5.9 Theme Three: EAP Must be Located Outside of PRASA**

In eliciting responses pertaining to the location of the EAP, respondents were to give suggestions on where EAP should be located, and the reasons for their responses. Extracted from their responses was the theme of the EAP being located outside of PRASA. Three (10%, n=3) respondents affirmed the location of the PRASA EAP, indicating that the current location was convenient and accessible. A well-expressed example of a preference for a venue external to PRASA was Respondent 10’s statement:

*“Outside of PRASA because of social stigma associated with psychological support.”*

Respondent 7 stated:

*“I want to consult EAP comfortably out of work.”*

Respondent 2 stated:

*“...psychological services located outside of PRASA will work for confidential reasons.”*

An external venue for an EAP has been associated with less psychological anxiety associated with help-seeking for mental health issues and the perceived likelihood of confidentiality being enhanced at an external venue compared to a workplace-based EAP.

## 5.10 Theme Four: Perceived Lack of Confidentiality

The perceived lack of confidentiality emerged as a theme related to the factors that contribute to utilisation rates in the PRASA EWP. The value of confidentiality was highlighted and raised as a concern.

Respondent 6 indicated:

*“It’s hard to trust anyone with problems especially at the work. ”*

Respondent 9 stated:

*“Some confidential information may be leaked.”*

The view that confidentiality would be improved if the EAP were outside PRASA was shared amongst several respondents. Respondents 20, 22 and 23 (10%, n=3) cited perceived lack of confidentiality as a reason not to consult with the EAP. Respondent 20, though, does qualify this by stating that this is a perception. On being asked what advice they would offer to EAP management and professionals to improve the services of the EAP, Respondent 20 stated:

*“Ensure that they maintain professionalism at all times when dealing with employees and keep employees’ confidential information safe.”*

The issue of the perceived lack of confidentiality is also raised in respect to approaching management. Respondent 15 states quite bluntly that they would not approach management because of *“confidentiality issues.”*

The perceived lack of confidentiality from management influenced a change of behaviour in respondents and in their participation of workplace wellness programmes. There was a general sense that management cannot be trusted with personal issues, as this can be later used by management against the employee.

Respondent 22 note:

*“It hurts when managers know your problems.”*

Concerns about perceived lack of confidentiality at the EAP and management level showed inappropriate management behaviour and was a recurrent theme throughout the questionnaire analyses, suggesting that there is a perceived lack of management support, which may influence wellness participation rates.

### **5.11 Objective Two: The Accessibility of the PRASA EAP**

The second objective of the study was to examine the accessibility of the EAP to PRASA respondents and its influence on wellness programme usage. Accessibility is the only theme that emerged. The accessibility of an EAP can be found to be an influential motivator of participation in workplace wellness programmes, as employees are more likely to engage in wellness activities if they are easily accessible to them. More applicable to identifying this as a theme were questions 11 and 13, which sought to elicit responses pertaining to the ease or difficulty of accessing the programme and how the referrals were made that led to the accessibility of the programme.

Respondent 2 stated:

*“It is easy to access.”*

Respondent 5 stated:

*“I use EAP at PRASA clinic. It is next to my office and easy to locate.”*

Respondent 8 stated:

*“EAP is within the company so I walk to the clinic and book my own appointment to see Mbuso or Nozi.”*

Respondent 23 stated:

*“It’s located within the company so it is easy to access.”*

Extracted from participants' responses was an indication that the location of the EAP within the company makes it easily accessible and convenient for employees. However, the first objective of the study revealed that, due to negative experiences of some employees with the EAP, the preference is for the EAP to be located externally, to avoid issues pertaining to perceived lack of confidentiality and stigma.

### **5.12 Objective Three: Experience of EAP Services**

The third and final objective of the study was to understand employees' subjective experiences of the PRASA EAP and the influence of this on participation rates. Employees are likely to engage in wellness programmes based on their experiences and perceptions of the EAP. Employees' positive and negative experiences of an EAP reinforce the value of the service and employee service satisfaction, which has a direct influence on participation and utilisation rates. Again, only one theme emerged based on this objective.

The approval and positive impression of the EAP within PRASA emerged as a significant theme. In response to question 17 eliciting responses from respondents on whether they have confidence in the ability of EAP staff to help the employees, five out of thirty respondents (17%, n=5) expressed a negative response. Of the five respondents, one had not utilised the EAP services, which may account for their unwillingness to endorse the service. Despite the negative responses to the EAP, the remaining four respondents stated that they would recommend the services to their colleagues, thereby demonstrating the value of EAP. The remaining 83.3% (n=25) of respondents endorsed the EAP with a strong approval of and satisfaction with the service.

Indeed, the respondents' expressed value and approval regarding the EAP showed that the EAP at PRASA is held in high esteem. This is indicative that the widespread view of the EAP at PRASA is positive. In response to question 5, the majority (80%, n=24) of the respondents reported positive attitudes towards the PRASA EAP, with only one exception (Respondent 28). The dissenting opinion cannot be considered contradictory, as the respondent admitted absolute ignorance about the EAP. Some of the respondents, for example Respondent 29, qualified their response by stating:



*“Yes, for some people”.*

Respondent 29 was aware that the EAP has been helpful and performs its functions accordingly for many employees.

In addition, Respondent 9 acknowledged that:

*“EAPs do their best.”*

Another respondent, Respondent 22 specifically admitted that the EAP

*“...has helped us with our problem”.*

Confirming this theme was the comment by Respondent 10 that:

*“It is a supportive environment run by highly competent professionals.”*

These are endorsements of the EAP at PRASA being held in high esteem by most respondents and the value that has been associated with the programme.

## **5.7 Summary**

This chapter has presented the research findings of the study. The research findings were generated through individual semi-structured interviews, with reference to the objectives of the study. The study highlighted the experiences and perceptions regarding the PRASA EAP and participants' willingness to utilise or not utilise the programme. It is important to note that uptake and utilisation of the EAP is dictated by need. A minority of the respondents have not utilised the EAP; this is not dictated by lack of awareness or confidentiality, but by the simple fact that those who have not used the PRASA EAP have not seen a need to avail themselves of the programme's services. The next chapter will present the discussion of the findings.

## **Chapter Six**

### **Discussion of Main Findings**

#### **6.1 Introduction**

This chapter will be a discussion of the main findings, and emerges against the backdrop of the preceding chapters. The findings are discussed in context of relevant literature on the utilisation of EWP/EAP.

The main objective of this study was to explore the organisational reasons influencing EAP utilisation rates at PRASA. The secondary objectives of the study include to:

- i. Understand the organisational influences that account for the current low utilisation rates and the general usage of EWP at PRASA;
- ii. Explore the accessibility of the EAP to PRASA employees; and
- iii. Explore employees' understanding and perceptions of EAP services.
- iv. To develop a proposed framework and intervention for the utilisation of employee wellness services.

This chapter will discuss the findings of the thesis, their implications for employee wellness programmes in the workplace, as well as the study's limitations and suggestions for future research. In this chapter, I make meaning of these findings in a manner that represents the contributions of my research to the knowledge area of EAPs. The findings of the study will be used to make suggestions regarding the future design of wellness interventions and their promotion in the workplace. The findings will be discussed according to the themes which emerged relating to each of the three study objectives.

#### **6.2 Theme One: The PRASA EAP Fails to Promote Itself**

The views of participants in the study suggest that the PRASA EWP/EAP department failed to sufficiently promote itself in the workplace, which has resulted in the low utilisation rates. Organisational data shows that the last EAP awareness open day for PRASA Durban was held in 2017. The open day consisted of health screenings, psycho-education regarding lifestyle and behaviour, and disease-management programmes to accommodate all employees. Due to a reported shortage of funds and resources by the organisation, employee wellness practitioners are currently unable to continue the sufficient promotion and hosting of wellness interventions to PRASA employees. This calls to question the organisation's strategic vision and planning in

dealing with change and producing fundamental decisions at a time of financial uncertainty regarding the prioritising of its services. Such services include employee wellness and programmes associated with health and wellness.

Strategic planning is useful in guiding organisations towards continued viability and effectiveness. The organisational level at which the strategic planning process is relevant depends on its unit's size, its complexity and the differentiation of the services provided (Perera & Peiro, 2012). Based on PRASA's current leadership state and lack of resources, EWP may very well not be conceptualised at strategic level for the continuous of services. Standard organisational and managerial approaches should adopt a strategic vision and plan to enhance organisational performance.

PRASA's failure to provide resources for employee wellness programmes contradicts Baun's (2002) recommendation that health-promotion be an integral part of the strategic goals of an organisation. Baun (2002) singled out strategic marketing as an important phase in health promotion programme development. For strategic marketing to be viable, a budget has to be allocated to the programme. Another contributing factor has been the restructuring at PRASA at the time of writing this thesis, which has resulted in the organisation being under administration and external review.

In a media report by *Eye Witness News* (Lindeque, 2019), the South African minister of transport at the time announced that PRASA had been placed under administration, with PRASA's interim board immediately dissolved. The announcement came as the Auditor General had announced that PRASA regressed in audit outcomes from 2017, and the railway agency was labelled as one of the top offenders when it came to irregular expenditure in the public sector (Lindeque, 2019). Whilst the announcement of the administration came as a burden, it meant that PRASA had to be restructured to realign the operations of the organisation.

Due to reported corruption, PRASA's operational and financial instability has negatively impacted the organisational culture and the ability to prioritise wellness services and initiatives. Organisational culture comprises the shared values, beliefs and norms of an organisation's employees (Liu, 2016). An unstable organisational culture is represented by a lack of transparency and accountability, and the absence of a code of conduct (Al-Jundi et al., 2019; Ambali, 2008).

In addition, an unstable organisational culture mediates the effect of the disruption of services at basic organisational level. For African countries like South Africa, already suffering from the effects of low levels of economic development (Luiz & Stewart, 2014), the cost of corruption and instability can be devastating. Not only can it act as disincentive for investment, it also results in the unproductive allocation of scarce resources (Luiz & Stewart, 2014). For example, the restructuring meant that PRASA terminated the organisation's main external EAP service provider (Metropolitan Wellness), due to inadequate funds and not prioritising EAP services. The termination of the external service provider was effective in 2019. This has had a significantly negative impact and has led to a decline in the utilisation of EAP services.

According to Meyer and Marais (2008), the key to successful restructuring is the process by which organisations are transformed to be able to change focus and realign their vision to deliver on a revised strategic intent. Meyer and Marais (2008) further stipulate that the complexity of the environment (external and internal), nature of the restructuring and the existing organisational design are the three factors that contribute to the complexity and complicating factors of restructuring.

The complexities of the restructuring of PRASA caused a disruption in: the allocation of resources; budgeting, and the promotion of EAP services and awareness programmes. This is consistent with the findings of the first objective of the study, in that PRASA EAP has failed to sufficiently promote itself. The findings of this study, are not different from the findings made by Carnethon et al. (2009), Johnson (2013) and Perez-Calhoun (2017). These findings give credence to the importance of the promotion of EAPs and stipulate the criticality and need of a generous variety of programmes, such as health education classes, preventable disease seminars, onsite exercise classes, biometric screenings and monthly newsletters, as the multitude of promotion of wellness may help to improve poor utilisation.

Similarly, a United States study (Bottles, 2015) revealed an increasing trend towards wellness programmes that found employee participation rates increased between 75% and 93%, due to various voluntary employees promoting wellness and participation in health activities. These employees include wellness champions and EAP volunteers, who currently no longer have active roles at PRASA.

The results of this study have highlighted the importance of workplace wellness-programme promotion in shaping and aiming to reach masses of employees, by implementing programmes and giving employees access to facilitate participation. This finding is consistent with the findings of a similar study by Chen et al. (2015) to also create a working environment that is productive and efficient. The implication of this finding is that both the employer and employee must collectively place more emphasis on EAP interventions, in order to influence all workers in programme participation.

Perez-Calhoun's (2017) recent study found that, as a form of wellness programme promotion and collective participation, using volunteers as wellness activity champions works and increases programme participation. Tu and Mayrell (2010, p.3) support this notion in suggesting that EAP champions "often provide the critical peer support needed to improve and maintain healthy behaviors among co-workers". Wellness champions can also play a significant role in the formal and informal advertisement of EAPs to their peers and co-workers. This finding is significant to PRASA, as the current utilisation rates are low. Employee wellness programmes may vary across nations and from organisation to organisation. The goal, however, is to improve promotion methods to achieve employee participation. Employee barriers to participation and engagement in wellness programmes requires further investigation to align future EAP interventions that can result in favourable health outcomes to benefit both the employer and the employee (Perez-Calhoun, 2017).

The findings of theme one is correlated to the organisational restructuring and administration of PRASA at the time of the thesis. The poor promotion of EAP initiatives has been a strong predictor of the utilisation rates of the services. The impact of the organisational dysfunction has disrupted operations at the most significant and core level of the company and negatively impacted its resources to promote its EAP. Strategic planning for utilising current resources to prioritise wellness services should be implemented by PRASA.

### **6.3 Theme Two: Discontent with Leadership**

The findings of the study found that participants expressed discontent relating to the behaviour of members of management/leadership staff. There was a sense of mistrust towards leadership and discomfort when it came to issues pertaining to employee wellness and well-being. Con-

versely, participants who were in leadership roles also expressed their concerns about employees' behaviour. Barriers relating to the ambivalent relationship between employees and leadership were identified as a factor impacting on utilisation rates. The concerns expressed pertained to employees' concerns about members of management and employee involvement.

Respondents reported negative relations with PRASA departmental leadership and were therefore not confident in approaching their leaders on issues that required wellness assistance. Participants' reports were indicative of a sense of discomfort in approaching their leaders; this finding was concerning. Leadership support is crucial and leaders' involvement can contribute to wellness programme utilisation rates. Du Preez (2012) and Goetzel et al. (2009) highlight leadership and management involvement as critical components to alter the work environment and to support a culture of health through modelled leadership behaviours. In addition to lack of trust in management, participants noted a widespread concern about leaderships' negative attitudes, which emerged as a subtheme.

Considering that members of leadership have a central role in the development and nurturance of a health culture in an organisation (Casillas, 2014), the findings of this study evidently show that the perception of the EAP by leadership plays a role in programme participation. Leadership's positive involvement in the EAP is a critical component in altering the perceptions of employees about programme participation. Rouse (2016) found that half of the employees in his study whose leaders showed interest in wellness programmes were more likely to seek wellness services. Further to this, effective employer involvement will increase employee 'ownership' of new wellness programmes and policies, which will allow the practices to become easily integrated into the organisation's culture (Grawitch et al., 2009).

#### **6.4 Theme Three: The Location of EAP Services**

The findings suggest that while there was a strong approval that the EAP is accessible and conveniently located within the internal boundaries of PRASA, a majority of participants did indicate the preference for the EAP to be located away from PRASA premises. The expressions of participants in this study evidently revealed that, whilst having an EAP located within the organisation is convenient, it has been associated with a perceived lack of confidentiality and social stigma. The findings of the study are not different from that of Gray et al. (2019), which note that the large burden of mental illness and psychological support is often exacerbated by

stigma and discrimination. In addition, these findings support those of Clement et al. (2015) in that stigma has been found to deter or delay help-seeking among individuals in workplace initiatives. Wellness programmes located externally and outsourced service providers have been associated with the perception of less psychological harm, victimisation and stigma by the participants in this study. Otenyo and Smith's (2017) study similarly suggested that the location of the EAP plays an important role in programme adoption and participation. Furthermore, these findings give an indication of the link between the location of services and stigma, as this can be a barrier to health-seeking behaviour, engagement and adherence to treatment

Organisational structure plays a key role in organisational performance and effectiveness and is a critical part of ensuring that organisational objectives are met. For the effectiveness and alignment of personnel with the organisation's vision, it is of utmost importance to have leadership and management systems that are effective and efficient in ensuring accountability, sustainability and business alignment (Nene & Pillay, 2019). In order to keep the organisational structure ethical and disciplined, the organisation has to ensure that its structure is transmitted to the organisation's members (Adaeze & Ekwutosi, 2020). In the event of organisational misalignment, the organisation's performance and effectiveness are interrupted. It can be argued that PRASA's misalignment has indeed impacted the positioning of the EAP and it is evident that its organisational structure is ineffective.

Despite the publicised acceptance of PRASA's corporate plan and strategic vision, there currently has been no consensus on how to achieve the alignment of EAP services and functions. In fact, employee wellness has not been included in the corporate plan nor has it been conceptualised at strategic level. Organisational alignment is a practice recommended by the balanced scorecard, which is a tool currently utilised by PRASA to manage the organisation's performance and effectiveness. It is evident that PRASA has dysfunctional and fragmented arrangements, which has resulted in the misalignment. With the current decline in revenue generation at PRASA due to the shortage of trains, the organisation has relied heavily on being subsidised by the Department of Transport and predetermined organisational objectives continue to be unmet. PRASA's 2021/2025 report documents strategic plans, goals and outcomes for the organisation. There were no documented plans regarding the EAP, and its declining services were

not documented as the organisation's main challenges. Currently, the report documents vandalism, theft, security and the lack of investment in train sets and infrastructure as the pressing challenges that require attention (PRASA Annual Report, 2021).

#### **6.5 Theme Four: Perceived Lack of Confidentiality**

Issues related to confidentiality and trust were prominent; they emerged during the study and were identified as barriers to utilisation of the EAP within PRASA. Participants were worried about the possible misuse of their sensitive information, the storage of personal information and how the wellness centre could use the personal information to the detriment of EAP users. It is policy at PRASA that members of management use employee files during disciplinary hearings and court proceedings against employees. This practice jeopardises the credibility of the EAP as it induces employees to withhold information they considered sensitive during EAP consultations. This perception is heightened when referrals are formal and management urgently requires reports.

This finding is understandable, as studies on confidentiality in wellness programmes found that employee unions held back against wellness programmes for fear of inequitable treatment and privacy concerns in organisations (Tu & Mayrell, 2010).

#### **6.6 Theme Five: PRASA EAP is Easily Accessible**

The PRASA wellness clinic is conveniently located and accessible, according to participants in the study, as it is located within the main Durban head office which houses the majority of the executive, junior management and administrative personnel. It is within walking distance from the main depots of PRASA, which house the train operational and junior management personnel. Employees are allowed to be seen as formal referrals or 'walk-in' informal referrals without making prior bookings. Participants agreed that this makes the EAP at PRASA convenient to reach and accessible for use during times of need and urgency.

#### **6.7 Theme Six: PRASA EAP Held in High Esteem**

Although participants have shared different subjective experiences of the EAP in PRASA, the common theme has been an acceptance of the EAP. There was a perception that participants want their needs to be understood and met by the wellness programme. These findings are



consistent with the findings of a study conducted by Tapps et al. (2016) on assessing employee wellness needs. Tapps et al. (2016) found that investigating employee interests prior to developing employee assistance programmes is important, as employees' subjective experiences of EAPs can facilitate participation, engagement, adherence or, indeed, complete rejection of the programme. Similarly, Grawitch et al.'s (2007) study explored the importance of employee interests and perceptions. The results indicated those employees' positive views and perceptions are a direct linking mechanism between their perceptions of the programme and policies associated with other health initiatives, general well-being and organisational commitment.

Based on the results of the current study, it is clear that PRASA employees understand the intentions of the wellness programme. There is, however, a gap between the intentions of the programme and individual experiences with the programme. On the positive side, employees acknowledged that having an employee assistance programme increased awareness of their health issues and that the employer demonstrated a concern for the employees' health, beyond organisational productivity.

### **6.8 EAP Non-use**

Some employees have not experienced the PRASA EAP personally or attended psychotherapy sessions with wellness practitioners. However, the majority of participants who had not attended had a general response to the EAP that was still positive and were willing to refer and recommend their significant others or relatives to the EAP for assistance. Two participants, who had not attended and had no experience of the EAP, opted to seek assistance outside of PRASA due to their perception of the EAP and matters of confidentiality. This may be due to others sharing their experiences of breach of confidentiality whilst attending EAP. PRASA appointed two new EAP practitioners in August 2017. However, it seems as if the general sense of mistrust has been carried over, even with the new practitioners, myself included. The findings suggest that these perceptions, and a pessimistic view of the EAP, play a negative role for PRASA employees in aspects of utilisation. The foregoing discussion also highlights how experiences can shape attitudes of employees and employees' perceptions on the intentions of the programme.

Although this finding was not a theme or common, it is worth noting that some participants who had not attended the EAP had a different impression of EAP in terms of expectations.

While some were aware of the EAP and its services, some had unrealistic expectations of the EAP, such as assisting them with finances and booking them off duty to stay at home when they are unwell. The PRASA EAP recommends that employees are booked off by the occupational health doctor at PRASA or any other licensed medical practitioner outside of PRASA.

The participants' expectation and confusion regarding what EAP does, has contributed to management having a negative view of the EAP. Members of management who participated in the study seemed to have the perception that the EAP is abused by staff members. They have a belief that employees overutilise the EAP to be booked off work or avoid disciplinary hearings. Managers expressed concerns of the EAP being used as a means to avoid issues such as drug and alcohol abuse and high absenteeism rates. This was not a common finding from the study but warrants investigation, as more leaders may share the same sentiments and perception.

## **6.9 Summary**

In the conceptualisation of the research, two problems were identified at PRASA. These related to the existing EAP interventions and the low utilisation rates. As a result, the main objectives of the study were to explore the organisational factors influencing EWP/EAP utilisation rates at PRASA. The secondary objectives of the study included an understanding of organisational factors accounting for the low utilisations rates and the general usage of EWP at PRASA, exploring the accessibility of the EAP to PRASA employees and their understanding and perceptions of EAP services. Lastly, a proposed framework and intervention for the utilisation of employee wellness services was developed.

The key findings were 1) the poor promotion of EAP services, 2) the location of the services and 3) discontent with leadership, which have had an effect on the utilisation and participation rates. However, there was a general sense of acceptance of the services and acknowledgement of their role and importance. In view of the research questions posed in response to the objectives and the findings, the themes of the study call into question the importance of attention to the mechanisms and processes for carrying out workplace wellness initiatives and to improve employee assistance programmes in organisations. The promotion and involvement of employees, employee representatives, leadership and management in wellness initiatives has an influence on programme participation. The study highlights the complexity of factors at the organisational level that influence programme participation. Therefore, there is a significant rationale

for approaching wellness programmes in the workplace from a continuous improvement perspective.

It can be argued that PRASA's organisational structure is not flexible or adaptable to anticipated changes and challenges, and the organisation's objectives have been ineffective in positioning EAP services effectively. Organisational structure is the vehicle through which the organisation directs and coordinates the functioning of the EAP services, even during times of change and uncertainty. According to Nene and Pillay (2019), the organisational structure influences the culture of the organisation, which then influences the performance. These must be aligned with the vision and mission of the organisation.

The vision of the organisation must include effective leadership and good governance. PRASA has arguably failed in achieving and sustaining effective administration, due to ineffective leadership and a lack of an ethical organisational culture. The critical issues faced by South Africa and the increasing complexities in PRASA, as well as the constant organisational changes, demand good leadership for growth and sustainability.

### **6.10 Closing Proposition**

In this section, I attempt to offer my final proposition, based on my consolidation of the findings of this study, of organisational factors that are significant in determining the feasibility of successful EAP services in organisations. Based on my interpretation of the findings of this study, PRASA is going to be used as a case in point to represent those organisational factors that impede the implementation of EAP services in the workplace.

### **6.11 PRASA's Positioning in the South African Political Landscape**

PRASA is an example of what, in the South African business landscape, is considered a state-owned enterprise (SOE), which are business corporations owned and operated by the government to enhance the economy of South Africa. It is helpful to understand the historical context of SOEs. The majority of sub-Saharan African states came into existence in the 1960s, following struggles and negotiations with the colonial powers (Nelis, 2005). After 1945, colonial regimes had created and run economic planning agencies and a large number of industrial and infrastructure parastatal enterprises and thus, many of the African leaders who came to power

in the 1960s were accustomed to a high level of economic intrusion on the part of the government (Nelis, 2005).

State-owned enterprises were established during the apartheid era in South Africa in sectors including, but not limited to, rail, air and freight. Dating back to the 1860s, South Africa's railway system was probably the largest and most sophisticated on the African continent, and rail development in South Africa was an essential part of colonisation in the early days (De Jong and Rowlands, 2008). When the ANC came into power in 1994, they changed tack, and embarked on a reform programme of SOEs which included full or partial privatisation of key SOEs, and the corporate restructuring of others, including rail (Gumede, 2016). The decline of the state of South Africa's railway heritage became evident during the last two decades of the 20<sup>th</sup> century, as a number of railways lines were closed down and the frequency of trains decreased (De Jong, 2003). Currently, many rail tracks are dilapidated and overgrown. As a result, train commuters who formerly depended on railway as a primary means of transportation, have lost their means of transport, and PRASA has lost its subsistence base (De Jong, 2003).

The majority of SOEs, however, have been characterised by poor leadership, maladministration, antagonism, impunity, the lack of financial reporting and insufficient performance monitoring (Mashamaite & Raseala, 2018). Many of the concerns have been associated with corporate governance failures in South Africa. The fact that some of South Africa's major SOEs still fall short of fulfilling their mandate begs for questioning of their role and calls for a need for an examination of how the management of SOEs can be improved. While SOEs play a significant role in the South African socio-economic development trajectory, an accountable and responsible government is key.

PRASA has emerged as an unstable and unpredictable political institution. This causes many grounds for serious concern and limited optimism about the future of the organisation. The South African ruling party's actions in leadership deployment have resulted in worrisome concerns about the type of leadership selected and deployed to run organisations. Beyond its handling of its own affairs, the manner in which the ANC has treated the institutions of governance is worrying (Mattes, 2002). Perhaps no event better illustrates the troubling direction that South African politics have steered SOEs and parastatal organisations than the example of PRASA and its current state. A worrying aspect of South African institutional development is the gap

between the goals and aspirations of government's leaders and the state's capacity. While government has demonstrated some ability to use parastatal agencies to provide public services (e.g., PRASA as a transport agency), government's leadership is questionable. The public's trust in government and satisfaction with economic and political performance has sharply declined (Mattes, 2002), and South African public transport commuters have become increasingly pessimistic about PRASA's service delivery and provision.

The long history of public service commuters using public transport created expectations of trust that the organisation would act in accordance with the norms of expected public service delivery. Unfortunately, PRASA's continually failing service delivery has led to a significant increase in commuter violence, including attacks on train drivers by commuters and the violent burning of train sets. It is clear that scarce resources are being abused and appropriated for the benefit of the corrupt, at the expense of the majority. This has contributed to frustration, which has been translated into aggression, as a result of the lack of transportation efficiency. The level of public trust continues to decline in South Africa as empirical and comparative evidence shows the realities of corruption in the public sector, and this lead, both directly and indirectly, to political mistrust and its repercussions (Pillay & Khan, 2019).

Associated with the declining services are the multiple high-profile corruption scandals associated with the 'state-capture' controversies of the presidency term served between 2009 and 2018 (Bowman, 2020). PRASA's dysfunction stems from unresolved, long-running corruption of leaders, and this has become a dire issue for the country. According to Smit (2019), various cases that had been reported to the Anti-Corruption Task Team (ACTT) in 2010 are still under investigation, with no specific indication as to when these cases will be ready for court or an indication of a final outcome. In 2015, the PRASA board expedited the resignation of one of its chief executive officers, amid corrupt activities, with allegations and counter-allegations all playing out in the public domain (Smit, 2019). In light of the allegations of financial maladministration, the PRASA board was replaced and this prompted political parties as well as social groups to file criminal charges against board members relating to their contract with a Spanish manufacturer (Msimang, 2015). No investigations of the criminal cases or charges have been concluded to date. These are among leaders who have come through the corruption leadership pipeline and created an unstable organisational culture for PRASA.

Evidently, the corruption of the state became, by proxy, the corruption of PRASA. As an SOE, PRASA's critical mandate to assist government in achieving economic growth, poverty reduction, service delivery and the development of the country's transportation sector has failed; this includes PRASA's own internal services to employees such as its EAP. In view of the foregoing observation, it is apt to pose the following rhetorical question: What is the feasibility of conducting a successful EAP programme in an organisation whose priority is the political survival of its political creators?

### **6.12 Organisational Stability as a Contributing Factor to Successful Implementing of EAP**

The lack of a stable organisational culture has stifled the health needs of PRASA's employees, thereby interfering with EAP services. Based on the findings of this study, the EAP has been a vehicle which responds to the socio-emotional and psychosocial needs of employees. Institutions like PRASA depend on employees for organisational performance, and the responsibility rests with PRASA to provide well-being services for its employees. However, EAP services have not been prioritised, due to poor financial administration. It can be argued therefore, that an EAP is difficult to implement in a dysfunctional organisation lacking in ethical culture.

The governance crisis afflicting PRASA currently has developed in the context of the ANC initiatives to turn PRASA and other key parastatals into instruments of an envisaged South African development state (Bowman, 2020). Evidently, its goals of transformation have not been met. PRASA's exorbitant costs in terms of expenditure and spending irregularities, among other procurement failures, has resulted in PRASA's failure to translate its investment into important services such as the EAP and the replacement of functioning infrastructure such as trains. PRASA's indebtedness has become a significantly severe macro-economic risk, as Bowman (2020) further asserts that PRASA has become inconsistent in the circulation of public funds, while the lack of prioritisation of health and wellness programmes undermines the health needs of the employees.

Not only is the behaviour of dysfunctional leadership antithetical to effective leadership, it also affects employees' well-being and performance (Bowman, 2020). When employees are exposed to dysfunctional leadership in the organisation, they may develop psychological illnesses, a demotivated attitude and reactive psychological conditions triggered by the leadership

dysfunction. Severe psychological distress can manifest in physical symptoms that may impact on the employee's work performance. Among employees, undiagnosed mental illnesses such as depression and anxiety impact on employees' mental and psychological wellbeing (Lincoln & Denzin, 2011). Often employees are unaware of their condition and require consultation with a medical and/or a psychological practitioner. Currently, however, and at the time of the study, it must be noted that PRASA does not have an occupational medical practitioner. Bearing in mind the enormity of harm that can result from psychological distress not being tended to timeously, it is crucial that PRASA dedicate a budget for the provision of healthcare providers to assist employees.

A change in organisational climate must exist for EAP services to be implementable. Wellness programmes should employ multiple interventions in order to have employees engage and participate in the programme. Mattke et al. (2013) assert that employees should not only be engaged in the development and the implementation of the programme, but they must be engaged in the continuous improvement of workplace wellness initiatives. By strategically developing, implementing and communicating a well-rounded wellness programme, PRASA can achieve a higher morale among their employees and decrease their overall healthcare costs (Kohler et al., 2015).

Similarly, it is crucial to expand the focus of research on employee wellness programmes to gain greater understanding of the mechanisms, integrators and ecosystem involved in the employee wellness process (Kohler et al., 2015). Leadership engagement, communication strategies and continuous evaluation are among the factors that greatly influence the success of workplace wellness programmes (Mattke et al., 2013; Zula, 2014). Given the findings of this study, it is necessary to identify the preconditions that have to exist in order for a successful EAP service to be delivered in organisations.

### **6.13 Implementation of a Successful EAP**

Based on the findings of this study and my foregoing consolidation of the findings above, I make a proposition of what organisational and leadership factors need to exist to enable the implementation of a successful employee wellness programme.

I propose that the following variables need to be embodied in the mission and value-structure of an organisation:

- The organisation needs to develop a business strategy of how it must prioritise the sustainability of its most important asset, namely its employees. Employee wellness has to be embedded in the strategic vision of the organisation.
- A policy manifesto that places a premium on ethics as the ethos according to which the organisation conducts its business. As an ethics-driven manifesto, it would be denouncing all forms of corruption.
- Compulsory ethical education for organisational leaders is crucial and should be reinforced from junior management upwards. Ethical awareness and reasoning must be a core component of leadership competencies.
- The development of inclusive evaluation of an internal and external code of conduct, rules and procedures is crucial to improve the transparency and allocation of funds.
- Rail transport is a critical contributor to South Africa's economic growth. Therefore, PRASA needs to be cognisant of its role/mandate in the country's economy and must align its values with the well-being of its employees as a key resource in furthering its operations.
- It is inevitable that organisations exist in the context of political systems; therefore, it is important that the political system's ethical stance be reflected in how organisations are run in society. Ethical leadership is a requirement for the creation of a business sustainable organisational climate in which an EAP can thrive.

Collectively, the implementation of these practices is likely to create and promote a strong EAP climate within the organisation.



## **Chapter Seven**

### **7.1 Conceptual Framework of EWP/EAP usage**

This section describes a proposed EWP framework for employee attendance that organisations may adopt for wellness programme interventions that are aligned with the organisations' goals. According to Goetzel et al. (2019), frameworks should provide businesses with the opportunity to analyse key elements that need to be addressed collectively to gain a complete picture of programme implementation processes and subsequent health and business outcomes. In light of the findings of this study, this section proposes a framework of interventions that can improve the utilisation of employee wellness services for organisations and target issues pertaining to the usage rates of wellness services. This conceptual framework constitutes the new knowledge generated by the findings that are an outcome of the research questions derived from the objectives of the study.

The location of EWP/EAP services, the promotion of the wellness services and concerns with employee management were among the key findings of the study which incidentally showed to have an effect on the utilisation and participation rates of wellness services in PRASA. It is noteworthy that there was a general sense of acceptance and the acknowledgement of the services by employees. Workplace wellness initiatives are crucial in order to improve wellness services, and as such, the conceptual framework of this study was developed for the adoption of wellness programme interventions.

Figure 5 below illustrates the conceptual framework for proposed by the researcher for EWP use among employees and the factors that influence the utilisation of EWPs. For the purpose of the conceptual framework, these factors will be divided into individual and system level factors.

## **7.2 Individual level factors**

Individual level factors include employees' attitudes on wellness values and goals, employee perceptions of EAP/EWP, influence on help-seeking motivation, influence of leadership (people in leadership positions), perceived stigma and perceived lack of confidentiality.

From the top of Figure 5, a key factor in influencing the utilisation of EWP/EAP is the influence of EAP by management which has a direct effect on employees' attitudes on wellness values and goals, as well as employee perception of wellness. If employees have a negative attitude and perceptions on wellness goals and initiatives, they are likely to believe that they do not have a problem and therefore do not require the services of EWP/EAP. The perceived lack of confidentiality and the perceived stigma were other key factors in predicting employee wellness service use.

## **7.3 System level factors**

System level factors include the accessibility of EWP services, the location of EWP services, accessibility of the external service provider (meaning its availability to be accessed by employees), and health promotion services. The location of EAP is likely to have an impact on how accessible the services are for employees. The location of services at PRASA has been both on and off site and this has a dual effect on the utilisation of the wellness programme. Services located on site will be easier and convenient to access. However, confidentiality may be a hindering factor to utilisation. An external service provider may be difficult to access but with a higher assurance of maintained confidentiality.

## Conceptual Framework For Utilisation Of EWP/EAP



**Figure 5: Schematic representation of the Conceptual Framework for the Implementation of EWP/EAP in Organisations (informed by the findings of the current study)**

**Table 7***Individual level factors*

<b>FACTOR</b>	<b>INTERVENTION/RECOMMENDATION</b>
Employees' attitudes on wellness values and goals	<ul style="list-style-type: none"><li>• Psycho-educate and correct the misinformation of wellness programmes and its goals among employees and management</li><li>• Provision and the promotion of an organisational culture that promotes positive wellness values</li></ul>
Perceptions of EWP	<ul style="list-style-type: none"><li>• Influenced by knowledge of EWP</li><li>• Perceived need for EWP: Individuals are less likely to seek assistance if they believe they do not have a problem.</li><li>• Health promotion interventions to combat perceptions</li></ul>
Influence on attendance motivation	<ul style="list-style-type: none"><li>• Organisation channels that allow employees to express their fears, concerns and difficulties safely without victimization in the workplace.</li><li>• Placement of trained wellness champions in departments and depots to help identify troubled employees whilst providing psychoeducation and awareness of services</li></ul>

<p>Influence of management (people in leadership positions)</p>	<ul style="list-style-type: none"> <li>• A holistic employee wellness management approach is crucial to employee well-being.</li> <li>• Promote two-way communication, including top-down and bottom-up, between employees and all levels of management</li> <li>• Management plays a role in encouraging staff to not only partake in wellness services, but to take position and responsibility of their wellness journey.</li> <li>• Managements negative or positive perceptions on EWP, has an effect on employee perception and has the potential to create and promote a healthy wellness climate and culture among employees.</li> <li>• Management to encourage employees to participate not only in physical wellness, but holistic care for both mind and the body</li> </ul>
<p>Perceived stigma and lack of confidentiality</p>	<ul style="list-style-type: none"> <li>• Employees' perceptions of EWP attendance and perceived lack of confidentiality impacts on the usage of services</li> </ul>

- Employees must be aware of their rights to confidentiality

**Table 8**

*System level factors*

Awareness and accessibility of EWP services	<ul style="list-style-type: none"><li>• The visibility of EWP is crucial in an organisation.</li><li>• Apart from health promotion programmes, the organisation must provide proper EWP service signage in different departments.</li><li>• Regular communication distribution to employees regarding the accessibility of the wellness programme</li><li>• Email communique</li><li>• Employee telephonic services</li><li>• EWP service marketing posters in change rooms, lavatories, cafeteria and public areas of the workplace.</li></ul>
Location of EWP services	<ul style="list-style-type: none"><li>• Provision of internal and accessible wellness services to all employees</li><li>• Provision of shuttle/transport services to employees attending EWP from external depots and departments</li><li>• Location must be central</li><li>• Location of EWP services must be safe from employee harm</li><li>• Confidentiality to be maintained</li></ul>

	<ul style="list-style-type: none"> <li>• Provision of staff training interventions that focus on competencies of confidentiality</li> </ul>
<p>External service provider</p>	<ul style="list-style-type: none"> <li>• Location must be accessible to employees as inconvenience will have impact on usage</li> <li>• The location of EWP service on-site or off-site may have a dual effect on EWP use in that on-site services are easily accessible and within reach for employees. However, it may also result in a decrease in the utilisation of services if there is a perceived lack of confidentiality and employees may want to seek wellness services externally.</li> </ul>
<p>Health promotion services</p>	<ul style="list-style-type: none"> <li>• Provision of trained and competent staff</li> <li>• Counselling</li> <li>• Workshops</li> <li>• Staff training interventions that focus on the issues that employees regularly face such as stress management, employer vs employee conflict.</li> <li>• Provision of shuttle services from depots to EWP location</li> <li>• Monthly wellness days with the provision of different medical and allied health professionals for</li> </ul>



	<p>psychoeducation, medical screening and on-site testing.</p> <ul style="list-style-type: none"><li>• Health risk assessments must be utilised within organisations to manage absenteeism effectively as they can be effective in minimizing risky health behaviors. A workplace study conducted by Attridge (2019) on health promotion in the workplace and the role of EAPs showed that health promotion programmes implemented and utilised within the framework of a comprehensive model, suggested effectiveness in reducing absenteeism and a high programme usage by employees.</li></ul>
--	---

## 7.4 Summary

Based on the findings of this study, this chapter detailed the conceptual framework of EAP/EWP usage (Figure 7. Tables 7 and 8 tabled wellness concerns and initiatives that can be employed by the organisation (system level) as well as individuals (individual level) to deter the negative effects and threats to employee wellness usage. In order for the initiatives to be effective, and support the health and wellness of an organisation strategically, an integrated and holistic EWP/EAP is needed that remains proactive with long term organisation intervention driven strategies. These strategies should aim to promote a healthy environment whilst maintaining an employee-organisation climate and culture.

A myriad problems affecting the usage of EWP/EAP were identified. Among these, were the attitudes and perceptions of EWP among employees, perceived stigma and the influence that management has on employees view of EWP. Another prominent finding was the accessibility of EWP/EAP. The accessibility of employee wellness services is associated with increased and greater utilisation of the services by employees. When an organisation (system level) allows individuals opportunities for the accessibility of the services, the greater the probability of change in health behavior, treatment and perceptions regarding health and EWP services. The recommendations made in this study would ensure that individual and system level factors that hinder the usage of EWP/EAP are minimised by the organisation.

## **Chapter Eight**

### **Conclusion and Recommendations**

#### **8.1 Conclusion**

The findings of the study suggested that, although there is a strong approval of the EAP, with its accessibility being relatively easy, the attendance rates are low due to the failure of the EAP to promote itself sufficiently, as well as issues related to the perceived lack of confidentiality. Through their responses, the employees who participated in this study have shown that a poorly marketed wellness programme will have an impact on its utilisation rates. This study gave recommendations for the implementation of a successful EAP and initiatives through a conceptual framework for EAP usage.

The implementation of interventions at both the individual and system level would contribute to an increase in the utilisation rates of employee wellness at PRASA. With an EAP's critical role in valuing the physical and psychological needs of employees, EAP initiatives show the organisation's attempt to understand the complexity of employee behaviour and to recognise and support the employees' personal motivation and well-being in the organisation.

#### **8.2 Contributions of the Study**

The research of the thesis was conducted in South Africa with a sample of working adults employed by PRASA. The sample used incorporated the diversity of the South African society in terms of culture, geographic location, education and race. This study showed that it is possible to conduct a wellness programme even in an unstable and broken organisation. The results of the thesis confirmed the significance of health-promotion interventions, based on participants' responses and their high regard of the EAP. The findings and contributions of this study can be used by the organisation to design and implement strategies and action relating to a more effective EAP. The findings of this study and proactive wellness strategies will assist in recommendations for enhancement and the integration of the wellness support needs and services for the organisation.

### **8.3 Limitations of the Study**

The findings culminating from this research are not without limitations. The limitations of the study and recommendations on how the findings can be used to generate future research in this field, as well as improve current research, are explored below.

### **8.4 Circumstantial Limitations**

There were some circumstantial and unplanned problems that surfaced during the study. The original plan was to collect data by means of both a questionnaire and focus groups interviews for rich and in-depth data. Unfortunately, the beginning of the COVID-19 pandemic marked the same time that interviews were to be conducted. This delayed the process of data collection. COVID-19 regulations and protocols had to be followed. This meant that focus group interviews were not permitted at PRASA and had to be completely abandoned for the study to continue. Only individual interviews were collected. This compelled the researcher to increase the interview questionnaire numbers.

The second problem was that, due to COVID-19 regulations, many employees were requested to work from home or in shifts in the efforts to minimise the spread of COVID-19. Due to the rapid spread of the virus in public transport, PRASA suspended all train and bus services and, on numerous occasions, booked interviews had to be cancelled because there were no employees in the workplace.

The third problem was that almost half of the participants who had committed their availability for interviews were infected by the COVID-19 and were forced to cancel. Six PRASA employees were reported to have lost their lives. They were train drivers and among the participants of the study. This was a very difficult time, not only for PRASA but for the researcher as well. Being an EAP practitioner for PRASA at this time meant that the numbers of bookings in the wellness clinic increased as employees were struggling with issues of loss, cuts in overtime and their salaries. This meant that the research had to be paused completely in order to tend to the psychological needs of the employees during this difficult time.

## **8.5 Methodological Factors**

It would have been helpful to have been able to conduct focus group interviews, in addition to the individual interviews. Analysing the interview questionnaires created an impression that some people did not give enough information and rich data because of the burden of responding to a six-page questionnaire and the burden of writing. A focus group discussion would have created an opportunity to probe and discover contextual nuances that are easily lost if collecting only with a questionnaire. Unfortunately, due to COVID-19, PRASA did not allow focus groups as interviews were conducted during 2020, at a critical stage of the COVID-19 outbreak in South Africa.

## **8.6 Recommendations for Future Research**

- Despite the general research available, there is a marked paucity of research regarding what is required to maintain a successful, outcome-based workplace wellness programme with employees changing behaviours that are sustainable over a lifetime (Perez-Calhoun, 2017). More research is needed in this area so as to transform public health discoveries into action. Organisations must bear in mind that when considering the implementation of EAPs, it behooves the organisation to research and evaluate which wellness programmes result in positive health outcomes (Perez-Calhoun, 2017).
- In addition, research is needed to establish how an EAP can be implemented to benefit both the organisation and the employee.
- It is proposed that more research be adopted on EAP practitioners and how they can benchmark and work together from different organisations in improving employee well-being and future programmes.
- It is strongly suggested that all organisations must adopt employee well-being programmes and establish functioning EAPs. In addition, there should be a policy on implementation of EAPs in all organisations including public, private and parastatal sectors.
- Future interventions for South African organisations to address accessibility must include the return of external service providers (whose services were cancelled due to financial difficulties) to assist employees who have concerns with being seen internally. Having external providers allows the employee to have the option of seeking assistance

in a location convenient and accessible to them and also addresses the issue of confidentiality in the workplace, which has been a recurring theme in the findings of this study.

- Organisations need to intervene in protecting the needs of the employee population and establish future interventions to address issues that have been raised and the findings of this study.
- South African organisations should take into consideration its contextual barriers that can affect its ability to implement employee involvement, as EAP practitioners can benefit from this engagement in the awareness and advertising of EAP services.

### **8.7 Summary**

This discussion chapter aimed at unpacking the analysis findings in terms of their meanings, significance and implications of the results. The findings gathered from this study show the limitations of workplace programme utilisation and the implications of this. The data was useful in suggesting opportunities for future research in this field.

As discovered during the research for this thesis, this study has shown that the barriers for employees to health behaviour change through utilising the EAP are a result of financial maladministration, poor leadership in PRASA and a poor organisational culture. Change in South African organisational culture requires a collective and moral responsibility as opposed to individual responsibility. Only by cultivating collective responsibility through interventions that take advantage of the virtues of a collective societal culture can individual responsibility be maximised (Tlou, 2009).

## References

- Adaeze, E. E., & Ekwutosi, O. C. (2022). Effect of organizational structure on management effectiveness (a study of Federal Radio Corporation of Nigeria (FRCN), Enugu, Nigeria. *Journal of Arts and Humanities*, 6(1), 21-34.
- Auditor-General South Africa. (2019). Consolidated General Report on Local Government Outcomes 2019. Pretoria: Auditor General South Africa.
- Ahrens, D., & Schott, T. (2004). Arbeitsbedingte Erkrankungen und betriebliches Gesundheitsmanagement-eine betriebswirtschaftliche und gesundheitsökonomische Betrachtung. Expertise für die Expertenkommission "Betriebliche Gesundheitspolitik" der Bertelsmann Stiftung und der Hans Böckler Stiftung. In Bertelsmann Stiftung und Hans Böckler Stiftung (Eds.), *Zukunftsfähige betriebliche Gesundheitspolitik, Vorschläge der Expertenkommission* (1-69). Bertelsmann Stiftung.
- Ajayi, I. A., & Ayodele, J. B. (2011). *Fundamentals of education management*. Green Line Publisher.
- Al-Jundi, S., Schuhaiber, A., & Al-Emara, S.S. (2019). The effect of culture and organisational culture on administrative corruption. *Economics and Business Research*, 18(4), 436-451.
- Ambali, A. (2008). Factors of administrative corruption in Nigeria and the implication for policy-makers. *European Journal of Economics*, 1(10), 159-174.
- Amir, S., Archibong, M., Corbett, P., Holden, E. & Piacente, M. (2021). Employee Wellness Program Among Private Companies. *Research briefing*. 12(1).
- Attridge, M. (2013). *Workplace behavioural health and EAP services: Best practices and future trends* [paper presentation]. American Psychological Association's Work & Well-Being Conference, San Francisco, CA. <https://archive.hshsl.umaryland.edu/handle/10713/3690?show=full>
- Attridge, M. (2017). Employee assistance programs. In C. L. Cooper (Ed.), *The Wiley encyclopedia of management* (3rd ed.) (pp. 201-216). Wiley Publishers.

- Attridge, M. (2019a). A global perspective on promoting workplace mental health and the role of employee assistance programs. *American Journal of Health Promotion*, 34(4), 622-627.
- Attridge, M. (2019b). The business value of employee assistance: A review of the art and science of ROL keynote address at Employee Assistance Professional Association. <http://hdl.handle.net/10713/8380>; <http://hdl.handle.net/10713/3905> (video)
- Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul R., Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2010). The business value of EAP: A conceptual model. *EASNA Research Notes*, 1(10), 1-5. <http://www.easna.org>
- Attridge, M, Sharar, D.A & Pompe, J.C. (2013). Onsite versus Offsite EAPs: A Comparison of Workplace Outcomes. *Journal of Employee Assistance*. 1(4)28-34.
- Azzone, V., McCann, B., Merrick, E. L., Haitt, D., Hodgkin, D., & Horgan, C. (2009). Workplace stress, organizational factors & EAP utilization. *Journal of Workplace Behavioural Health*, 24, 344-356.
- Babcock, P. (2009). Workplace stress? Deal with it! <http://www.shrm.org/Publications/hrmagazine/EditorialContent/Pages/0509babco>
- Baicker, K., Cutler, D., & Songs, Z. (2010). Workplace wellness programmes can generate savings. *Journal of Health Affairs*, 29(2), 304-311.
- Bargh, J. A. (2001). The perception-behaviour expressway: Automatic effects of social perception on social behaviour. *Journal of Social Psychology*, 15(2), 12-38.
- Barry, M. M. & Jenkins, R. (2007). *Implementing mental health promotion*. Churchill Livingstone.
- Basit, T. (2003). Manual or electronic? The role of coding in qualitative data analysis. *Journal of Educational Research*, 45(2), 143-154.
- Baun, W. (2002). Programme management of workplace health promotion programs. In M. P. O'Donnell (Ed.), *Health promotion in the workplace* (3rd ed.) (pp. 78-115). Delma Thomson Learning.



- Bendix, R., & Fisher, L. H. (1949). The perspectives of Elton Mayo. *Review of Economics and Statistics*, 31(4), 312-319.
- Bernstein, B. (1958). Some sociological determinants of perception: An enquiry into sub-cultural differences. *British Journal of Sociology*, 9(2), 159-174.
- Berry, L. L., Mirabito, A. M., & Baun, W. B. (2020). What is the hard return on employee wellness programs? *Harvard Business Review*, 88(12), 104-112.
- Blandin de Chalain, C. C. (2020). The role of managers in employee assistance programmes: A case study. *Journal of Sociology*, 12, 171-185.
- Bolden, R. & Kirk, P. (2009). African leadership: Surfacing new understandings through leadership development. *International Journal of Cross Cultural Management*, 9(1), 69-86.
- Boiral, O., Brotherton, M., Rivuad, L. & Guillaumie, L. (2021). Organisations Management of the COVID-19 pandemic: A Scoping Review of Business Articles. *Sustainability*. 13(1), 3993.
- Booyesen, L. (2001). The duality in South African leadership: Afrocentric or Eurocentric. *The South African Journal of Labor Relations*, 25(4), 36-64.
- Bophela, N. & Govender, P. (2015). Employee assistance programmes (EAPs): Tools for quality of work life. *Problems & Perspectives in Management*, 13(2), 506-514.
- Bottles, M. D. (2015). Workplace wellness programs: Right or wrong? *Physician Leadership Journal*, 12(1), 34-37.
- Bowman, A. (2020). Parastatals and economic transformation in South Africa: The political economy of the Eskom crisis. *Journal of African Affairs*. 119(476), 395-431.
- Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(1), 77-101.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed), *Research designs* (Vol

2., pp 57-71). Sage.

- Briefs, G. A. (1940). Book review of the industrial worker. *The American Sociological Review*, 5(1), 146-148.
- Bruyn, M. (2014). The Protection Of Personal Information (POPI) Act-Impact on South Africa. *International Business and Economics Research Journal*.13(6), 1315-1340.
- Brynard, D. J., Hanekom, S. X., & Brynard, P. (2014). *Introduction to research* (3rd ed.). Van Schaik.
- Burke, R. J., & Richardsen, A. M. (2014). *Corporate wellness programs: Linking employee and organizational health*. Edward Elgar Publishing.
- Burns, N. & Gray, J. (2012). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Elsevier.
- Burns, N., & Grove, S. K. (2009). The practice of nursing research: Appraisal, synthesis and generation of evidence. *Journal of Qualitative Research*, 12(1), 217-227.
- Carey, A. (1967). The Hawthorne studies as radical criticism. *American Sociological Review*, 32(3), 344-347.
- Carnethon, M., Whistel, L. P., Franklin, B. A., Kris-Etherton, P., Milani, R., & Pratt, C.A. (2009). Worksite wellness programs for cardiovascular disease prevention and policy statement from the American heart association. *Circulation*, 120(17), 1725-1741.
- Casillas, M. E. (2014). *Understanding the role and responsibility of leaders in building a culture of health and wellness in an academic setting and how it shapes the distribution of presenteeism*. [Doctoral dissertation, University of Texas School of Public Health]. <https://digitalcommons.library.tmc.edu/dissertations/AAI3639410/>
- Cavico, F. J., Mujtaba, B. G., Muffler, S. C., & Samuel, M. (2014). Wellness programmes in the workplace: An unfolding legal quandary for employers. *International Journal of Occupational Health and Public Nursing*, 1(1), 15-50.

- Cekiso, N. A., & Terblance, L. S. (2015). Pricing models of employee assistance programs: Experiences of corporate clients serviced by a leading employee programme service provider in South Africa. *Journal of Workplace Behavioural Health*, 30(1), 154-178.
- Chakraborty, A., Singh, M. P., & Mousumi, R. (2017). A study of goal frames shaping pro-environmental behaviour in university students. *International Journal of Sustainability in Higher Education*, 18(3).
- Chapman, L. S. (2012). Meta-evaluation of worksite health promotion economic return studies: 2012 update. *American Journal of Health Promotion*, 26(4).  
<https://doi.org/10.4278/ajhp.26.4.tahp>
- Chen, L., Hannon, P. A., Laing, S. S., Kohn, M. J., Clark, K., Pritchard, S., & Harris, J. R. (2015). Perceived workplace health support is associated with employee productivity. *American Journal of Health Promotion*, 29(3), 139-146.
- Chiappetta T.O. (2005) Managing healthcare costs. *Public Personnel Management*. 34, 313320.
- Ciotti, M., Ciccozzi, M., Terrinoni, A., Jiang, W., Wang, C. & Bernardini, S. (2020). The COVID-19 pandemic. *Critical reviews in clinical laboratory sciences*. 57(6), 365388.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rusch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help seeking? A systematic review of quantitative and qualitative studies. *Journal of Public Health*, 45, 11-27.
- Compton, R. L., & McManus, J. G. (2015). Employee assistance programmes in Australia: Evaluating success. *Journal of Workplace Behavioural Health*, 30(1), 32-45.
- Coombs, W. T. (2006). The protection powers of crisis response strategies: Managing reputational assests during a crisis. *Journal of Promotional Management*. 12(3), 241260.
- Cope, D. G. (2014). Methods and meaning: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89-91.
- Corporate Health Systems. (2008). *Workplace wellness survey results*.  
<http://www.corphealthsys.com/newsletters/2008wwwes.pdf>

- Csiernik, R. (2003). Employee assistance program utilization: Developing a comprehensive scorecard. *Employee Assistance Quarterly*, 18(3), 45-60.
- Dailey, S. L., Burke, T. J., & Carberry, E. G. (2018). For better or for work: Dual discourses in a workplace wellness programme. *Management Communication Quarterly*, 32(4), 612-626.
- Dartey, A. F. (2017). *Development of an employee assistance programme (EAP) for midwives dealing with maternal death cases in the Ashanti region, Ghana*. [Doctoral thesis, School of Nursing, University of the Western Cape]. <http://etd.uwc.ac.za/xmlui/handle/11394/5496>
- De Jong, F., & Rowlands, M. (2008). Postconflict heritage. *Journal of Material Culture*, 13(1), 131-134.
- Dejoy, D. M., & Wilson, M. G. (1995). *Critical issues in worksite health promotion*. Allyn and Bacon.
- De Sousa Sabbagha, M., Ledimo, O., & Martins, N. (2018). Predicting staff retention from employee motivation and job satisfaction. *Journal of Psychology in Africa*, 28(2), 136-140.
- Dlamini, S., Tesfamichael, S. G., Shiferaw, Y., & Mokhele, T. (2020). Determinants of environmental perceptions and attitudes in a socio-demographically diverse urban setup: The case of Gauteng Province, South Africa. *Journal of Sustainability*, 12(9), 3613. <https://doi.org/10.3390/su12093613>
- Du Plessis, A. (2013). Occupational social work in South Africa. *Employee Assistance Quarterly*, 17(1), 97-118.
- Du Preez, H. (2012). *The impact of a corporate wellness programme on employee wellness, motivation and absenteeism*. [Master's dissertation, University of Pretoria].
- Durrheim, K. (2007). Research design. In M. TerreBlanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 33-59). University of Cape Town Press.

- Dyer, W. G., & Wilkins, A. L. (1991). Better stories, not better constructs, to generate better theory: A rejoinder to Eishenhardt. *Academy of Management Review*, *16*(3), 613-619.
- Eisenberger, R., Huntington, R. S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, *71*(3), 500-507.
- Eldredge, J. D., Edward, F. W., & Kroth, P. J. (2014). Defining and identifying members of a research study population: CTSA-affiliated faculty members. *Research Section Journal*, *26*(1), 5-11.
- Els, D.A., De La Rey, R.P. (2006). Developing a holistic wellness model. *South African Journal of Human Resource Management*. *4*(2), 46-56
- Employee Assistance Professionals Association (EAPA). (2009). *EAPA standards and professional guidelines for EAPs*. EAPA.
- Employee Assistance Professionals Association (EAPA). (2020). *Definitions of an EAP and EAP core technology*. EAPA.
- Frakt, A., & Carroll, A. E. (2014, September 11). Do workplace wellness programmes work? Usually not. *New York Times*. <http://www.nytimes.com/2014/09/12/upshot/doworkplace-wellness-programs-work-usually-not.html>
- Frey, J. J., Pompe, J., Sharar, D., Imboden, R., & Bloom, L. (2018). Experiences of internal and hybrid employee assistance programme managers: Factors associated with successful, at risk and eliminated programs. *Journal of Workplace Behavioural Health*, *33*(1), 1-23.
- Frith, H. & Gleeson, K. (2004). Clothing and embodiment: Men managing body image and appearance. *Psychology of men and masculinity*, *5*(1), 40.
- Gill, P, Stewart, K., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *Bristish Dental Journal*, *204*(6), 291-295.
- Gobind, J. (2015). *South African employment relations in context*. Knowres.
- Goetzl, R. Z., Baker, K. M., Short, M. E., Pei, X., Ozminkowski, R. J., Wang, S., & Baase, C. M. (2009). First year results of an obesity prevention program at The Dow Chemical Company. *Journal of Occupational and Environmental Medicine*, *51*(2), 125-138.

- Goetzl, R.Z., Berko, J., McCleary, K., Roemer, E.C., Stathakos, K., Flynn, P.R., Moscola, J. & Nevola, G. (2019). Framework for evaluating workplace health promotion in a health care delivery setting. *Population Health Management*, 22(6).
- Goldgruber, J., & Ahrens, D. (2010). Effectiveness of workplace health promotion and primary prevention interventions: A review. *Journal of Public Health*, 18(1), 75-88.
- Goles, T., Jayatilaka, B., George, B., Parsons, L., Chambers, V., Taylor, D., & Brune, R. (2008). Softlifting: Exploring the determinants of attitude. *Journal of Business Ethics*, 77(4), 481-499.
- Gordon, S., & Adler, H. (2017). Employee perceptions of well-being and organizational well-ness offerings: A study of line-level employees in select-service hotels. *Journal of Human Resources*, 16(3), 308-330.
- Govender, T., & Vandayar, R. (2018). EAP in South Africa: HIV/AIDS pandemic drives development. *Journal of Employee Assistance*, 48(4), 12-21.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nursing Education Today*, 24(1), 105-112.
- Grawitch, M. J., Ledford, G. E., Ballard, D. W., & Barber, L. K. (2009). Leading the healthy workforce: The integral role of employee involvement. *Journal of Consulting Psychology: Practice and Research*, 61(2), 122-135.
- Grawitch, M. J., Trares, S., & Kohler, J. M. (2007). Healthy workplace practices and employee outcomes. *International Journal of Stress Management*, 14(3), 275-293.
- Gray, P., Senabe, S., Naicker, N., Kgalamono, S., Yassi, A., & Spiegel, J. M. (2019). Workplace-based organizational interventions promoting mental health and happiness among healthcare workers: A realistic review. *International Journal of Environmental Research and Public Health*, 16(22), 4396.
- Green, J. & Thorogood, N. (2014). In-depth interviews. In J.Green & N. Thorogood (Ed.), *Qualitative Methods for Health Research* (pp.79-106). London: Sage.

- Grobler, A., & Joubert, Y. T. (2012). Expectations, perceptions and experience of EAP services in the SAPS. *Journal of Contemporary Management*, 9, 150-171.
- Gubler, T., Larkin, I., & Pierce, L. (2018). Doing well by making well: The impact of corporate wellness on employee productivity. *Journal of Management Science*, 64(11), 967-4987.
- Gumede, W. (2016). The political economy of state-owned enterprises restructuring in South Africa. *Journal of Governance & Public Policy*, 6(2), 69.
- Hanisch, S. E., Twomey, C. D., Szeto, A. C. H., Ulrich, W., Nowak, B. D., & Sabariego, C. (2016). The effectiveness of interventions targeting the stigma of mental illness at the workplace: A systematic review. *Journal of Psychiatry*, 16, Article 1.
- Harry, N., & Gallie, F. (2019). Employee wellness among middle managers in a South African public sector organization. *Southern African Business Review*, 23(1).  
<https://doi.org/10.25159/1998-8125/4140>
- Heuvel, H., Mangaliso, M., & Bunt, L. (Eds.). (2006). *Prophecies and protests: Ubuntu in global management*. Unisa Press.
- Hillier, D., Fewell, F., Cann, W., & Shepard, V. (2005). Wellness at work: Enhancing the quality of our working lives. *International Review of Psychiatry*, 17(5), 419-431.
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Wiley-Blackwell.
- Hooper, M. (2004). Frontline employee wellbeing: It's a hard issue. *Journal of People Dynamics*, 22(3), 8-9.
- Hoosen, C., Jewkes, R., Barron, P., Sanders, D. & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*. 374 (9692), 817-834
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher*, 20(4), 12-17.
- Howell, K. (2013). *An introduction to the Philosophy of Methodology*. London, SAGE

- Hsu, Y., Wang, C., & Lan, J. (2020). Evaluating the performance of employee assistance programs (EAP): A checklist developed from a large sample of public agencies. *Asia Pacific Journal of Management*, 37, 935-955.
- Hubley, J., & Copeman, J. (2013). *Practical health promotion*. Polity Press.
- Imran, M. Y., Elahi, N. S., Abid, G., Ashfaq, F., & Ilyas, S. (2020). Impact of perceived organizational support on work engagement: Mediating mechanisms of thriving and flourishing. *Journal of Open Innovation*, 6(3), 82.  
<https://doi.org/10.3390/joitmc6030082>
- Jamieson, M.K., Govaart, G.H. & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginners guide. *Journal of Personal Psychological Compass*. 1(5), 1-15.
- Johnson, R. L. (2013). *Wellness programs in the workplace: A case study on barriers to employee involvement*. [Doctoral dissertation, Baker College, Michigan].  
<https://www.proquest.com/open-view/7345e8c88cff707fc76c299cd258b115/1?pqorigsite=gscholar&cbl=18750>
- Jones, D., Molitor, D., & Reif, J. (2019). What do you workplace wellness programmes do? Evidence from the Illinois Workplace Wellness Study. *Quarterly Journal of Economics*, 134(4), 1747-1791.
- Jorgensen, M. B., Villadsen, E., Burr, H., Punner, L., & Holterman, A. (2015). Does employee participation in the workplace health promotion depend on the working environment? A cross-sectional study of Danish workers. *Journal of Occupational and Environmental Medicine*, 6(6), e010516.
- Joseph, B., Walker, A., & Fuller-Tyszkiewicz, M. (2018). Evaluating the effectiveness of employee assistance programmes: A systematic review. *European Journal of Work and Organizational Psychology*, 27(1), 1-15.
- Kohler, K., Sawyer, J. C., & Thomas, B. (2015). Employee wellness programs: Savings for organizations and employees. *Competition Forum*, 13(2), 210.  
<https://www.thefreelibrary.com/Employee+wellness+programs%3a+savings+for+organizations+and+employees.-a0463399686>



- Kumar, A. (2019). *Investigating the relationship between employee wellness and employee engagement in a parastatal organisation in South Africa*. [Unpublished Master's thesis, University of South Africa].
- 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>
- Kunte, M. (2016). Employee wellness practices – a study in selected organizations. *International Journal of Innovative Research and Advanced Studies*, 3(12), 334-337.
- Lacey, A., & Luff, D. (2009). *Qualitative research analysis*. Springer.
- Letsoalo, R. M. (2016). *The effectiveness of the Employee Assistance Programme (EAP) on substance abuse in the Limpopo department of public works in the Sekhukhune district*. [Master's thesis, University of Limpopo]. <http://ulspace.ul.ac.za/handle/10386/1557>
- Lincoln, Y. S., & Denzin, N. K. (2011). *The Sage handbook of qualitative research*. Sage
- Lincoln, Y. S., & Guba, E. G. (1999). *Competing paradigms in qualitative research*. Sage.
- Lindeque, M. (2019, December 9). Prasa placed under administration. *Eyewitness News*. <https://ewn.co.za/2019/12/09/prasa-placed-under-administration/amp>
- Liu, X. (2016). Corruption culture and corporate misconduct. *Journal of Financial Economics*, 122(2), 307-327.
- Long, T. & Cooke, F.L. (2022). Advancing the field of employee assistance programs research and practice: A systematic review of quantitative studies and future research agenda. *Human Resource Management Review*. 10(6), 101.
- Lone, S.A. & Ahmad, A. (2020). Covid-19 pandemic- an African perspective. *Emerging microbes & infections*. 9(1), 1300-1308.

- Lowensteyn, I.B., Belisle, V, DaCosta, D., Joseph, L. & Grover, S.A. (2018). The measurable benefits of a workplace wellness program in Canada. *Journal of Occupational and Environmental Medicine*. 60(3), 211-216.
- Luiz, J., & Stewart, C. (2014). Corruption, South African multinational enterprises and institutions in Africa. *Journal of Business Ethics*, 124(3), 383-398.
- MacDonald, C. (2012). Understanding participatory action research: A qualitative research methodology option. *Canadian Journal of Action Research*, 13(12), 34-50.
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical step-by-step guide for learning and teaching scholars. *Journal of Teaching and Learning*, 3, 335133514.
- Maiden, R. P. (1992). First world EAPs serving third world clients: United perspective of the South African experience. *Employee Assistance Quarterly*, 7(3), 71-95.
- Makhanya, B. (2021). The impact of an employee wellness programme on employee wellness and performance: A Kwa-Zulu Natal municipality case study. [ Master's dissertation, School of Public Health].
- Malange, T. C. (2019). *Perceptions of employees regarding the integrated employee wellness programme at Thulamela Local Municipality*. [Master's thesis, University of Pretoria]. <https://repository.up.ac.za/handle/2263/72784>
- Mandle, E. (2010). *Health promotion throughout the lifespan*. Elsevier.
- Mangayi, P.S. & Mogorosi, L.D. (2021). The Utilisation of Employee Assistance Programme: The Case of A Tertiary Hospital in Limpopo Province, South Africa. [Doctoral thesis, Department of Social Work]
- Manoj, B. (2016). A comprehensive analysis of various structural parameters of indian coals with the aid of advanced analytical tools. *Journal of coal science and technology*, 3(2), 123-132.
- Manzini, R. (2007). Logistics outsourcing: An examination of third-party providers. *International Journal of Logistics Systems and Management*, 3(2), 135-157.

- Maree, J. G. (2015). Research on life designs in (South) Africa: A qualitative analysis. *South African Journal of Psychology*, 43, 409-421. <https://repository.up.ac.za/handle/2263/49691>
- Martin, T., Kirkaldy, B., & Siefen, G. (2003). Antecedents of adult wellbeing: Adolescent religiosity and health. *Journal of Managerial Psychology*, 18, 453-470.
- Mashamaite, K. A., & Raseala, P. S. (2018). Transgression of corporate governance in South Africa's state-owned enterprises. *Journal of Sociology*, 16(1), 124-134.
- Masi, D. A., Manderscheid, R. W., & Rossignol, C. R. (2006). The integration of physical health and behavioural health sciences: Three university case examples. *Journal of Psychiatrist Nursing*, 21(3), 141-149.
- Masi, D.A. (2020). EAP Utilization: EAP field doesn't do itself justice. *Journal of Employee Assistance*. 50(4), 6.
- Masi, D.A. & Cooke, R.A. (2000). Effects of transformational leadership on subordinate motivation, empowering norms, and organizational productivity. *The International Journal of Organizational Analysis*. 8(1), 16-47.
- Matlhape, M. G (2003). Strategic positioning of EAP in South African workplaces. *Acta Commercii*, 3(1), 29-38.
- Matolo, R. S., & Mukulu, E. (2016). Role of counseling in employee performance in public universities. *International Journal of Humanities and Social Sciences*, 6(8). <https://www.semanticscholar.org/paper/Role-of-Counseling-in-Employee-Performance-in-Case-Matolo-Mukulu/3ecfcafccbf7fa1d77c32b527001c163b50b039>
- Mattes, R. B. (2002). South Africa: Democracy without the people. *Journal of Democracy*, 13(1), 22-36.
- Mattila, E., Korhonen, I., Salminen, J. H., Ahtinen, A., Koskinen, E., Sarela, A., Parkka, J., & Lappalainen, R. (2010). Empowering citizens for well-being and chronic disease management with wellness diary. *Journal of Biomedicine*, 14(2), 456-463.

- Mattke, S., Lui, H., Caloyeros, J. P., Van Busum, K. R., Huang, C. Y., Khodyakov, D., & Shier, V. (2013). *Workplace wellness programs survey*. U.S. Department of Health and Human Services and U.S. Department of Labor. Rand Corporation.
- Maynard, J. (2017). World of EAP Column: Survey explores global EAP delivery. *Journal of Employee Assistance*, 47(3), 12-13.
- Mayo, E. (1933). *The human problem of an industrial civilization*. Macmillan.
- Mazur, B., & Mazur-Malek, M. (2016). Evaluating the effectiveness of a worksite wellness programme. *International Journal of Contemporary Management*, 15(4), 77-89.
- Mbigi, L. (2007). *Spirit of African leadership*. Knowres Publishing.
- McDonald, R., & Bunton, G. (2002). Health promotion: Disciplinary developments. In R. Burton & G. McDonald (Eds), *Health promotion: Disciplines, diversity and developments* (2nd ed.) (pp. 9-27). Routledge.
- McGowan, W. (2020). “If you don’t laugh, you’d cry”: An emotional labour, reflexivity and ethics-as-practice in quantitative fieldwork context: *Methodological Innovations*. 13(2).
- McIntyre, L. (1992). The evolution of health promotion. *Journal of Health Promotion*, 26(1), 15-22.
- McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- McRee, J. (2017). How perceptions of mental illness impact EAP utilization. *Benefits Quarterly*, 33(1), 37-42.
- Medury, U., & Dhameja, A. (2020). *Unit-5 Human relations approach*. Indira Ghandi National Open University. <http://egyankosh.ac.in//handle/123456789/57808>
- Mello, M. M., & Rosenthal, M. B. (2008). Wellness programs and lifestyle discrimination – the legal limits. *New England Journal of Medicine*, 359(2), 192-199.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. os-seyBass.

- Metsing, T. K. (2015). *An evaluation of employee assistance programme services in the City of Johannesburg Metropolitan Municipality*. [Master's thesis, University of Pretoria].  
<https://repository.up.ac.za/handle/2263/53438>
- Meyer, I., & Marais, M. (2008). The strategic context of organisational restructuring. *The Business of Restructuring*, 7(9), 7-22.
- Miller, S. (2009). *EAPs face upsurge in calls from stressed-out employees*.  
<http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/>
- Milot, M. (2019). Stigma as a barrier to the use of employee assistance programs: A Workreach Solutions research report. *Plans & Trust*, 38(1), 14-19.
- Milot, M., & Borkenhagen, V. (2018). Job stress in users of an Employee Assistance Programme and association with presenting status. *Journal of Workplace Behavioural Health*, 33(3), 153-167.
- Mogorosi, L. (2009). Employee assistance programmes: Their rationale, basic principles and essential elements. *Journal of Social Work*, 45(4), 343359.
- Mollenhauer, M. (2017). *EAP survey reveals market segments and top industry needs*.  
 Chestnut Global Partners.
- Mphahlele, E. (2005). Address at the Opening of Community Arts Come Together Exhibition.  
*Es'kia Continued*. Johannesburg: Stainbank & Associates, 241-247.
- Msimang, P. M. (2015). Problems with the 'physical' in physicalism. *South African Journal of Philosophy*, 34(3), 336-345.
- Mujtaba, B. G., & Cavico, F. J. (2013). Corporate wellness programs: Implementation challenges in the modern American Workplace. *International Journal of Health Policy & Management*, 1(3), 193-199.
- Mulemfo, M. (2000). *Thabo Mbeki and the African Renaissance*. Actua Press.
- Munoz, R.M., Andrade, S.M., Pena, I. & Donate, M.J. (2022). Wellness programs in times of COVID-19, perceived organisational support and affective commitment: effects on employee innovation behavior. *European Journal of Innovation Management*. 26(7).

- Ndhlovu, M. J. (2010). *Exploring positive psychological strengths in employees attending EAP in the public service: A qualitative study*. [Unpublished Doctoral thesis, University of South Africa]. <https://uir.unisa.ac.za/handle/10500/4950>
- Nelis, J. (2005). The evolution of enterprise reform in Africa: From state-owned enterprises to private participation in infrastructure - and back? *Journal of Global Development*, 63, 117.
- Nene, S. W. & Pillay, A. S. (2019). An investigation of the impact of organizational structure on organizational performance. *Financial Risk and Management Reviews*, 5(1), 10-24.
- Neuman, L. W. (2000). *Social research methods: Qualitative and quantitative approaches*. Allyn and Bacon.
- Newman, A., Thanacoody, R., & Hui, W. (2012). The impact of employee perceptions of training on organizational commitment and training: A case of multinationals in the Chinese service sector. *Journal of Occupational Health Psychology*, 41, 56-72.
- Nguyen, C. T. & Tran, T. L. T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science*, 1(2), 24-27.
- Nicotera, A. M. (Ed.). (2020). *Origins and traditions of organizational communication* (5th ed.). Routledge.
- Nishii, L. H., Lepak, D. P., & Schneider, B. (2008). *Employee attributions of the "Why" of HR practices: Their effects on employee attitudes and behaviours, and customer satisfaction*. Cornell University.
- Nishii, L. H., & Wright, P. (2008). Variability at multiple levels of analysis: Implications for strategic human resource management. In D. B. Smith (Ed.), *The people make the place* (pp. 225-248). Erlbaum.
- Nutbeam, D. (1998). Evaluating health promotion – progress, problems and solutions. *Journal of Health Promotion*, 13(1), 27-44.

- Nutbeam, D., Muscat, D.M. (2021). Health Promotion Glossary. *Journal of Health Promotion*, 36(1), 1578-1598.
- Nyathi, F. (2013). Focus on your wellness programme: Wellness more to life. *Journal of Human Resources*, 22(1), 47.
- O'Connor, E. (1999). Minding the workers: The meaning of 'human' and 'human relations' in Elton Mayo. *Organization*, 6(2), 223-246
- O'Donnell, M. P. (2002). Preface. In M. P. O'Donnell (Ed.), *Health promotion in the workplace* (3rd ed.) (pp. i-vii). Delmar Publishers Inc.
- O'Leary, R. (2019). *The ethics of dissent: Managing guerrilla government*. Quarterly Press.
- Olsen, T. D. (2017). Political stakeholder theory: The state, legitimacy, and the ethics of micro-finance in emerging economies. *Business Ethics Quarterly*, 27(1), 71-98.
- Omodan, B. I., Tsotetsi, C. T., & Dube, B. (2020). Analysis of human relations theory of management: A quest to re-enact people's management towards peace in university system. *SA Journal of Human Resource Management/SA Tydskrif vir Menslikehulpbronbestuur*, 18, a1184. <https://doi.org/10.4102/sajhrm.v18i0.1184>
- Onya, H. (2007). Health promotion in South Africa. *Journal of Promotion and Education*, 14(4), 233-237.
- Optum. (2014). *Manager's guide to the employee assistance programme – helping you facilitate high performance teams*. [https://cdn.csu.edu.au/\\_data/assets/pdf\\_file/0004/430717/Manager-ResourcesGuide.pdf](https://cdn.csu.edu.au/_data/assets/pdf_file/0004/430717/Manager-ResourcesGuide.pdf)
- Otenyo, E. E., & Smith, E.A. (2017). An overview of employee wellness programs (EWPs) in large US cities: Does geography matter? *Public Personnel Management*, 46(1), 3-24.
- Ott-Holland, C. J., Shepherd, W. J., & Ryan, A. M. (2019). Examining wellness programmes over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, 24(1), 163-179.

- Pailthorpe, B. C. (2017). Emergent design. *Journal of Communication Research Methods*, 4, 1-2.
- Patel, N. G., Jones, K. E., Levy, M. A., Storeygard, A., & Balk, D. (2008). Global trends in emerging infectious diseases. *Nature*, 451(7181), 990-993.
- Paterson, T. A., Luthrans, F., & Jeung, W. (2014). Thriving at work: Impact of psychological capital and supervisor support. *Journal of Organizational Behaviour*, 35, 434-446.
- Payne, J., Cluff, L., Lang, J., Matson-Koffman, D., & Morgan-Lopez, A. (2018). Elements of a workplace culture of health, perceived organizational support for health and lifestyle risk. *American Journal of Health Promotion*, 32(7), 1555-1567.
- Perera, F., & Peiro, M. (2012). Strategic planning in healthcare organizations. *Revista Espanola de Cardiologi*, 65(8), 749-754.
- Perez, A. M., Ayo-Yusuf, O.A., Hofman, K., Kalideen, S., Maker, A., Mokonoto, D., Morojele, N., Naidoo, P., Parry, C., Rendall-Mkosi, K., & Saloojee, Y. (2013). Establishing a health promotion and development foundation in South Africa. *South African Medical Journal*, 103(3), 147-149.
- Perez-Calhoun, M. (2017). *A mixed-methods study: Self-efficacy and barriers to participation in workplace wellness programs*. [Doctoral dissertation, Brandman University, California]. <https://eric.ed.gov/?id=ED576567>
- 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.
- Pillay, P., & Khan, F. (2019). Corruption and its repercussions on employment, poverty and inequality: Rwanda and South Africa compared. *Journal of Reviews on Global Economics*, 8, 1203-1212.
- Pokhrel, S. & Chhetri, R. (2021). A literature review on the impact of COVID-19 pandemic on teaching and learning. *Higher Education for the future*. 8(1), 133-141.
- Polit, D.F. & Beck, C.T. (2013). Is there still gender bias in nursing research? An update. *Research in nursing health*, 36(1), 75-83.



- Pompe, J., Frey, J. J., Sharar, D., Imboden, R., & Bloom, L. (2018). Experiences of internal and hybrid employee assistance program managers: Factors associated with successful, at-risk, and eliminated programs. *Journal of Workplace Behavioural Health*, 33(4), 1-23.
- PRASA. (2019). *PRASA annual report 2019/20*. [https://pmg.org.za/files/PRASACBRTART-MCRAF\\_and\\_Ports\\_Regulator\\_PRASA\\_Annual\\_Report\\_2020\\_FINAL\\_16\\_Nov.pdf](https://pmg.org.za/files/PRASACBRTART-MCRAF_and_Ports_Regulator_PRASA_Annual_Report_2020_FINAL_16_Nov.pdf)
- Rajin, J. (2012). *Employee assistance programmes in the South African Police Service: A case study of Moroka police atation*. [Master's thesis, University of South Africa]. <https://uir.unisa.ac.za/handle/10500/5761>
- Rakepa, T. T. (2012). *Assistance programme of the Department of Education: A case study of Motheo district in the Free State province*. [Unpublished thesis, University of Stellenbosch]. <https://scholar.sun.ac.za/handle/10019.1/19932>
- Ramose, M.B. (2007). "But Hans Kelson was not born in South Africa": A reply to Thaddeus Metz. *South African Journal of Philosophy*, 26(4), 347-355.
- Raphael, D. (2008). Grasping at straws: A recent history of health promotion in Canada. *Critical Public Health*, 18(4), 483-495.
- Raphael, D., & Bryant, T. (2002). The limitations of population health as a model for a new public health. *Health Promotion International*, 17, 189-199.
- Reif, J., Chan, D., & Jones, D. (2020). Effects of workplace wellness programmes on employee health, health beliefs and medicine use. *Journal of Internal Medicine*, 180(7), 952-960.
- Rensburg, H., Basson, J.S & Carrim, N, M, H. (2011). The establishment and early history of the South African Board for People Practices (SABPP). *The South African Journal of Human Resource Management*. 9(1), 12.
- Rene, R., Cunningham, A., Pando, O., Silverio, A. Marschilok, C. & Sifri, R. (2021). Development and Evaluation of Employee Wellness Sessions in Response to COVID-19. *American Psychological Association*, 2-19
- Republic of South Africa. (1993). Occupational Health and Safety Act, No. 85 of 1993.

Government Printers. [https://www.gov.za/sites/default/files/gcis\\_document/201409/act85of1993.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/act85of1993.pdf)

Republic of South Africa. (1994). Public Service Act, No. 103 of 1994. Government Printers. [http://www.psc.gov.za/documents/docs/legislation/public\\_service\\_act/publicserviceact.pdf](http://www.psc.gov.za/documents/docs/legislation/public_service_act/publicserviceact.pdf)

Republic of South Africa. (1996). Constitution of the Republic of South Africa, Act No. 108 of 1996. Government Printers. <http://www.justice.gov.za/legislation/constitution/SA-Constitution-web-eng.pdf>

Risk and Compliance Management.[Monthly Statistics]. (2018). South Africa, KZN Durban: PRASA.

Risk and Compliance Management.[Monthly Statistics]. (2019). South Africa, KZN Durban: PRASA.

Risk and Compliance Management.[Monthly Statistics]. (2020). South Africa, KZN Durban: PRASA.

Roche, A., Kostadinov, V., Cameron, J., Pidd, K., McEntee, A. & Duraisingam, V. (2018). The development and characteristics of employee assistance programmes around the globe. *Journal of Workplace Behavioural Health*, 33(3), 168-186.

Roetlisberger, F.J., Dickson, W.J. & Follet, W. (1981). *Management and the worker*. Cambridge,US: Harvard University Press.

Rongen, A., Robroek, S. J., Van Lenthe, F. J., & Burdorf, A. (2013). A workplace health promotion: A meta-analysis of effectiveness. *American Journal of Preventative Medicine*, 44(4), 406-415.

Ross, J. S., Bernheim, S. M., Bradley, E. H., Teng, H. M., & Gallo, W. T. (2007). Use of preventive care by the working poor in the United States. *Journal of Preventive Medicine*, 44(3), 254-259.

Rothman, S. (2008). Job satisfaction, occupational stress, burnout and work engagement as components of work related well-being. *South African Journal of Industrial Psychology*, 34(3), 11-16.

- Rothman, S. (2013). From happiness to flourishing at work: A South African perspective. In M. P. Wissing (Ed.), *Well-being research in South Africa: Cross cultural advancements in positive psychology* (pp. 123-151). Springer Science & Business Media.
- Roulston, K. (2001). Data analysis and ‘theorizing as ideology’. *Qualitative research*, 1(3), 279-302.
- Rouse, T. R. (2016). *Employee participation in a college based wellness program: leader support, incentives, job satisfaction, absenteeism, and self-efficacy*. [Doctoral dissertation, University of Southern Mississippi, School of Education].  
<https://aquila.usm.edu/cgi/viewcontent.cgi?article=1358&context=dissertations>
- Rubinelli, S., & Diviani, N. (2020). The bases of targeting behaviour in health promotion and disease prevention. *Journal of Education and Counseling*, 103(12), 2395-2399.
- Ryde, G. C., Gilson, N. D., Burton, N. W., Brown, W. J. (2013). Recruitment rates in workplace physical activity interventions: characteristics for success. *American Journal of Health Promotion*, 27(1), 101-112.
- Sabharwal, M., Kiel, D.L. & Hijal-Moghrabi, I. (2019). Best practices in local government wellness programs: The benefits of organisational investment and performance monitoring. *Review of Public Personnel Administration*. 39(1), 24-45.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Sciences*, 8(3), 27-37.
- Sarachek, B. (1968). Elton Mayo’s social psychology and human relations. *The Academy of Management Journal*, 11(2), 189-197.
- Schaufeli, W. B, Martinez, I. M., Pinto, A. M., Salanova, M., & Baker, A. B. (2002). Burnout and engagement in university students. *Journal of Cross-Cultural Psychology*, 33(5), 464-481.
- Schmidt, H., Voigt, K., & Wikler, D. (2010). Carrots, sticks, and health care reform – problems with wellness incentives. *New England Journal of Medicine*, 363(2), e3.  
<https://doi.org/10.1056/NEJMp0911552>

- Schulman, M., & Thomas-Henkel, C. (2019). Opportunities for complex care programmes to address the social determinants of health. *Centre for Health Care Strategies*.  
<https://www.chcs.org/resource/opportunities-for-complex-care-programs-to-address-the-social-determinants-of-health/>
- Shenton, A. A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Sieberhagen, C., Pienaar, J., & Els, C (2011). Management of employee wellness in South Africa: Employer, service provider and union perspectives. *South African Journal of Human Resource Management*, 9(1), 1-14.
- Singh, S., Myburgh, N. G., & Lalloo, R. (2010). Political analysis of oral health promotion in South Africa. *Global Health Promotion*, 17(1), 16-24.
- Sizemore, S. C. (2011). A fatter butt equals a skinnier wallet: Why workplace programmes discriminate against the obese and violate Federal employment law. *Journal of the Law Review*, 11(2), 640-667.
- Smit, C. (2019). The intricacies of investigating corruption of public officials. *Servamus Community-based Safety and Security*, 112 (2), 25-31.
- SHRM (2020), "Society for human resource management", available at:  
[www.shrm.org/about/](http://www.shrm.org/about/) (accessed December 22, 2020).
- Solnet, D., Subramony, M., Golubovskaya, M., Snyder, H., Gray, W., Liberman, O., & Verma, R. (2020). Employee wellness on the frontline: An interactional psychology perspective. *Journal of Service Management*, 8(1), 3-7.
- Songs, Z., & Baicker, K. (2019). Effect of a workplace wellness programme on employee health and economic outcomes: A randomized clinical trial. *Journal of the American Medical Association*, 321(15), 1491-1501.
- Statista. (2018). Statistic. Retrieved from <https://www.statista.com/statistics/555669/uscorporate-wellness-services-companies-total-number/>.

- Stiehl, E., Shivaprakash, N., Thatcher, E., Ornelas, I. J., Kneipp, S., Baron, S. L., & Muramatsu, N. (2018). Worksite health promotion for low-wage workers: A scoping literature review. *American Journal of Health Promotion*, 32(2), 359-373.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. Sage.
- Takimoto, M. (2008). The effects of deductive and inductive instruction on the development of language learners' pragmatic competence. *Modern Language Journal*, 92(3), 369-386.
- Tapps, T., Symonds, M & Baghurst, T. (2016). Assessing employee wellness needs at colleges and universities: A case study. *Journal of Cogent Social Sciences*, 2(1), 101165.
- Taute, F., & Manzini, K. (2009). Factors that hinder the utilization of the employee assistance programme in the Department of Labour. *Social Work/Maatskaplike Werk*, 45(4), 1-9.
- Terblanche, L. S. (2018). *Creating legacy in EAP business: The South African approach towards employee assistance*. St Paul & John Publishers.
- Tetrick, L. E., & Quick, J. C. (2011). *Handbook of occupational health psychology*. APA.
- The Society for Human Resource Management. (2020). General: What is an employee assistance program (EAP)? Retrieved from: <http://www.shrm.org/resourcesandtoolsand-samples/hr-qa/pages.whatisaneap.aspx>.
- Thethiwe, T. R. (2012). *The implementation of employee assistance programme of the department of education: A case study of Motheo district in the Free State province*. [Master's thesis, University of Stellenbosch, School of Public Administration]. <https://core.ac.uk/download/pdf/37347885.pdf>
- Thomas, A., & Bendixen, M. (2000). The management implication of ethnicity in South Africa. *Journal of International Business Studies*, 31(3), 507-519.
- Thomas, D. R. (2016). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246.
- Tiry, E., Zweig, T.E., Coll., A., Klarman, R. & Holman, S. (2021). The new world of work. *Urban Institute*. Retrieved from: [https://www.nsvrc.org/sites/default/files/202106/the\\_new\\_world\\_of\\_work.pdf](https://www.nsvrc.org/sites/default/files/202106/the_new_world_of_work.pdf)

- Tlou, E. R. (2009). *The application of the theories of reasoned action and planned behaviour at a workplace HIV/AIDS health promotion programme*. [Doctoral thesis, University of South Africa]. <https://uir.unisa.ac.za/handle/10500/3182>
- Toma, G., Rubie-Davies, C. & Le Fevre, D. (2022). A workplace wellness program protects against COVID-19 effects on mental wellbeing. *Journal of Workplace Behavioral Health*. 38(4), 372-387.
- Tringali, V., Fritts, M., Giandonato, J., Luehr, M., Reilly, C., Moody, J. & Aldridhes, C. (2022). The Relationship of Workplaxe Health Climate and Participation in an Employee Wellness Program. *American Journal of Health Research*. 10(1), 13-19.
- Tu, H. T., & Mayrell, R. C. (2010). *Employer wellness initiatives grow, but effectiveness varies widely*. National Institute for Health Care Reform.
- Ulich, E., & Wulser, M. (2009). Empfehlungen einer Expertenkommission. *Gesundheitsmanagement in Unternehmen*, 23(1), 391-396.
- Unsal, N., Weaver, G.L., Bray, J. & Bibeau, D. (2021). A Scoping Review of Economic Evaluations of Workplace Wellness Programmes. *Public Health Reports*. 136(6), 671684.
- Varga, S., Mistry, G., Ali, F. & Cobanaglu, C. (2021). *Employee perceptions of wellness programs in the hospitality industry*. School of Hospitality and Tourism Management. University of South Florida.
- Vercio, C., Loo, L.K., Green, M., Kim, D.I. & Beck, D. (2021). Shifting focus from burnout and wellness toward individual and organisational resilience. *Teaching and Learning in Medicine*, 33(5), 568-576.
- Veldsman, D., Van Der Merwe, M. (2022). Promises in action: The role of employer brand, employee value proposition and employee experience on psychological contract expectation. *EWOP in Practice*. 16(1), 14-44.
- Watkins, C., Macy, G., Golla, V., Lartey, G., & Basham, J. (2018). The total worker health concept: A case study in a rural workplace. *Journal of Occupational and Environmental Medicine*, 60(5), 387-391.

- Wayne, S. J., Shore, L. M., Bommer, W. H., & Tetrick, L. E. (2002). The role of fair treatment and rewards in perceptions of organizational support and leader-member exchange. *Journal of Applied Psychology, 87*(1), 590-598.
- Wendimagegn, N. F., & Bezuidenhout, M. C. (2019). Integrating promotive, preventive, and curative health care services at hospitals and health centres in Addis Ababa, Ethiopia. *Journal of Multidisciplinary Healthcare, 12*, 243-255.
- White, B.M. (2020). *Middle Tennessee State University (MTSU) Faculty and Staff Wellness Assessment*. [Master's thesis, University of Stellenbosch, School of Public Administration].
- Wilkingson, S. (1988). The role of reflexivity in feminist psychology. *Womens Studies International Forum, 11*(5), 493-502
- World Health Organization (WHO). (2019). *The WHO special initiative for mental health*. <http://www.who.int/dietphysicalactivity/publications/facts/obesity/en>
- World Health Organization (WHO). (2021). Coronavirus Disease 2019 (COVID-19) Situation Report.
- Wright, T. A., Cropanzano, R., & Bonett, D. G. (2007). The moderating role of employee positive wellbeing on the relation between job satisfaction and job performance. *Journal of Occupational Health Psychology, 12*(2), 93-104.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage Publications.
- Yin, R. K. (2014). *Case study research: Design and methods*. Sage Publications
- Zarkin, G. A., Bray, J. W., Qi, J. (2000). The effect of employee assistance programmes use on healthcare utilization. *Health Services Research, 35*(1 Part 1), 77-100.
- Zhang, C., Kandampully, J. & Choi, Y. (2014). The role of employee wellness programme in the hospitality industry: a review of concepts, research and practice. *Research in Hospitality Management, 4*(1), 45-54.

- Zhang, Y., & Wildemuth, B. M. (2009). Unstructured interviews. In B. Wildemuth (Ed.), *Applications of social research methods to questions in information and library science* (pp. 222-231). Westport.
- Zhang, Z., Sun, K., Jatchavala, C., Koh., J., Chia, Y., Bose, J., Liz, Z., Tan, W., Wang, S., Chu, W., Wang, J., Tran, B., & Ho, R. (2020). Overview of stigma against psychiatric illnesses and advancements of anti-stigma in six Asian societies. *International Journal of Environmental Research and Public Health*, 17(1), 280.  
<https://doi.org/10.3390/ijerph17010280>
- Zula, K. (2014). Workplace wellness programs: A comparison between best practice guidelines and implementation. *Journal of Applied Business Research*, 30(3), 783792.
- Zula, K., Yarrish, K. K., & Lee, S. (2013). An evaluation of workplace wellness programs: A perspective from rural organizations. *Journal of Applied Business Research*, 29(3), 659-668.



## Appendix A: Ethical Clearance



### COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

21 May 2021

Dear Ms Nozibusiso Blessed Nyawose

**Decision:**  
**Ethics Approval from 21 May 2021 to 21 May 2026**

NHREC Registration # :  
Rec-240816-052  
CREC Reference # :  
67145183\_CREC\_CHS\_2021

**Researcher(s):** Name: Ms Nozibusiso Blessed Nyawose  
Contact details: [67145183@mylife.unisa.ac.za](mailto:67145183@mylife.unisa.ac.za)  
**Supervisor(s):** Name: Dr E. Tlou  
Contact details: [tloue@unisa.ac.za](mailto:tloue@unisa.ac.za)

**Title:** *The utilization of an Employee Assistance Programme (EAP) in an organization and factors determining utilization rates.*

**Degree Purpose:** PhD

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

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 (**21 May 2026**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

*Note:*

*The reference number **67145183\_CREC\_CHS\_2021** 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  
Tel: (012) 429 8210

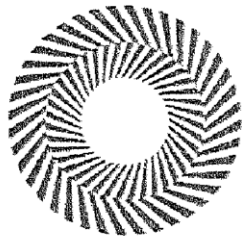
Signature : PP 

Prof K. Masemola  
Exécutive Dean : CHS  
E-mail: 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)

# Appendix B: Permission to Carry out Research from PRASA



**prasa**

PASSENGER RAIL AGENCY  
OF SOUTH AFRICA

**KZN Regional Office Prasa  
65 Masabalala Yengwa Avenue  
Durban Station  
4001**

12 August 2020

Dear Miss Nozibusiso Nyawose

**The utilization of Employee Assistance Programmes (EAP) in an organization and factors determining utilization rates.**

Your correspondence relating to your abovementioned research refers.

Permission is granted to approach employees employed at PRASA with a view to participation in your study, subject to

- The research receiving ethics approval from your institution, and
- You respect potential participants' decisions regarding participation.

It is suggested that you make appointments with the staff to inform them of the research.

Sincerely,

Regional Manager

B. Simole 13/08/2020

PRINT NAME

SIGN

*As the region it will be interesting to see results in terms of your survey*

## **Appendix C: Information Sheet for Participants**

**Research Title:** The utilisation of an employee assistance programme (EAP) in an organisation and factors determining utilisation rates

**Researcher:** Ms Nozibusiso Blessed Nyawose

**Supervisor:** Dr E. Tlou

Dear Participant

This research is being conducted by Nozibusiso Blessed Nyawose and you are being invited to participate in this research because you are an employee of PRASA, Durban Regional office, KZN.

What will I be asked to do if I participate?

You will be asked to answer a questionnaire regarding EAP at PRASA. The questionnaire will seek information on organisational factors that account for the current utilisation rates at PRASA, EAPs accessibility and your experiences with EAP as a PRASA employee.

Would my participation in study be kept confidential?

The information you provide will be kept confidential. Your name or address is not required. No individual names or identity will be used in the thesis.

There are no risks or benefits associated with the participation of this study.

I appreciate your willingness to take part in this research project. You may choose to withdraw your participation at any time.

What if I have questions?

Should you have any questions regarding this study and your rights as a research participant, or you wish to report any problems you have experienced relating to the study, please contact the following:

---

Nozibusiso Nyawose  
Clinical Psychologist  
**Address:** 65 Masabalala Yengwa Avenue,  
DURBAN, 4001  
**Telephone:** 031 813 0319

**Declaration by participant**

I have familiarized myself with the contents of this document. I am willing to take part in this research project.

Signed at.....on this, the.....day of.....20...

.....  
Participant signature

.....  
Witness

## **Appendix D: Informed Consent**

### **Consent form**

**Research Title:** The utilisation of an employee assistance programme (EAP) in an organisation and factors determining utilisation rates

**Researcher:** Ms Nozibusiso Blessed Nyawose

**Supervisor:** Dr E. Tlou

#### **Introduction:**

I extend an invitation to you for your participation in the employee assistance programme questionnaire at PRASA. This study will be conducted by the researcher as a requirement for the degree of Doctor of Philosophy in the subject of Psychology.

#### **The purpose of this research study:**

- To examine the organisational factors that account for the low rate of utilisation of EAP at PRASA
- The accessibility of EAP services to employees at PRASA
- The subjective experiences of PRASA employees regarding EAP services.

#### **Research method:**

The interviews will consist of a semi-structured qualitative questionnaire which are interviews conducted in order to ascertain information. These interview methods are designed to determine employee perceptions, thoughts and experiences regarding EAP.

#### **Privacy:**

The records of this study will be kept confidential. No individual identities will be used in reports or publications of this study. Group discussions will consist of categories for problems for consultation and an oath of confidentiality will be signed. All questionnaires, recorded tapes and transcripts will be given codes and stored separately from any names or other direct identification of the participants and kept in encrypted and locked files in the archives of the clinic. Only the research personnel (research assistants, supervisor and examiners of the study) will have access to the files. These are trained professionals who abide by the research

obligations and ethics in the confidentiality of this information. There will be no other parties with interest to the study. The research relationship remains strictly with the researcher and the participants. However, if you have a need to follow – up on any issues that emerge for you during the research, we can schedule a follow up session.

**Risks:**

There are no anticipated risks in participation of this research study. Should any harm arise from discussion of topics, a health care practitioner will be available on site, as interviews will be held at PRASA Wellness Clinic.

*NOTE: “Risk” is being uncomfortable, embarrassed or inconvenienced due to discussions in interviews.*

**Benefits/incentives:**

There will be no direct benefits to you from participating in this research study. The anticipated benefit of your participation is to achieve the objective of this study.

Contributions will help improve on EAP and contribute to the implementation of programmes and campaigns and bringing awareness of the benefits of EAP to employees.

*NOTE: “direct benefit” is something that benefits the individual participation such as any free incentive or compensation.*

Please note that taking part in this research is entirely voluntary and you may withdraw participation at any time. Your accurate and objective response in answering the questions is of vital importance.

I appreciate your willingness to take part in this research project.

---

Nozibusiso Nyawose

Clinical Psychologist

**Address:** 65 Masabalala Yengwa Avenue,

DURBAN, 4001

**Telephone:** 031 813 0319

**Declaration by participant**

I have familiarised myself with the contents of this document. I am willing to take part in this research project

Signed at.....on this, the.....day of.....20...

.....

Participant signature

Witness



## Appendix E: Individual Interview Schedule

### Individual Interview schedule

This is a questionnaire aimed at inviting your views on the utilization of EAP at PRASA and your perceptions regarding EAP. Please mark with a cross (X) in the appropriate box. Please answer all the questions at the best of your ability.

**Interview:** Pseudonym: \_\_\_\_\_ **Date:** \_\_\_\_\_  
 \_\_\_\_\_ **Time:** \_\_\_\_\_

### Demographic Information:

Gender		Age	Home Language				
Male	Female	Years	English	Zulu	Afrikaans	Xhosa	Other

Highest Education					
< Gr10	Gr10-11	Matric	N1-N6	Tertiary	Other

### Employment Details:

Department						
Train Operations	Protection Services	Customer Services	Rolling Stock	Perway	Electrical	Facilities

Occupational Category				Length of Service
Operational	Technical	Administrative	Clerical	Years

### Understanding EAP

- Please tell me what is an Employee Assistance Programme (EAP)?
- What is your understanding of how EAPs function at PRASA?
- How did you get to know about EAP?

- As far as you know, what are the duties performed by an EAP?
- Based on your assumptions, do you feel these duties are currently being performed at PRASA EAP?

---



---



---



---



---



---



---

**EAP Use**

- Please tell me if you have used an EAP before.
- If yes, where?
  
- What employee assistance programmes have you utilized?
- Since you started working at PRASA, tell me how frequently have you used the services of EAP?
- Please tell me how it came about that you were seen by an EAP.
- How was your EAP referral and appointment made?
- What was happening in your life at that time that made you decide to seek help from EAP?
- Did you find it easy or difficult to access the EAP?
- What kinds of problems does an EAP practitioner deal with generally?
- Are you prepared to indicate the specific problems you needed help with?
- Please tell me if you were happy with the EAP service, and why?
- Do you have confidence in the ability of EAP staff to assist you?
- Would you recommend EAP at PRASA to a friend or colleague, and why?

---



---



---



---



---



---

---

**EAP non-use**

- Please tell me the reasons as to why you have you not used EAP?

---

---

---

---

---

---

---

**Managers and Supervisors**

- What do you think and feel about approaching your manager or supervisor if you have a problem?
- How often do you approach your manager or supervisor if you have a problem?

---

---

---

---

---

---

---

**Location of EAP**

- If the services of EAP we have at PRASA were made available or accessible elsewhere, where would you be willing to be seen by an EAP professional?
- Would you prefer to be seen at PRASA or outside of PRASA, and kindly elaborate why?

---

---

---

---

---

---

---

---

**Perceptions of EAP**

- Kindly tell me what is your general impression of EAP?
- When you look at the way things work in PRASA currently, what are the issues at PRASA that would make you want to or not want to consult EAP?
- What do you like about the services of EAP that would make you want to consult with them?
- What don't you like about the services of EAP that discourage you and would make you not want to consult with them?
- What advice would you give to PRASA EAP professionals or management if they want to improve the services of EAP?

---

---

---

---

---

---

---

**Any other comments?**

---

---

---

---

---

---

---