

**GAMBLING DISORDER IN THE WORKPLACE AMONG SECURITY OFFICERS
EMPLOYED BY THE NATIONAL DEPARTMENT OF HEALTH: GUIDELINES FOR
OCCUPATIONAL SOCIAL WORK INTERVENTION**

by

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**Submitted in accordance with the requirements for the
degree of**

Doctor of Social Work

in the subject of

Social Work

at the University of South Africa

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2024

DECLARATION

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I declare that the study "Gambling Disorder in the Workplace among Security Officers Employed by the National Department of Health: Guidelines for Occupational Social Work Intervention" is my work and has not been submitted for other degree/qualification purposes at any university or institution of higher education. Information derived from the published or unpublished work of others is duly acknowledged in the text and a list of references is provided thereof.

I further declare that I submitted the thesis to originality-checking software and that it falls within the accepted requirements for originality.



SIGNATURE

27/02/2024

DATE

ACKNOWLEDGEMENTS

Firstly, I would like to acknowledge God Almighty, without whom this study would not have been possible, for giving me the strength, knowledge, and wisdom to complete this study. Philippians 4 verse 19 says, "I can do all things through Christ that strengthens me". It would have been impossible to complete this study in my ability and strength without the help of my Lord and Savior, Jesus Christ.

Secondly, I take this opportunity to acknowledge my parents, Elias Mkhacani and Randeka Constance Nghonyama, my husband, Robert Muthanyi, our children, Mufunwa and Wanga Muthanyi, my siblings, niece and nephews for their unwavering support during my studies.

Thirdly, I would like to thank all participants who made an informed decision and agreed to be part of this study, for without them, there would be no study. I am eternally indebted to them for making this study successful.

I take this opportunity to thank my supervisor, Professor J Sekudu, who supported and guided me throughout my study. She was my co-driver and cheered me from behind. She believed in me even when I doubted myself. She carried me by hand and guided me towards the right direction. Words are insufficient to express my gratitude to you, Prof. May God richly bless you. Given an opportunity to do the same again, I would choose you all over. I am yet to meet a person who reads so many pages and chapters and never misses a thing. If anything, you are so meticulous in your work. I like that towards the end of this process, you kept saying you were wearing two hats (that of a supervisor and examiner), which was so helpful in wrapping up this project.

I would also like to thank UNISA librarians Ms S Morodi and Mr V Kheswa for their support during my study. All I ever needed to do was to send an email or make a call and they would go out of their way to get me the information I needed. The level of your professionalism is out of this world. You are so appreciated and keep up the good work.

Last but not least and from the bottom of heart, I would like to extend my gratitude to Dr Nyete for proofreading and editing my thesis. You did more than what was required. I appreciate all your efforts and assistance.

SUMMARY

The study focused on workplace gambling disorders among the National Department of Health security officers who gamble at work. The study sought to explore and describe the effects of gambling disorder on security officers' well-being. Therefore, a qualitative research approach was conducted, using purposive and snowball sampling, to select fifteen security officers and eight supervisors from whom data was collected. Semi-structured interviews were conducted with the help of an interview guide and focus group prompts enabled the researcher to facilitate the focus group discussions. A collective case study design was used to explore and describe gambling disorders in the workplace using a contextual approach to give meaning to the existence of the phenomenon. Furthermore, data analysis was conducted using steps adopted from Niewenhuis (2016:114) and data verification criteria from Schurink *et al.* (2021:393) to establish the rigour of the study. The findings illuminated that environment plays a pivotal role on the inception of the security officers' gambling. The environment motivates some of them to start gambling, which they adopt from observing colleagues who gamble and sometimes win. None of the participants sought professional help to deal with workplace gambling because they did not regard it as a problem.

The study highlighted that there is an element of cognitive distortion because participants believe that they have control over their gambling habits; therefore, they do not need help. The general systems theory (GST), ecological perspective and life model theories were used as theoretical lenses of this study. The study employed theories to guide, inform and comprehend the study. Hence, the study recommends developing and implementing a gambling policy in the National Department of Health to enforce the employer through occupational social workers and employee health and wellness office to address gambling-related issues. A constant gambling disorder awareness programme is recommended. Subsequently, the study findings were used to develop guidelines for occupational social work intervention to address gambling disorders in the workplace. For future research, it is recommended in this study that gambling disorder as a phenomenon be researched focusing on different participants and using different data collection methods. Such research would provide a picture of

the extent of the phenomenon in the workplace, which could assist in addressing the problem appropriately.

TRANSLATION (Xitsonga)

NKOMISO

Ndzavisiso wu kongomisiwile eka mahanyelo yo gembula entirhweni exikarhi ka vaofisiri va vuhlayiseki lava thoriweke hi Ndzawulo ya Rixaka ya Rihanyu. Xikongomelo xa ndzavisiso a ku ri ku valanga na ku hlamusela leswi mahanyelo yo gembula ya khumbhisaka xiswona vuhlayiseki bya vatirhi (vaofisiri va vuhlayiseki) lava gembulaka entirhweni. Endlelo ra ndzavisiso wa xiyimo ri tirhisiwile ku endla ndzavisiso. Sampulu ya xikongomelo na yo ka yi nga ri ya nkumbetelo ti tirhisiwile ku hlawula 15 wa vaofisiri va vuhlayiseki na 8 wa valanguteri laha datara yi nga hlengeletiwa eka vona Tiinthavhiyu to vutisela swivutiso ti endliwile hi ku pfuniwa hi xiletelo xa tiinthavhiyu naswona swiboho swa mitlawwa ya nkongomiso swi endlile leswaku mulavisisi a kondletela mikanelo ya mitlawwa ya nkongomiso. Dezayini ya nhlanganelo ya xikombisodyondzo yi tirhisiwile ku valanga na ku hlamusela mahanyelo yo gembula entirhweni hi ku tirhisa endlelo ra vuxokoxoko bya xiyimo ku nyika nhlamuselo ya vukona bya xihumelelo. Kuyisaemahlweni, nxopanxopo wa datara wu endliwile hi ku tirhisa switepe leswi tekiweke ku suka eka Nieuwenhuis (2016:114). Hi ku fana, Schurink et al. (2021:393)'s khirayitheriya yo kambisisa datara yi tirhisiwile ku tumbuluxa vuxokoxoko bya dyondzo. Leswi nga kumiwa swi kombisa leswaku mbango wu na xiave xa nkoka eka ku sungula ku hanya mahanyelo yo gembula hi vaofisiri va vuhlayiseki tanihi leswi va hlohleteriwaka ku sungula ku gembula hi ku langutisa vatirhikulobye lava gembulaka na ku hetelela mikarhi yin'wana va wina. Ku yile emahlweni ku kombisiwa eka dyondzo leyi leswaku ku hava na un'we wa vatekaxiave loyi a laveke mpfuno wa xiphurofexini ku va pfuna ku tirhana na ku gembula ka vona, hikuva a va kalanga va tivona tanihi ku va va ri na xiphiquo.

Leswi kumiweke eka dyondzo swi komba leswaku ku na mianakanyo ya vutixisi tanihiloko vatekaxiave va tshembha leswaku va na vulawuri ehenhla ka ku gembula ka vona hikwalaho a va lavi mpfuno. Thiyori ya tisisiteme to angarhela, thiyori ya vonelo ra ikholoji na xikombiso xa vutomi swi tirhisiwile tanihi mavonelo ya thiyori ya dyondzo leyi. Tithiyori ti tirhisiwile ku letela, ku tivisa na ku nyika ntwisiso wa dyondzo leyi. Ku bumabumeriwile leswaku pholisi yo gembula yi fanele yi tumbuluxiwa na ku simekiwa eka Ndzawulo ya Rixaka ya Rihanyu leyi nga ta endla leswaku muthori, hi

ku tirhisa vakondleteri va le ntirhweni na hofisi ya nongonoko wa rihanyu lerinene ra vatirhi, a ololoxa timhaka leti fambelanaka na ku gembula Xin'wana xibumabumelo i ku va na minongonoko ya ndzemukiso wa mahanyelo yo gembula leyi nga ta endliwa nkarhi na nkarhi. Leswi kumiweke swa dyondzo swi tirhisiwile ku tumbuluxa swiletelo swa nghenenelo wa vukondleteri bya le ntirhweni ku ololoxa mahanyelo yo gembula entirhweni.

Eka ndzavisiso wa nkarhi lowutaka, ku ringanyetiwa leswaku mahanyelo yo gembula tanihi xihumelelo ya fanele ku lavisisiwa hi ku kongomisa eka vatekaxiave vo hambanahambana na ku tirhisa maendlelo yo hambana yo hlengeleta datara eka dyondzo leyi. Ndzavisiso walowo wu ta nyika xifaniso xa mpimo wa xihumelelo lexi entirhweni, lexi nga ta pfuna eka ku lulamisa xiphiqo hi ndlela leyi faneleke.

Key concepts

Employee, Gambling, Gambling disorder, Guidelines, National Department of Health, Occupational social work, Security officers, social work, Workplace, Intervention

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ACRONYMS

NDOH	National Department of Health
DPSA	Department of Public Service and Administration
DTI	Department of Trade and Industry
UNISA	University of South Africa
SSA	Sub-Saharan Africa
SO	Security Officer
NGA	National Gambling Act
NGP	National Gambling Policy
NGB	National Gambling Board
EHW	Employee Health and Wellness
EAP	Employee Assistance Programme
WHO	World Health Organisation
APA	American Psychiatric Association
PLA	Provincial Licensing Authorities
LPM	Limited pay-out machines
GST	General Systems Theory
PSIRA	Private Security Industry Regulatory Authority
NEHAWU	National, Education, Health and Allied Workers Union
PSA	Public Servant Association
GEMS	Government Employee Medical Scheme
ASASA	Advertising Standards Authority of South Africa

CHAPTER 1: INTRODUCTION

1. INTRODUCTION

This chapter presents the background of the study and problem statement. The research questions, goals and objectives of the study, ethical considerations, and clarification of key concepts and limitations are also included in the chapter. Moreover, the chapter provides an overview of all chapters in the research report.

This study was conducted at the National Department of Health, Civitas Building, which is situated in the Pretoria Central Business District (CBD). However, the department has since relocated to a new building called Dr AB Xuma in Thaba Tshwane.

1.1 Background to the research

Gambling is a multi-faceted disorder that does not only affect gamblers but also their families, relationships, finances, work and productivity, as well as other spheres of their lives (Irie & Kengo, 2022:2). Gambling is a societal problem that knows no race, colour, age, gender, or background. It can affect anyone from any walk of life because it does not discriminate and knows no boundaries (Segal, Smith & Robinson, 2018:1). In the researcher's view. However, gambling can become a problem for certain individuals; some have control over it in terms of the frequency of their gambling and the amount of money they spend and, therefore, continue to gamble without any trace of disruption in their lives. Thus, for some people, gambling can be done as an occasional or social extramural activity, like social drinking, which never becomes a problem. According to Tomei, Tichelli, Nunweiler-Hardegger, and Simon (2015:608), gambling is a popular activity for the general population. This means that many people socially and occasionally gamble and do not become addicted or develop a gambling disorder. However, in some cases, social and occasional gambling quickly escalate into gambling disorder. Hence, the social and occasional gamblers become addicted over time, and it gets to a state where it needs to be acknowledged and treated accordingly, like any other addiction, disorder and behaviour. Segal *et al.* (2018:1) agree that gambling can progress from a fun, harmless diversion to an unhealthy obsession, often with dire consequences.

Gambling is betting money or something of value while aware of the risks involved and hoping to profit based on uncertain events whose results may only be determined by sheer luck or chance (DSM-5-TR, 2022:662). People who gamble always place bets, hoping it might be different for them to win. Binde (2013:81) argues that people who gamble have the desire to win. The researcher is of the view that the fact that people continue to gamble even though winning is not guaranteed shows that the phenomenon is a huge problem that needs to be addressed heads on, as some people are unable to control their desire to gamble, even if it disrupts their normal living. Those who gamble take a chance or literally take a gamble. In defining gambling, the DSM-5-TR (2022:662) states that “gambling involves risking something of value in the hope of obtaining something of greater value”. Although gambling is a non-substance-related disorder, the DSM-5-TR (2022:662) deemed it necessary to include and classify gambling as a disorder. In the researcher’s understanding, the reason gambling disorder is included as a non-substance-related disorder is because it presents symptoms like those of substance disorders such as alcohol and drugs. In a way, it is like a drug to those who use it as they keep going back for more, to get their fix and also hoping to win.

Research shows that gambling is a global phenomenon to humankind because traditional gambling activities were popular a thousand years ago and are still popular to this day (Zheng & Wan, 2014:2). The researcher believes that gambling is one of mankind’s oldest activities; hence, it is also mentioned in the Bible which has been in existence for years. Again, the origin of gambling is not clear. Gambling is referred to in some scriptures in the Bible, such as the books of Luke, Mark, Matthew and John. People often cast “lots” to determine one’s fate or destiny. The four examples of casting lots in these books are in the four Gospels of Mark 15:2, Matthew 27:35, Luke 23:34 and John 19:24 (New King James Version).

Mark 15:2 says, “Then the soldiers nailed Him on the cross. They divided His clothes and threw dice to decide who should get each piece” (New King James Version).

Matthew 27:35 says, "After they had nailed Him to the cross, the soldiers gambled for His clothes by throwing dice" (New King James Version).

Luke 23:34 says, "Jesus said, Father, forgive them for they do not know what they are doing. And the soldiers gambled for His clothes by throwing dice" (New King James Version).

John 19:24 says, "So they said, rather than tearing it apart, let's throw dice for it. This fulfilled the scripture that says, "They divided my garments among themselves and threw dice for my clothing", which is what they did (New King James Version). The above scriptures clearly show that gambling existed in the ancient ages and is as old as humankind. In line with the above-quoted scripture, it is evident that gambling was a problem during the ancient times of Jesus Christ on earth, which then suggests that gambling was a problem, then just as it is still a problem today. If it were not a problem, it would not have been mentioned. Additionally, it is mentioned not in one scripture but in several scriptures, as stated above. The researcher believes that gambling can affect any person; therefore, there should be ways to address gambling. In addition, the fact that the Bible has been in existence for so long is a clear indication that gambling, too, has been in existence that long. The researcher believes that the soldiers could have found other alternative means of sharing and disposing of Jesus' clothes instead of gambling for them as stipulated in the above scriptures.

The profile of those who gamble in South Africa is 25.4% of employed full-time, followed by 15.5% part-time employees and a whopping 42.3% of unemployed persons (NGB Research Bulletin No.7, 2017). Furthermore, the NGB Research Bulletin No. 7 of 2017 highlights that the trend relating to students is only 4%. However, NGB Research Bulletin No. 6 of 2017 paints a scary picture of youth and illegal gambling, stating that there is an increasing number of illegal gambling among the youth across South Africa. Having 25.4% of employees with a problem with gambling is a concern because in as much as the argument is that the gambling industry contributes to the economy and provides

employment, it can also have adverse and unintended consequences to those who are employed and involved in gambling, as well as the economy. The researcher is of the view that people who work contribute towards the overall economy of the country. Therefore, the lack of productivity from some individuals who gamble during work hours harms the economy in terms of poor service delivery, low productivity and inferior products being produced.

According to Ronzitti, Soldini, Lutri, Smith, Cleric and Bowden-Jones (2016:439), previous research has emphasised that some forms of gambling are more addictive than others. With that being said, the researcher became aware of some colleagues who gamble online and are part of international WhatsApp groups, where they get messages daily guiding them on how to bet and what numbers to bet. Social media platforms like WhatsApp groups enable people who gamble online to access betting easily. Additionally, it implies that geographical locations do not limit such people as they can communicate and keep betting despite being worlds apart. Surely, the readily availability and ease of access to the above form of gambling would facilitate people's gambling even more and without being detected. Be that as it may, it should be noted that according to the National Gambling Policy (2016:31), online gambling remains illegal in South Africa. Over and above that, there is no tangible evidence that shows that online gambling has the potential to contribute towards the economy by creating jobs since it is not labour-intensive (National Gambling Policy, 2016:38). However, the danger and challenge remain it means that those who gamble online will continue doing so until such time that online gambling is regulated if it will ever be regulated. As stipulated above, online gambling is illegal in South Africa; any winnings from online gambling are illegal since it is considered an unlawful activity. Thus, online gambling winnings should be paid into Unlawful Winnings Trust as banks are not allowed to process winnings (National Gambling Policy, 2016:31). Online gambling poses many challenges, especially since gambling disorder is viewed as a "hidden illness" as there are no obvious physical signs or symptoms like those that present in drug and alcohol abuse and addiction (Segal et al., 2018:2). This means that

those who engage in online gambling can continue to gamble undetected because it is difficult to know if a person is gambling, let alone online gambling as it is normal for most people to engage with their phones. According to Trivedi and Teichert (2017:181), several studies have shown that online gambling tends to be highly addictive and clinically more problematic than casino gambling. The fact that it is easy to access online gambling sites in the comfort of one's home or office makes it easier to hide. This implies that those who gamble can even hide their gambling activities from their spouses or partners, as they could pretend to be working on their computers or laptops while they are gambling. In a study conducted by Ronzitti *et al.* (2016:439), newer forms of gambling were regarded as highly engaging due to their ease of access, availability and fast-paced gaming style. The above discussion paints a picture that not only is online gambling easy to access, but it is also a fast-tracked game that can involve many people who are in different places at the same time. As highlighted above, gambling affects all areas of the gambling person's life. However, the focus of this study is gambling done in the workplace.

Gambling online means that gambling employees are not doing what they were hired to do, as they tend to spend more time gambling than working (Binde, 2016a:249). The researcher believes that people who gamble tend to spend more time gambling during working hours than getting the actual work done. For those who gamble at gambling outlets, when they take lunch, it is usually extended because they may have to queue at the local betting facility. They will also likely arrive late at work as they first go to the betting outlets to put their bets and leave early to collect their winnings. Simply put, "there is disregard for official working hours" (National Gambling Board, 2017:114). Further to that, whether gambling online or at an outlet, the effect of gambling is still the same when it comes to work performance because they would still be focused on gambling rather than work. People with gambling disorders are always preoccupied with gambling (DSM-5-TR, 2022:661). As has already been highlighted above, those who gamble are always thinking about gambling, and the researcher believes that such preoccupation is likely to affect work productivity. Loss of productivity can also be linked to presentism, where a person

is at work but not working or providing any service as their focus is on gambling. Although they are at work, their being there makes no difference as they are not working because their minds are preoccupied with gambling. According to the National Gambling Board (2017:114) study, it was found that gambling-related problems manifest themselves at the workplace because employees who gamble lack concentration, are always tired and appear to have lost interest in their work in general.

For people with gambling disorders to continue with their gambling activities, they need money, and often, they will not have a penny to their name. According to the National Gambling Board (2017:63), one of the reasons people gamble is a chance to win large sums of money, accounting for 55.6% of the people interviewed as part of the study conducted by the National Gambling Board. Another reason was the need for money, and this accounted for 24.0% of people who confirmed that they gamble because they need money (National Gambling Board, 2017:63). The researcher is of the view that such people tend to borrow money that they end up not being able to repay. It might mean borrowing from family members and colleagues, and they may find it difficult to pay back the money, leading to constraints in work or collegial relationships. One of the signs of workplace gambling problems is borrowing money from colleagues and ending up arguing with them about the borrowed money (National Problem Gambling, 2012). Some may even resort to stealing if the opportunity presents itself. The National Gambling Board (2017:113) found that one of the issues related to problem gambling was a person using money intended for household necessities. Heiskanen (2017:362) highlighted that money is an essential factor in gambling. However, most studies focus on individual gambling and the psychological experiences related to gambling rather than looking at gambling within the context of financial matters. Several authors (Binde, 2016a:255; Binde, 2016b:397; Heiskanen, 2017:367) draw our attention to the fact that money is at the centre of gambling, and those who gamble need to get money by any means necessary, even if it means stealing from colleagues or “borrowing” from the employer, so be it. The researcher believes that for such people, if in a position of influence, they might even try

to get some kickbacks to maintain their gambling lifestyles. Such employees become easy targets for corruption and other fraudulent activities at work. The researcher would like to dispute the notion that stealing only involves stealing tangible things; it goes deeper than that because a person who takes extended lunches, arrives late at work, but leaves early is stealing time from the employer. Time is such a valuable resource which can never be regained once lost. Employees stealing at work may become highly motivated to cover their criminal activities (Binde, 2016a:256). Furthermore, people with gambling disorders might try to cover their tracks and thus will likely not go on leave for fear that someone will discover their illegal activities. The above discussions are an indication that those who gamble would do anything to get money for gambling, even if it includes stealing from the employer, colleagues and family members.

It is clear from the above discussion that gambling, in general, is a societal problem that knows no race, colour, gender or social standing. It affects not only the individuals who gamble but also their significant others and other spheres of their lives, such as the workplace. The fact that the South African government does not have a policy specifically focusing on gambling in the workplace makes it even more challenging for all parties concerned to address the problem appropriately.

1.2 The problem statement

A problem statement is defined by Habib, Pathik and Banik (2014:51) as the basis on which the researcher starts the research by expanding on the problem of a particular phenomenon. Similarly, Creswell (2014:248) defines a problem statement as a statement about a phenomenon which explains reasons that warrant its research. Through a problem statement, the researcher can identify gaps within the phenomenon to be investigated (Brink, van der Walt & van Rensburg, 2018:50). However, according to Creswell (2014:115), creating a research problem can be daunting; the research problem becomes clear once the researcher starts asking questions such as “What is the need for

the study or what merits the phenomenon to be researched”? This helps the researcher ensure that problem statements are clearly defined and delimited in terms of the area of the phenomenon the study will cover. Regarding the research problem, various authors (Fox & Bayat, 2013:13; Leedy & Ormrod, 2013:31) agree that all research projects start with a research problem within the researcher’s area of interest and identifying a research problem can be easy if it is based on one’s personal or professional experience, observations, interests in academic subjects or gaps in theory.

It is important to know that research problems can also emanate from different areas such as work, practice, conversations with peers, theory and personal experience (Brink *et al.*, 2018:50). Over the years, the researcher has observed how some of her colleagues’ gamble at work. These colleagues talk about their gambling experiences openly. They often talk about their winnings and even near-winning experiences where they missed a big win by just a number or two. All of this has also contributed to interesting and prompting the researcher to explore and get an in-depth understanding of gambling amongst these individuals who engage in gambling. The researcher has been fascinated by how none of these colleagues view their gambling as a problem. If anything, it is even considered as an additional source of income. Individuals involved in gambling activities would often boast of projects they have completed using their gambling winnings. It is interesting to observe that they tend to know other officials who also engage in gambling. All those who gamble in the workplace at the NDOH appear to be betting using either the internet or gambling facilities located a few meters from the National Department of Health in Civitas Building. About three to four gambling facilities are next to the National Department of Health in the Pretoria Central Business District. Furthermore, almost all employees have access to the Internet while at work. Therefore, easy accessibility to gambling facilities could also be a factor in encouraging people to gamble. The National Department of Health’s (NDOH) in-house report from the Information and Communication Technology system revealed that employees gamble online, using the employer’s

resources. The two most popular gambling sites visited by employees between 2016 to 2019 are Supebets and National Lottery websites.

Although South Africa is said to have one of the best constitutions in the world and has enacted many pieces of legislation focusing specifically on the well-being of employees at the workplace, it does not have a policy or regulation in place to specifically address gambling in the workplace. With the above being said, the researcher strongly believes that there should be social work or Employee Health and Wellness Programs in place dedicated to addressing the effects of gambling disorder in the workplace. The problem statement for this research is postulated as follows: Gambling in the workplace is a problem that has not yet been fully researched, as revealed from the literature that the researcher reviewed. Therefore, gambling as a phenomenon needs to be researched further so that there is a clear and better understanding of the different facets of the phenomenon. Lack of information on this phenomenon could lead to occupational social workers or Employee Wellness Practitioners not being fully equipped to assist employees who present with gambling problems in the workplace. Hence, the researcher developed guidelines presented in Chapter 6 of this research report to assist.

1.3 The rationale for the study

The rationale for the study has to do with the importance of the study to the researcher, theory and practice (Tracy, 2013:98). Similarly, (Costley & Fulton, 2019:246; Godwill, 2015:5) postulate that a rationale serves as a reason why the researcher thinks that it is worthwhile for the study to be conducted on a phenomenon. Based on the above definitions, the researcher defines rationale as a reason or motive for conducting a study on a phenomenon to learn more about it. The researcher would like to reiterate that she has observed over the past few years how most security officers engage in gambling activities during working hours. The behaviour has prompted an interest in the researcher and made her want to understand its effects on their well-being at work and on them as individual human beings, their families and in other areas of their lives. Some of the

sources of research ideas identified by Tracy (2013:10) include societal problems and organisational dilemmas, and gambling disorder is one phenomenon that affects and can emanate from society and the workplace.

Research has shown that gambling in the workplace is a disorder and needs to be taken seriously as it has far-reaching consequences (Fenge, 2014:3). Furthermore, Binde (2016a:247) has highlighted that the problem is made worse because managers failed to acknowledge how gambling disorder at the workplace has dire implications. DSM-5-TR (2022:662) clearly states that gambling disorder presents similar rewards and behavioural symptoms as those of substance-related disorders. Therefore, this warrants that more research on gambling disorders be conducted as a way of theory-building within social work practice and academic fields. Conducting more research on gambling disorders within the workplace would assist social work practitioners in gaining more knowledge and understanding of the phenomenon. Habib *et al.* (2014:11) state that the significance of the research is to increase knowledge in a specific field and problem area. The researcher believes that getting an understanding of the effects of gambling disorder would assist not only towards social work knowledge contribution but will also help social workers in practice to have an insight into the phenomenon. This, in turn, would help occupational social workers in providing relevant services to their clients who have gambling disorders and thus improve social work service delivery. Additionally, the study further contributes by adding knowledge on how to address gambling disorders in the workplace by occupational social workers.

1.4 The research questions, goals and objectives

This section focuses on the research questions, goals and the study objectives.

1.4.1 Research questions

Research questions should address matters that are socially relevant and would assist by providing new insights or possible suggestions on how to solve the phenomenon (Flick, 2015:49; Fox & Bayat, 2013:23). Research questions are easy to formulate as they are generated from the research objectives (Madondo, 2021:180). Furthermore, the above authors (Flick, 2015; Fox & Bayat, 2013; Madondo, 2021) state that research questions should be clear and understandable. The researcher defines research questions as identified questions based on the topic and objectives of the study, which the researcher seeks to get answers to at the end of the research project. Below are the research questions for this study:

- How does gambling disorder affect security officers employed by a state department within the workplace?
- What measures would security officers like to see implemented in programmes addressing gambling in the department?
- What should the social work guidelines contain to assist security officers with gambling disorders?

In addition to the above primary questions, the researcher developed the semi-structured interview guide (**Addendum F**), where more relevant, open-ended and specific questions were drafted and asked to the participants.

1.4.2 Research goals

Various authors define research goals as the intended outcome of the study (McMillan & Weyers, 2014:34; Walter, 2013:381). Moreover, Niewenhuis (2017:73) refers to a goal as an aim or purpose. McMillan and Weyers (2014:35) define a goal as the aim of research and define it as a “general description of the overall purpose or statement of intent”. Although goals tend to be broad in nature (Costley & Fulton, 2019:244), they should,

however, be detailed, measurable and realistic (McMillan & Weyers, 2014:25). Having said that, the researcher believes that goals give direction in terms of what the study intends to achieve. McMillan and Weyers (2014:25) argue that goals assist the researcher in formulating specific research questions that the researcher seeks to answer in addressing the phenomenon. Given the above discussions, the researcher defines a research goal as the ultimate and perfect desire researchers seek to achieve through their studies. The research goals for this study are as follows:

- To develop an in-depth understanding of how gambling disorder affects security officers employed by the state department within the workplace.
- To examine the measures that security officers would like to see implemented in programmes that address gambling disorder.
- To develop occupational social work guidelines to assist occupational social workers and Employee Health and Wellness Practitioners in addressing gambling disorders in the workplace.

1.4.3 Research objectives

Research objectives are defined as the research outcomes based on the study's research questions (Jensen & Laurie, 2016:4). Meanwhile, Habib et al. (2014:51) see research objectives as the intent or purpose to be achieved at the end of the study. Similarly, McMillan and Weyers (2014:34) maintain that objectives are specific and achievable outcomes needed to achieve the aim of the study. Additionally, objectives should be SMART, which is an acronym for specific, measurable, attainable, realistic and time-bound (Habib et al., 2014:51; Madando, 2021:179; McMillan & Weyers, 2014:34). The researcher also supports the above authors because unclear objectives will lead to an unclear research process, leading to unclear findings. That said, the researcher defines research objectives as steps taken by the researcher to attain the study's goals. The objectives formulated for this study are:

- To explore and describe gambling disorder in the workplace as a phenomenon;
- To contextualise how gambling disorder manifests itself in the workplace;
- To examine the measures that security officers would like to see implemented in programs that are aimed at addressing gambling disorders and
- To develop guidelines for occupational social workers

The following section provides a detailed account of how ethical considerations were observed while conducting this study.

1.5 Ethical considerations

Any researcher worth their salt would know the importance of ethical considerations that must be adhered to before undertaking any study that involves humans or animals (Given, 2016:28; Strydom & Roestenburg, 2021:117). The researcher asserts that ethics are fundamental when conducting research simply because research should be conducted within an acceptable ethical framework. Additionally, the researcher believes that ethics play a pivotal role whenever research is undertaken as it involves intruding into human beings' personal lives, experiences, feelings and emotions. Thus, it is worthwhile for the researcher to be aware of various ethical issues about undertaking any research, especially qualitative study (Hesse-Biber, 2017:95).

Ethics are moral principles that guide researchers' expected behaviour towards participants, institutions or organizations and fellow researchers without harming all people that form part of the study by balancing their interests and protection of participants (Kumar, 2014:370; Madondo, 2021:1; Strydom & Roestenburg, 2021:119). Based on the above definitions, the researcher concludes that ethics are the researcher's moral obligation to act professionally towards participants and other researchers by ensuring that both the researcher and participants suffer no harm. Therefore, the study must be conducted ethically so there are no compromises. Several authors have alluded to the

principles of research ethics (Flick, 2015:32; Guest *et al.*, 2013:317; Hesse-Biber, 2017:91; Strydom & Roestenburg, 2021:119) and those are discussed below as follows:

1.5.1 Voluntary participation

Participation in any research should be voluntary, as participants cannot be coerced into participation (Salkind, 2017:78). For participants to decide whether to participate in a study or not, the researcher should inform participants about what the study is all about in terms of potential harm and benefits of the study (Strydom & Roestenburg, 2021:120). Thus, participants must be well informed about the study well in advance so that they are aware of what the study entails and what is expected of them as participants; for these reasons, the researcher believes that the importance of thoroughly informing participants of the study must be balanced. Since it is unethical to force participants to be part of the study, they need to have all the necessary and relevant information to ultimately make an informed decision to participate and do so at their own free will, meaning voluntary.

The researcher believes it is important for researchers to be transparent and truthful when engaging potential participants. The ethical principle is and should always be “never coerce or force” potential participants because voluntary participation is about making sure that no information from and about participants should be used without their unforced agreement to it (Salkind, 2017:79, Strydom & Roestenburg, 2021:121). The researcher applied this principle by informing prospective participants about the study after they were identified through the selection criteria, explaining the potential benefits of the study to people who are involved in gambling as it would shed light on social workers so that they are best equipped in helping people who gamble and would add knowledge on the understanding of gambling as a phenomenon. Participants were also informed that they only participated in the study if they were willing, as they were not obliged by anything to form part of it. Over and above that, participants were presented with a permission letter from the National Department of Health and an ethics approval certificate from the UNISA

Research Ethics Committee. Subsequently, participants decided to participate in the study and signed the consent form. Below is the discussion on informed consent.

1.5.2 Informed consent

Various authors define informed consent as a prospective participants' agreement to voluntarily participate in the research project after they have been informed about every aspect of the study (Hesse-Biber, 2017:98). Putting it differently is the Protection of Personal Information Act (2013:13) which refers to informed consent simply as "consent" and describes it as an act of willingness to voluntarily permit for personal information to be made available and used accordingly after that. It is important to note that informed consent is at the core of research ethics (Ravitch & Carl, 2016:360). The researcher has the responsibility to inform prospective participants about all the relevant information about the study so that prospective participants get to understand the study, what it intends to achieve and its implications and then agree to be part of it (Leedy & Ormrod, 2013:105; Strydom & Roestenburg, 2021:122; Williams 2015:9). For instance, information such as the goals of the study, how long would collecting data take, what are the possible advantages or benefits of the study, the risks associated with the study and lastly, how the findings would be used, should be explained in detail to the participants (Hesse-Biber, 2017:98; Strydom & Roestenburg, 2021:122). To this end, the researcher explained to all individual participants that the advantage of conducting the study is to gain more knowledge on gambling disorders. As part of getting the participants to participate, the researcher further informed each single one of them that the findings would be shared with UNISA as they would be published and could also be shared at academic conferences. The participants were also informed that the research report will be shared with the NDoH research unit.

The researcher believes that participants must be allowed to decide after all, information about the study has been given to them, whether to participate or not, and their decision should be respected. During the recruitment process, one security officer refused to be part of the study after the researcher had informed him about the study, its objectives and how results will be disseminated. The researcher had no option but to respect his decision. In all of this, the researcher remained ethical in conducting research even when it might be challenging to get participants because they can and have the right to refuse to participate if they do not want to. There is nothing the researcher can do to force them to change their decisions. Rubin and Babbie (2016:83) further emphasise that no reason could justify violating the informed consent principle, regardless of the challenges. Therefore, based on the above arguments, the researcher believes that a balance between informed consent and ethical research practice should always be maintained because more research in different areas still needs to be conducted. If researchers are unethical in their studies, it might lead to people declining participation in future research projects. This is confirmed by Ryen (2016:33), who asserts that researchers should keep the field for other researchers.

The researcher prepared an informed consent form and requested all participants to sign it before collecting data after all the information about the study was explained and clarified accordingly. The forms are evidence that participants voluntarily agreed to participate in the study. The consent form should be signed by both the participant and the researcher (Strydom & Roestenburg, 2021:124), and this process was followed in this study. To adhere to informed consent, the researcher started the data collection process by explaining to each prospective participant what the research is about, the risks associated with participating in the study, how the study benefits participants and how findings will be kept and eventually disseminated. The researcher further explained that there is no compensation for participating in this study. It was equally important for the researcher to inform participants that permission to conduct the study and interview participants was obtained from the Director-General of the National Department of Health

(Addendum B). The proof was shown to all participants. Furthermore, the researcher informed prospective participants that the UNISA Research Ethics Committee granted an ethics approval certificate as part of the required study process **(Addendum A)**. All the documents were shown to prospective participants, who were also given time to read through them. Only after the preceding process was completed were they requested to sign the informed consent form to confirm their consent to participate in the study. Below is the discussion that outlines the principles of beneficence and non-maleficence.

1.5.3 Beneficence/non-maleficence

Doing good is very essential in conducting research and it is for that reason that Guest *et al.* (2013:318) point out that research should have more benefits than harms. Non-maleficence means not to intentionally or unintentionally do or cause harm to participants (Creswell, 2016:126; Strydom & Roestenburg, 2021:119). Failure to do good will have negative effects on the academic community as potential participants may refuse to participate in future research projects (Ryen, 2016:33). One could never say that there is zero harm to participants when researching because even something as small as experiencing some emotions can be viewed as harm to a certain level. Although this study's risk of harm to participants was rated low, the researcher observed any discomfort or crying during data collection. Additionally, all the study participants were debriefed after the data collection process, and this was done as a way of establishing if they had been affected emotionally by participating in the study, as they were required to speak about their own experiences. No harm was done either to the researcher or participants in this study.

It is equally key to note that non-maleficence does not only end with participants. Instead, it must be extended even to the researcher and the research team (Creswell, 2016:131; Given, 2016:28). According to Strydom and Roestenburg (2021:120), all research teams should never venture into areas they are not familiar with on their own. Additionally, any potential risk and harm to the researcher should continuously be monitored, and if the

researcher feels unsafe, they should immediately stop collecting data (Strydom & Roestenburg, 2021:120). In essence, the study should be more beneficial than harmful. Therefore, benefits should be maximised while risks and harm are minimised at all costs. Below is the discussion on the principle of avoidance of harm to participants. Since the outcomes of this study led to the development of occupational social work intervention, the researcher believes that the benefits outweighed the emotional discomfort.

1.5.4 Avoidance of harm to participants

Ethics are about protecting the research participants from harm (Flick, 2015:36; Ravitch and Carl, 2016:355). Furthermore, in agreement with the above statement is (Leedy & Ormrod, 2013:105; Fox & Bayat, 2013:148) point out that researchers must never expose participants to unnecessary financial, physical, psychological or any other form of harm. Based on the above-highlighted information, the researcher believes that harm should never be limited to physical or psychological aspects because it can be more than that. Sometimes, participants may fear sharing their personal information with the researcher as they might need to figure out how it will be used.

Qualitative research involves direct participants with emotions and views regarding their experiences. The researcher believes that participants' feelings should never be downplayed in any way as this could negatively influence the study. Rubin and Babbie (2016:87) point out that conducting social work research poses ethical challenges regarding benefits versus risks. It is worth noting that this study is of low risk, as per the College of Human Sciences' College Research Ethics Committee (CREC), as reflected on the ethics approval certificate. This is because the study has few risks except where participants may have felt uncomfortable or even a little embarrassed responding to certain questions. To mitigate any potential risks during the data collection process, the researcher debriefed all participants at the end of the data collection session. No participant indicated and expressed the need for further counselling. Therefore, no

referral was made to Employee Health and Wellness practitioners, who had agreed to provide this service. The arrangements were made with them during the proposal stage and approved by the research ethics committee. To alleviate any harm, the researcher made prior arrangements with participants to ensure that the venue was comfortable and that the interviews were conducted in the office at work so that participants did not have to incur any travelling costs. The researcher explained the study's purpose and how the information will be managed. It was explained to participants that information will be kept in a lockable drawer which will be accessed by the researcher alone. Additionally, the researcher informed participants that anyone with access to the transcripts would be asked to sign a confidentiality form to ensure they do not share the information with unauthorised persons. For instance, the supervisor was asked to sign the confidentiality form to ensure that she kept all the research information shared with her confidential. Furthermore, the researcher also requested the editor to sign the confidentiality form. To ensure no harm befell participants, the researcher treated them respectfully instead of just as research participants needed to add to the study's required number. Below, the researcher outlines the principle of debriefing participants.

1.5.5 Debriefing of Participants

Debriefing participants after the data collection process is very important and should be more balanced. Abbott and McKinney (2013:400) state that debriefing is a process whereby a researcher or any other professional person addresses participants' misgivings that they may have had during the study. Meanwhile (Ruel, Wagner & Gillespie, 2016:106; Leedy & Ormrod, 2013:105) define debriefing as an engaging process that the researcher undertakes immediately after data collection as a way of getting feedback and reactions from participants regarding the data collection process. Leedy and Ormrod (2013:105) state that participants must be informed that any psychological discomfort experienced during participation will necessitate debriefing immediately after participation. Based on the above information, the researcher defines

debriefing as an ongoing process of observing participants during the data collection to look for any discomfort and address them immediately after the data collection process.

Debriefing helps alleviate participants' uncomfortable reactions during the data collection process. It makes the researcher aware of the need to make follow-ups and refer participants for relevant psychological interventions (Strydom & Roestenburg 2021:124). Additionally, if participants had misinformation about the study, debriefing allows the researcher to correct such misunderstandings. Based on the above discussions, researchers must honestly debrief participants and not deceive them. The National Department of Health has an Employee Health and Wellness office. The researcher made prior arrangements with social worker practitioners, informing them of the study and possible participant referrals. They signed acceptance letters agreeing to assist (**Addendums I, J1, J2**). However, no participant was referred to the wellness office because there was no need the researcher debriefed participants herself after interview session. After the debriefing, their emotions were restored to their state before the interviews. The ethics discussions regarding participants' rights to privacy are presented below.

1.5.6 Participants' rights to privacy

Every individual has the right to privacy. The Bill of Rights in the Constitution of South Africa (Act 108 of 1996) clearly states in Section 14 that "everyone has the right to privacy". Meanwhile, according to Strydom and Roestenburg (2021:124), privacy has to do with personal privacy. This means that even during data collection, the researcher needs to ensure that data is collected in a private and safe space. Data for this study was collected in the researcher's office, which remained locked throughout the process. The researcher could not use the boardrooms as they are made of glass, and everyone would have seen participants being interviewed, compromising participants' privacy.

Participants have the right to privacy, which should not be infringed simply because the researcher wants to obtain information about a phenomenon. The researcher believes that participants cannot share their personal information without permission. At the same time, the researcher has an ethical obligation to protect such information. Leedy and Ormrod (2013:107) believe that any research study involving human beings must respect participants' right to privacy. The researcher believes this is not only ethical but also about respecting the efforts and experiences that participants share with you as a researcher. The right to privacy also directly talks to anonymity by ensuring that findings cannot be matched and linked to a particular participant except by the researcher (Salkind, 2017:78). It is evident from the above discussion that participants' right to privacy should be respected by the researcher and all involved in the study. In ensuring the privacy of participants, the researcher closed and locked the office while data collection interviews were conducted, this was done to ensure that there were no disturbances. The information shared by the participants was also protected through employing anonymity, as shown below. Further, that was done to ensure no one walked into the office while the data interviews were in session.

1.5.7 Anonymity

Anonymity ensures that the reader of the research report cannot link any response to a specific participant because the report is based on data collected from all participants instead of a particular individual (Ravitch & Carl, 2016:364; Vogt & Johnson, 2016:335). According to Costley and Fulton (2019:83), it is the researcher's responsibility to ensure that the secrecy of participants cannot be identified. Meanwhile, some writers believe anonymity ensures that no one, not even the researcher, can know or link participants' identities and responses to questions (Jensen & Laurie, 2016:133; Strydom & Roestenburg, 2021:124). Concurring with the above authors are Rubin and Babbie (2016:72), who stipulate that if it is "impossible for the researcher and anyone else to

identify what participants are connected to what data and the answer is yes, then anonymity is ensured”.

The researcher believes there is no absolute anonymity in qualitative research, especially since it involves face-to-face interaction between participants and the researcher when data is collected. With that in mind, it is apparent that anonymity cannot be guaranteed, but researchers should try their best to ensure that responses are not linked to any participants. The researcher defines anonymity as keeping participants’ personal information secretive by referring to them using pseudonyms or giving them code names instead of addressing them by their real names. The researcher ensured the anonymity of participants’ identities and information by assigning them code names and not including any of their names, identity numbers and addresses in the research report. With the above being said, below follows discussions on the principle of confidentiality.

1.5.8 Confidentiality

Confidentiality protects research participants from harm by ensuring that collected data is not divulged to anyone without their consent (Hesse-Biber, 2017:99; Walter, 2013:382). According to Bless, Sithole and Higson-Smith (2013:32), with confidentiality, the emphasis is on safeguarding participants’ information by putting measures in place to protect it. The researcher sees confidentiality as ensuring that participants’ information is kept safe and not shared with unauthorised individuals. Furthermore, Strydom and Roestenburg (2021:124) elucidate that confidentiality is an agreement between the researcher and participants to prevent certain people from accessing participants’ confidential and private information. Participants’ personal information should, therefore, be kept confidential. But over and above, all the information that participants share with the researcher is also safeguarded and kept confidential in a lockable cabinet. That said, the researcher has stored all participants’ information in a lockable cabinet that can only be accessed by her. Participants’ information was shared only with authorised and

relevant persons, such as the supervisor and the language editor, who have been requested to sign a confidentiality agreement form. To this end, data will be stored for five years, and after that period, the researcher will destroy all electronic and paper-based data. Following the above discussion is the principle of information management, outlined below.

1.5.9 Management of information

The researcher knows that data collected during the research should be safeguarded and kept confidential. Research participants' personal information and responses to research questions are kept confidential in a lockable steel cabinet. The researcher has ensured that information does not end up in unauthorised hands during and after the research process by locking up files and has sought the assistance of departmental Information and Communication Technology (ICT) in securing files with passwords. In managing the information, the researcher follows "the need-to-know principle" stipulated in the Minimum Information Security Standards (MISS) document. The "need to know" principle concerns authorised persons such as the supervisor and language editor having access to information because they need to assist the researcher. To ensure that the above principle is adhered to, the researcher has requested the supervisor and the language editor to sign a confidentiality agreement form. This was done to bind the supervisor and the language editor not to share participants' information with unauthorised persons.

Data management in qualitative research is of great importance since it contains personal information collected that needs to be protected by storing it appropriately (O'Reilly & Kiyimba, 2015:48). The researcher keeps and has stored collected data in a lockable cabinet in the office and off-site at her home. The information will be kept for five years as stipulated by Unisa research regulations. After five years have lapsed, the researcher will dispose of information by shredding it, using the appropriate shredder that shreds in a crisscross way. Similarly, information stored on the laptop will be deleted, and the bin

will also be emptied so there is no trace of the information on the system. This means anyone accessing the shredded papers cannot reconstruct the document later. Following this discussion is the clarification of concepts key to this study.

1.6 Clarification of key concepts

The following concepts are defined and contextualised for a better understanding of the contents of this research report.

Department- refers to any government department mandated and responsible for providing certain mandatory services (Basic Conditions of Employment Act No. 75 of 1997; Children's Act No. 38 of 2005; Occupational Health and Safety Act No. 85 of 1993). The researcher defines a department as a public entity, which could be at the local, provincial or national level, and has a legal responsibility to serve society. This study refers to the department as the National Department of Health, including its different sites or facilities.

Employee- according to Section 1 subsection 32 (a) of the Basic Conditions of Employment Act No. 75 of 1997 and the Occupational Health and Safety Act No. 85 of 1993, an employee is any person, excluding an independent contractor, who works for another person or an Organ of State and is entitled to remuneration and works under the direction or supervision of an employer or any other person. Standards for Employee Assistance Programmes in South Africa (2018:3) defines an employee as someone who has entered into a contract with an employer to render services. According to the researcher, an employee is a person who is appointed, after all due appointment processes are followed on a permanent or contract basis, to perform certain services for which they get remunerated. Meanwhile, within the context of this study, an employee is any person who is employed or is rendering security services to the NDoH for payment in return for their services.

Gambling is placing something of value at risk while unsure of the results or outcome (DMS-5-TR, 2022:662). In addition, (Binde, 2016a:247; Fong & Rosenthal, 2014:2) assert that gambling is betting or staking something valuable to make money or profit or gain something tangible based on uncertainty. The researcher defines gambling as risking money and something worth of value based on belief, faith and confidence that cannot be determined. In this study, gambling refers to the process of engaging in risky betting behaviours to gain something financially in return.

Gambling disorder- DSM-5-TR (2022:661) defines gambling disorder as continuously recurring problematic gambling behaviours that lead to addiction or distress in which gamblers present or display four or more of the gambling disorder symptoms for a period of twelve months or more. Similarly, various authors (Loannidis, Hook, Wickham, Grant & Chamberlain, 2019:1354; Lupi, Martinotti, Acciavatti, Pettorruso, Brunetti, Santacrose, Cinosi, Di Lorio, Di Nicola & Di Giannantonio, 2014:1) define gambling disorder as a mental health condition that is associated with psychological dysfunction, leading to uncontrolled and impulsive behaviours. Therefore, based on the above-given definitions, the researcher defines gambling disorder as a psychological and compelling public health condition that gives a person the urge or desire to engage in gambling without thinking of the consequences of their actions. For instance, the above would be applicable when a security officer no longer has control over their gambling to such an extent that it has become a lifestyle regardless of the consequences.

Organ of State- is any government department or institution at the national, provincial, or local level which has the powers to perform public duties in terms of the Constitution but does not include a court or a judicial officer (Constitution of the Republic of South Africa, Act No. 108 of 1996; Protected Disclosure Act No. 26 of 2000; Statistics Act No. 6 of 1999). According to the researcher, an Organ of State refers to any government department based in any of the three spheres of government that renders specific services to communities. In the context of this study, the Organ of the State refers to the National Department of Health.

Security Officer- also referred to as a security guard, is a person who is employed by an Organ of State or a private security service provider to render security services of protecting employees and assets from physical harm or theft and is remunerated accordingly for the services rendered (Private Security Industry Regulation Act No 56 of 2001). In addition, the Government Gazette (No. 43036 of 2020) describes a security officer as someone who provides security services in line with their grading, ranging from A to E, and different responsibilities. The researcher defines a security officer as someone employed to provide security services in the government or private sector by protecting employees, visitors, contractors, assets and information of the organisation. Within this study, a security officer is any person trained and has a specific security grade, employed either by the NDoH or a private security service provider as a security officer posted in any site managed by the NDoH.

Workplace- and place employees work (Basic Conditions of Employment Act No.75 of 1997). Similarly, Occupational Health and Safety Act No. 85 of 1993 defines a workplace as any place where employees perform their duties while employed. Meanwhile, the researcher defines a workplace as any place where an employed person spends a defined time and carries out their duties. Nonetheless, the place is not limited to the physical environment. The researcher believes that working offsite and introducing virtual video conferencing has brought a new and rather interesting concept of what constitutes the workplace. A workplace for this study is where security officers are based and render security services to the National Department of Health, for which they are compensated. The discussion below outlines the limitations of the study.

1.7 Limitations of the study

The study was only confined to security officers in the National Department of Health as the private security officers from private security service providers contracted to the department at the time of the study. Other employees in the department engage in

gambling, but due to time constraints and the budget at the researcher's disposal, the study focused on security officers only. Future research could expand by focusing on different employees within the NDoH and use different data collection instruments such as surveys and questionnaires for managers and other employees.

In applying the snowball sampling technique, the researcher had a challenge because some participants were uncomfortable referring the researcher to their colleagues and other employees, despite being aware of fellow security officers who gamble. For example, one security supervisor stated that she was aware of a fellow security officer colleague involved in Bitcoin online gambling and lost approximately R10 000. However, the supervisor was uncomfortable referring the researcher to this security officer. She mentioned that this security officer is extremely sensitive about her private life, including the issue of Bitcoin online gambling. The supervisor further said that the security officer concerned does not feel comfortable talking about that issue since she has lost lots of money and is a very private person. This deprived the researcher of some rich information that could have added value to the findings of this study. In line with research ethics, the researcher did not pursue the matter, therefore, only participants who were willing and available formed part of the study.

Some potential participants were not willing to partake in the study. One such participant was called, and an appointment was made with him. When he came to the venue of the interview and after the researcher had explained all about the informed consent and what the study was all about, he simply said he was no longer gambling. In the researcher's view, this was a limitation as that potential participant could have positively contributed to the study and the knowledge of gambling disorder phenomenon in the workplace. The researcher had no choice but to let the potential participant go. She could not force him to participate in the study as that would have constituted unethical research behaviour.

Most participants did not feel comfortable recording the interview audio, so the researcher had to rely on notes taken during the interviews. Having an audio recording of the

interview made all the difference when transcribing interviews as opposed to relying on notes only. With notes, one should immediately after the interviews make a detailed report as a way of detailing the interview because it is easy to forget important information after some time. Depending on taking notes during the interview can lead to missing out on other crucial information, but the participant's preferences had to be respected. However, as stated above, the researcher had to take notes and transcribe them the same way she did with the audio recordings.

Another limitation of the study came when the researcher called the security supervisor in one of the facilities identified to be included as part of the study, and he responded that there were no security officers in the facility who engaged in gambling activities. The researcher needed help verifying such information and ended up not interviewing nor including any security officer from that facility. This was a limitation because the researcher could not know whether the supervisor was telling the truth. Thus, the researcher had to settle for what she was told as there was no way of confirming what the supervisor said. Furthermore, suppose there were security officers who gambled in that facility, it should have been them who were supposed to make that decision to participate in the study or not, and not have the supervisor be the one to decide on their behalf. The researcher believes their gambling experiences would have added more value to the study. However, since the researcher had no way of knowing whether security officers in that facility gamble or not, she could not force security officers to be part of the study.

The researcher observed that the literature on gambling disorder in the workplace is limited, especially South African-based literature. The researcher had to use some sources over ten (10) years old as they contained essential information needed in the study. But over and above that, the researcher also used sources which were recent to ensure that a balance was maintained.

Since the study was conducted in a highly unionised environment, some participants might have consulted their union leaders. The union leaders could have easily influenced participants not to partake in the study. The researcher addressed this matter by simply following all ethical aspects of research such as explaining to participants what the study was about and how it would benefit all parties concerned. All participants were requested to sign consent forms after it was explained to them that they could withdraw from participating at any time if they do not want to continue. Below, the researcher outlines the research report structure.

1.8 Structure of the research report

The research report consists of seven (7) chapters that are as follows:

Chapter 1: General Introduction

This chapter contains the introduction and problem statement of the study. It also includes research questions, goals and objectives of the study, ethical considerations, and clarification of key concepts and limitations. Moreover, the chapter provides an overview of all included chapters and part of the research report.

Chapter 2: Theoretical framework

This chapter focuses on the theoretical lens that guided and informed the basis and focus of the study. The theories used to guide this study, namely, the general systems theory, the ecological perspective and the life model, are discussed in this chapter.

Chapter 3: Literature Review

Literature on gambling disorders and behaviours in the workplace was reviewed. The researcher also reviewed literature that related to how gambling disorder affects those who gamble as well as different spheres of their lives, including family and work. The legal framework regarding gambling legislation in South Africa is discussed in this chapter.

Chapter 4: The Research Methodology

The research methodology used in this study is outlined in this chapter. The chapter highlights the research approach, designs, methods, description of the study setting, population, sampling, pilot study, data collection and analysis. Moreover, the chapter also discusses how the trustworthiness of the study was ensured.

Chapter 5: Presentation and analysis of research findings

This chapter presents the data and the analysis thereof, where the research findings and the interpretation of the data are presented. Verbal responses from the participants are used to confirm the findings. The researcher used available literature on gambling and gambling disorders to support and contrast the findings.

Chapter 6: The Practice Guidelines

This is the chapter that presents the proposed guidelines for occupational social work intervention in dealing with gambling disorders in the workplace. The process of developing guidelines is first outlined, followed by the focus on different areas of relevance like management, training on gambling disorder, awareness, policymaking and implementation thereof, and the participation of different stakeholders within the department.

Chapter 7: Summary, conclusions and Recommendations

This chapter provides the summary, conclusions and recommendations of the study based on the literature and research findings.

CHAPTER 2: THEORETICAL FRAMEWORK

This chapter provides detailed information on the theories used as the anchor and lens that guided the researcher in executing this study. The general systems approach and the ecological perspective, including the life model, guided the researcher.

2.1 INTRODUCTION

A theoretical framework is a structure that is developed based on previous research done and assists researchers with the basis within which they can locate their research and subsequently come up with improved, new and polished ideas (Habib *et al.*, 2014:54). Meanwhile, Brink *et al.* (2018:21) assert that a theoretical framework is a statement based on the existing theory that is integrated into a study to guide a phenomenon. It is worth noting from the above definitions that a theoretical framework serves as the basis for conducting a study. The inclusion of a theoretical framework makes sound research because any study that is not founded and justified by theory will produce limited findings and conclusions (Grant & Osanloo, 2014:14). Grant and Osanloo (2014:13) assert that a theoretical framework is simply a blueprint of the entire research from which the researcher builds and supports the study while at the same time providing a structure on how the researcher will approach the study from a philosophical, methodological and analytical point of view. Additionally, a theoretical framework serves as the base on which all research knowledge is built as it gives structure and support for the rationale for the study, the research problem statement, the objective of the study and the research questions (Grant & Osanloo, 2014:12). All the above information makes it clear that the function of a theoretical framework in research is pivotal. Every researcher must have a theoretical basis. In addition, Crawford (2020:39) states that while theory supports research, it should be noted that any theory not backed up by research will eventually become redundant, not be in use anymore and will likely be replaced by newly developed theories. The researcher believes that a theoretical framework is an important aspect of research that should be

considered because every research should be anchored and grounded in theory. This is normally based on previous research that guides and forms the basis of the study's point of departure. In simpler terms, the lens and viewpoint guide the study. As already stated, the researcher used the general systems theory, ecological perspective and the life model as the lens that guided the process of executing this study. The researcher chose the above theories because their focus is on a person and the environment in which the person lives in and how these each influence the other. Furthermore, the three theories were used because they are interlinked.

2.2 The origins of the ecological systems theory

Several authors (Beckett & Horner, 2016:110; Teater, 2014:17; Ruffolo, Perron & Voshel, 2016:22-23) have written extensively about the ecological systems theory by indicating that it is a form of general systems theory that was initially used in other social sciences fields such as sociology, anthropology and psychology before it being introduced into social work theory by theorists such as Germain (1968, 1973, 1978); Germain and Gitterman (1980); Gitterman and Germain (1976); Meyers, (1970, 1973, and 1979). According to Teater (2014:17), the systems theory in social work practice became more significant in the 1970s. Furthermore, Teater (2014:17) points out that the ecosystems theory combines two distinct but interrelated and overlapping theories: general systems theory and the ecological perspective. Ecological theory was originally developed by Bronfenbrenner (1979) with an emphasis on understanding people in context (Neal & Neal, 2013:722). Various authors (Bowers & Bowers, 2017:240; Ruffolo *et al.*, 2016:20; Teater, 2014:17) refer to the concept of a person-in-environment. In simpler terms, this refers to looking at a person within their environmental context. Bowers and Bowers (2017:243) assert that context brings a better and clearer understanding of a person. In contrast, Neal and Neal (2013:723) state that the ecological systems theory provides an intervention beyond the person. For this reason, Bowers and Bowers (2017:240) draw our attention to the fact that individuals and families cannot be viewed outside of the

environment in which they interact. In the view of (Bowers & Bowers, 2017:245; Ettekal & Mahoney, 2017:2), the ecological systems theory, as developed by Bronfenbrenner (1979), is characterised by four systems nested within each other. These systems are detailed later in this chapter.

Meanwhile, Matties and Narhi (2018:202) highlight that the person-in-environment concept can only be understood by considering the person's environment. In this study, participants influenced each other to gamble, as some security officers joined their colleagues who gambled simply by observing and interacting with them regularly. People and their environment have an integral relationship. Therefore, from a holistic point of view, people and their environment can only be fully understood within the context of the relationship between them and each other. That said, the researcher believes that reciprocity is important and at the helm of the relationship between the person and their environment. The ecological and general systems theories are related but discussed separately.

2.2.1 The general systems theory

The general systems theory is a theory that holds that everything is made up of different elements that work together to create a system (Payne, 2021a:215). Furthermore, the general systems theory is based on the belief that individuals are social beings that do not exist in isolation. Instead, their very existence is arched on relationships that influence each other (Tunmore, 2017:82). Most importantly, the general systems theory is founded on the view that whatever happens in one system has a ripple effect on other systems. A good example would be that of a child whose parents are divorced. The divorce would affect the child, the parents and other family members. Such a life-altering event will affect the child, possibly his/her school performance, the parents and their work performance. In simpler terms, although the divorce is between two parents, the impact is on others around them. The same can be said about an employee who gambles; the effects of

gambling do not end up with her/him but go further to affect the family as a whole and fellow employee, as has been revealed in this study.

2.2.2 Concepts of the general systems theory

Some important concepts that are associated with the general systems theory are described as follows:

System: A system comprises organised elements of different components and processes that interact with each other (Teater, 2019:20; Maree, 2016:356). All participants come from families, and they live in communities. All the systems interact with, affect and influence each other. The researcher believes that a person's growth and development are influenced by the different systems they are a part of. All participants in this study belong to different systems that had influenced them differently. They have also influenced the systems that they are part of as they continually interact with them.

Homeostasis is the tendency of the system to regulate and maintain balance within itself while responding to and addressing any disturbances that might create havoc to the system (Teater, 2019:20; Tunmore, 2017:85). The issue of gambling comes into the picture as participants gamble to try and augment their salaries with the hope to win and cover all their financial expenses. For participants, gambling is their way of trying to address their financial shortfall, but that might not have the same meaning to someone who does not believe in gambling.

Boundary: A boundary is the uniqueness of each system that defines and sets it apart. The permeability of a system will depend on what it allows in and out, which could be physical or psychological in nature (Friedman & Neuman-Allen, [sa]:8; Teater, 2019:20). Boundaries may be impermeable or allow information across and how information flows across the boundary are an illustration of interconnected and interrelated systems (Payne, 2021a:31). Participants in this study are from different systems such as families, communities, society and the workplace, with all these systems having their boundaries.

For example, the workplace has clearly defined and formal boundaries where employees are expected to work according to set rules and procedures. Participants, as employees, are expected to report to work at certain times, and when they take leave, they are expected to indicate the type of leave they take. Everything in the workplace is regulated and controlled; thus, different systems have boundaries regulating their everyday lives.

Closed systems are types of systems in which energy is impermeable and has no energy that flows across its boundaries, and thus, it is unaffected and uninfluenced by their environment (Payne, 2021a:31; Payne, 2021b:233; Teater, 2019:20). For this study, there seems to be no system in the participants' lives that is not affected and influenced by other systems. This is because family life influences their work, and their workplace influences them. Additionally, some influences come through from their immediate surroundings. However, the researcher believes an information subsystem like a social club (stokvels) may be a good example of a closed system. It would not include all community members but just a few who have opted to participate in the social club. The closed system concept is relevant to this study because some systems participants are part of is closed. An example is the friendship some participants have formed with others (security officers) simply because they gamble together.

An open system is a system that is permeable and allows energy to flow across its boundaries. Therefore, it is affected and influenced by its environment as it interacts with the environment (Payne, 2021a:31; Payne, 2021b:233; Teater, 2019:20). Participants are living in open systems as well, that are nested and networked on each other. Therefore, there is always some kind of influence between participants and their environments. Participants also interact with each other at different levels and at different times because systems are open and allow for such interactions to happen (Christensen, 2016:24).

Equilibrium is when the system maintains the balance despite negative challenges emanating from the environment (Payne, 2021a:84; Teater, 2019:20). Participants seem to be able to maintain a balance in their lives from all spheres that form part thereof and

have been doing it for some time. In addition, Christensen (2016:26) argues that individuals have the entrepreneurial ability to function independently outside their systems and environment. This study's participants reported to have been able to generate money using gambling and subsequently use that money to better their families through projects like building houses, buying cars and making general improvements in their homes.

Disequilibrium is when there is an imbalance in the system which cannot be corrected by the responses from the environment to bring about change (Teater, 2019:20). It has become clear from this study that there is an imbalance when it comes to financial matters of participants, hence their engagement in gambling. Due to the imbalance in their finances, participants have opted to gamble to have a financial balance that is hoped for, based on the anticipated wins.

Equifinality is the different ways of addressing challenges to get the required results (Payne, 2021b:234; Teater, 2019:20). Participants in this study seem to have been trying to address their financial problems from one angle, which is to gamble instead of trying to look at different avenues in which to make extra money such as small business ventures.

Multifinality is when the same conditions lead to different outcomes (Payne, 2021b:234; Teater, 2019:20). Participants who gamble seemingly want more money, as they see what they are earning through their normal salary and their overtime money not to be sufficient to meet their needs. Worth noting, however, is the fact that they do have colleagues who are on the same salary scale but do not engage in gambling activities and who seem to be in control of their finances.

The above concepts were discussed to clarify how the general systems theory was found to be relevant to this study. These concepts also talk about different ways participants navigate their lives around all the systems they are a part of.

2.2.3 The origin of the general systems theory

The general systems theory was founded and developed by Ludwig von Bertalanffy, who was a theoretical biologist and had an interest in the growth and development of living organisms (Bowers & Bowers, 2017:241; Crawford, 2020:1). Although the general systems theory started within the science field (physics and mathematics to be specific), it was later used for the treatment of mentally disabled clients (Gitterman, Knight & Germain, 2021:24). According to Crawford (2020:1) the general systems theory moved from being initially an engineering and computer technology theory into social sciences theory which mainly focused on how people interact with each other. That is how it gained momentum within the social work profession based on its focus, which was on the understanding that no living thing exists in isolation from other organisms (Crawford, 2020:1; Gitterman *et al.*, 2021:24). Therefore, the system should be viewed holistically, looking at relationships and interactions between systems as that is at the core of the general systems theory (Crawford, 2020:1). In concurring with the preceding thoughts, some authors have argued that the general systems theory is likened and believed to be “a science of wholeness” (Bowers & Bowers, 2017:241; Friedman & Neuman-Allen, [sa]:4). It was because of the above understanding that led to the popularity of the general systems theory because it believed in reciprocity within relationships and that gave the social work profession a rationale in addressing several problems that their clients were experiencing and dealing with (Gitterman *et al.*, 2021:24).

Bertalanffy stated in his early work of 1980 that many problems were coming from the workplace and necessitated using the systems approach (Bowers & Bowers, 2017:240). Theorists like Ackoff (1959) believe that even though the general systems theory has been studied for years, it needs to be reviewed by adding and building something on it (Bowers & Bowers, 2017:240). This was suggested because there was a tendency to focus on study systems as stand-alone entities rather than a conglomeration of the whole (Bowers & Bowers, 2017:240; Teater, 2019:17). As a result, the general systems theory

was promoted by other theorists and, therefore, gaining international recognition and influence in social work field (Payne, 2021a:215).

The general systems theory, as it was originally known, was later modified and became known as the systems theory (Gitterman et al., 2021:24). However, the researcher used both concepts interchangeably for this study. The general systems theory had a significant influence on the development of other physical and social sciences disciplines such as biology, psychology, sociology, engineering and management (Teater, 2019:17). The preceding discussions on the origin of the general systems theory make it clear that the general systems theory played a big role in the development of theories in other disciplines. However, it must be noted that despite the popularity of the general systems theory, that was not always the case as it was initially not well accepted by practitioners (Tunmore, 2017:85). The reason for that was the use of terms such as homeostasis, which is when the system seeks to maintain equilibrium or balance status quo (Tunmore, 2017:85). Furthermore, the unpopularity was also due to the usage of the theory that was initially developed to deal with non-social work matters. It is clear from the above assertion that maintaining a balance in systems is important for all concerned. The researcher strongly believes that the general systems theory has played a pivotal role in the social work profession and how social workers intervene in assisting their clients. To date, this theory is still taken into consideration when clients present with any social problems, and there is no way that an individual client can ever be assessed and assisted by considering him/her as a single system in isolation from other systems within which they are nested and are in continuous interaction with.

That said, some theorists adopted and applied the general systems theory. Those are Pincus and Minahan (73, 77), Goldstein (73, 77), Specht and Vickery (77), and Siporin (75), as indicated by Payne (2021a:215) and Teater (2019:17). Both Pincus and Minahan had so much influence on the development of the general systems theory such that they came up with the four-systems model used as intervention strategies (Payne, 2021a:216; Payne, 2021b:237; Tunmore, 2017:84).

2.2.4 Pincus and Minahan model of four systems

The four systems model is described as follows:

A change agent system is the system that is responsible for facilitating and ensuring that change happens, for example, policies, organisations, legislation and social workers (Payne, 2021a:216; Teater, 2019:21). The change agent system in the context of this study refers to the workplace of the participants and the policies that regulate the workplace. This system is relevant to this study because the National Department of Health has a health and wellness policy that makes provision to refer employees for assistance, such as counselling and referral to outside social service providers, which can change a participant's life.

Client system refers to clients and people with whom the change agent system works, for example, families, individuals and communities (Payne, 2021a:216; Teater, 2019:21). In this regard, the client system consists of the participants themselves who are part of the family, the workplace and the community systems. It is worth noting that the client system covers more than the participants themselves because participants are part of different systems, which comprise different people such as their spouses, children and other family members, including extended family members. Therefore, other systems that participants are a part of are also considered as clients.

The target system refers to the people earmarked by the change agent system to get intervention. Furthermore, the change agent system and the target system may be viewed as the same thing (Teater, 2019:21; Tunmore, 2017:84). In this study, the target system comprises security officers employed by the National Department of Health from different offices, who gamble, as well as those security officers that the private security service provider employs contracted to the department at the time the study was conducted.

The action system is all people who work with and assist the change agent system to bring about change. It also refers to all systems that collaborate their efforts to bring much-needed change to those who need it the most (Payne, 2021a:216; Payne, 2021b:237;

Teater, 2019:21). In this study, the action system is the participants, their families, communities, colleagues and the workplace at large. One way or the other, participants are affected and influenced by the change agent system, while they, in turn, are also affected.

The model discussed above shows that different systems closely work together for the betterment of the person. Additionally, the model is relevant to this study as it focuses on the systems, the people and the policies that are in place to make it possible to assist individuals who have problems. Participants come from systems, work in systems and are part of other systems.

2.2.5 The key tenets of systems theory

According to Payne (2021a:225), the systems theory links social intervention with an individual as it allows for a multi-factorial explanation, making it difficult to choose the level of focus and intervention. The systems theory is embedded in the principle that people are a part of the wider networks and systems instead of being isolated individuals who operate in silos. This is because, in a system, there is interdependency and mutual influence (Bowers & Bowers, 2017:241). Systems can be informal, like family and friends, or formal, like support groups, schools and hospitals. Systems theory believes difficulties may arise if there is a lack of fit between the person and the systems an individual is a part of. A fit must exist between the person and the environment and the different systems.

Different systems may be used to support individuals to achieve change. In the researcher's view, systems provide continuous support that the individual needs. Meanwhile, according to Forte (2014:86), all systems have boundaries, and fluctuation determines stability and instability within each system. In concurrence, Tunmore (2017:83) avers that because of open boundaries in systems and reciprocal interaction in them, any sudden change in some systems could easily lead to disequilibrium. The researcher sees such an imbalance as a threat to all the interdependent systems. A

relevant example would be a sudden death in the family, which would bring about instability in the system, especially if the person who died is the provider. This means that there could be financial difficulties. The interdependence that exists between parts of the system is important because it highlights the connection between families and society and how such connections affect and influence each other to function well (Payne, 2021a:226; Tunmore, 2017:83). The above discussion links up with this study because participants are not independent of the influence of all systems that they are a part of, and they too equally affect and influence other systems. Therefore, the application of this theory assisted the researcher in understanding the effects of gambling on the participants and all the other systems they are part of.

Tunmore (2017:86) identifies and explains key systematic concepts applicable to serious case review. The first one is that systems have subsystems which interact with each other. Secondly, each system is linked to the bigger system. The third concept is that whatever happens in one system causes a chain reaction in other systems. Lastly, Tunmore (2017) avers that some systems are more open than others. Moreover, Friedman and Neuman-Allen ([sa]:8) point out that each system has boundaries which, if flexible, will assume a greater amount of interaction between the system and its environment, and that would lead to the openness of systems. For example, good communication in a system will make it possible to open the system. However, the researcher believes that good communication and flow of information may lead to a system being open to changes. The above discussion links with this study, highlighting that whatever happens in one system affects others. For instance, when participants use money meant for household and transport for gambling, their families suffer, and so does their work, as they might not even have money to go to work. Additionally, even if they go to work and their minds are preoccupied with gambling, work suffers because they are not working as expected, thus affecting productivity in the organisation.

Based on the above discussion, it is apparent that all systems are not stand-alone units. Instead, they comprise many smaller subsystems linked to each other. Over and above

that, systems linkages start from small to bigger. For instance, an individual belongs to a small family system, but at the same time, they are a part of their community. In the case of a child, they either attend daycare or school and those become a part of their extended systems. Meanwhile, for an adult who works, their workplace becomes their bigger system. Therefore, systems affect and influence each other. And since systems are not the same, there will always be some systems that are more open than others, based on how they interact with each other and their surroundings. Participants in this study belong to systems and are part of bigger systems outside of their homes and families. And those systems and subsystems are linked up and influence each other because that is how systems are designed, one way or the other, they affect and influence each other.

2.2.6 Advantages of the general systems theory

At the time of its development, the general systems theory became popular among practitioners within a wide range of fields, as it has been indicated earlier on and below are some of the reasons for its advantages:

The ability to accept and analyse different systems by providing a contextual understanding of how such systems interacted with each other could be incorporated to work together as targets for change (Payne, 2021b:235). The emphasis of the general systems theory is on the environment and the individual because the general systems theory views a person holistically, hence the referral to it as the general theory of wholeness (Bowers & Bowers, 2017:241; Friedman & Neuman-Allen, [sa]:4). The element of reciprocity is the very basis of the general systems theory; thus, everything contains some form of interaction with each other to create a link which subsequently makes a system (Bowers & Bowers, 2017:243; Gitterman *et al.*, 2021:24; Payne, 2021a:215). The biggest advantage of the general systems theory is that all systems are interrelated, interconnected and interdependent (Bowers & Bowers, 2017:242; Forte, 2014:86). Finally, it gave practitioners the reason to move away from looking at the

individual minds as the only source of assessing their mental health issues (Gitterman *et al.*, 2021:24). The researcher believes that the general systems theory created endless possibilities in different ways to assist a person. Having interrelated and interconnected systems means all resources can be pulled together to help participants. For instance, the National Department of Health has an Employee Health and Wellness office that provides psychosocial services to all department employees. And if there is a need for specialised services like psychiatric services, they refer employees to those services. In this study, the focus has been on the participants by contextualising where they work and how their work environment influences them, leading someone to start gambling simply by observing colleagues gambling. The advantages of the general systems theory can be linked to this study because participants have a give-and-take relationship with each other, their significant others, and their environment.

2.2.7 Disadvantages of the general systems theory

Despite all the good things that have been said about and were achieved by the general systems theory, it also has its fair share of flaws, some of which are but not limited to the following:

The general systems theory makes it difficult to stay focused because of its over-inclusivity, as it broadens the focal point of intervention. Therefore, it allows for analysing non-linear explanations and processes (Payne, 2021a:216). Meanwhile, Bowers and Bowers (2017:241) posit that no fully stand-alone definition of the general systems theory exists. That creates challenges as it opens it to many interpretations, some of which may be outside its meaning. According to Payne (2021a:216), the general systems theory was highly criticised by Wakefield (1996), who pointed out that the general systems theory tends to describe social factors instead of explaining and can create confusion and misunderstanding due to ambiguity and lack of clarity. Therefore, the general systems theory is believed to be unable to assist one in deciding on the intervention method

because it is too general. Linking the above with this study, it is worth noting that participants at the National Department of Health can be assisted using different intervention methods. For example, participants can be referred to employee health and wellness programs and financial management courses because it is never about how much one is earning but rather about how to manage their earnings. However, participants can only be assisted if their gambling activities are negatively influencing their work and if they acknowledge that they have a problem and are willing to seek professional assistance, which means that referring them for assistance is not going to yield the desired results unless they acknowledge the problem as individuals and want to be helped. Focusing on the referral subsystems and what they are supposed to offer will not assist in bringing change until individual persons who are gambling have decided to get help and change.

2.3 The ecological perspective

Closely linked to the general systems theory is the ecological perspective, which is also known by or referred to by different names such as the ecological theory, ecological approach, ecological systems theory and ecological systems perspective (Ettedal & Mahoney, 2017:2; Gitterman *et al.*, 2021:54; Payne 2021a:225). Although all these concepts can be used interchangeably, for this research, reference would be made to ecological perspective with the understanding that a perspective is a viewpoint or an outlook. The researcher believes that the word “perspective” fits perfectly well in this study as it is a way of looking at things and, in this case, examining gambling disorder from the eyes of security officers.

2.3.1 The origin of the ecological perspective

From a social sciences research perspective, ecology is associated with Bronfenbrenner (Hammond & Wellington, 2021:67). Ecological perspective was developed by

Bronfenbrenner, who was a psychologist who believed the notion that an individual affects and is equally affected by their immediate environment (Gitterman *et al.*, 2021:55). Furthermore, Bronfenbrenner believed that the development of a child is influenced by different environmental systems (Ettetal & Mahoney, 2017:2). Some of the systems could be schools, communities and community-based organisations. The ecological perspective is all about the biological science of ecology, in which all living organisms interact with the social and physical environment, which includes their immediate environment, family and friends, communities at large and the value systems, norms and belief systems as well as their languages and how they speak (Teater, 2014:2). The researcher sees the ecological perspective as an important factor that plays a key role in the relationships between a person and her/his environment. It is also apparent that an individual cannot exist alone in a vacuum, away from their environment, because the environment shapes them as they are connected. It is, therefore, critical that an individual should always be looked at in context. The researcher believes that every person is who they are and does what they do because of where they come from, making the environment and contextualisation important when dealing with an individual. To this end, Bronfenbrenner alluded to ecological systems theory, which defines how a person is influenced and interacts with various interdependent nested systems (Ettetal & Mahoney, 2017:2; Tunmore, 2017:88).

2.3.2 The ecological perspective concepts

There are a few useful concepts that are associated with the ecological perspective, and these are described below:

Adaptation is when a person takes steps aimed at bringing both personal and environmental changes meant to improve the level of fit between themselves and their environment (Crawford, 2020:4; Gitterman *et al.*, 2021:60; Payne, 2021a:5; Payne, 2021b:243; Teater, 2014:3). It would appear that participants in this study have resorted

to gambling as a way to bring about financial changes in their lives. However, such changes cannot be guaranteed as winning is not guaranteed.

Person-environment-fit refers to a fit, which could be favourable or unfavourable, between anticipated needs and goals and the personal lifestyle of a person existing in comparison to the nature of the environment (Gitterman *et al.*, 2021:60; Payne, 2021a:153). It is clear in this study that participants have many challenges, some of which are of their own doing, like reporting to work late and resorting to borrowing money from loan sharks. Engaging in gambling activities is a sign that the personal lifestyles of participants made them live beyond their means. Hence, they need to try and make extra money to maintain a certain standard of living.

Reciprocity refers to the ongoing transactions between a person and their environment (Payne, 2021a:170; Payne, 2021b:243). Reciprocity applies to this study because all participants constantly interact with each other as colleagues and with their work environment. This means they have a give-and-take relationship with others because that is expected of them in the workplace: to work and get compensated for work done.

Adaptedness refers to a favourable, healthy and positive person-environment-fit that supports or hinders a person's well-being while at the same time improving or degrading their environment (Gitterman, 2021:60; Payne, 2021b:243; Teater, 2014:3). Participants in this study supported each other in their gambling activities. Moreover, supervisors and other colleagues stated how it is sometimes difficult at times to give any support to participants. The reason for such lack of support is that they tend to spend more working time in betting sites away from work, affecting productivity and normal collegial relationships with colleagues who do not gamble and the supervisors. Supervisors can provide professional support to those who gamble only if security officers are open about their gambling disorder.

Habitat refers to people's physical and social surroundings (Gitterman *et al.*, 2021:61; Payne, 2021b:243). The security officers' families, community environment and

workplaces are considered their habitats. All these systems are, therefore, an extension of each other.

Niche refers to a person's position and status in their communities regarding their roles within their environments (Payne, 2021b:243). While at work, participants play the role of an employee and take on different roles at home, such as being a spouse, a parent and a community member. As individuals, participants in this study are part of different systems where they take on different roles, such as those mentioned above.

Life stressors refer to events and life transitions that cause adverse relationships between a person and their environment, leading to stress that a person is inadequately resourced to handle (Gitterman *et al.*, 2021:68; Friedman & Neuman-Allen, [sa]:12; Payne, 2021b:245). The researcher believes that participants are in financial distress and lack financial management skills to manage their salaries. Hence, they keep gambling to stand a chance of winning big and be well-positioned to address their financial matters.

Coping refers to continuous efforts by an individual to manage life stressors that are likely to bring about potential harm (Friedman & Neuman-Allen, [sa]:13; Gitterman *et al.*, 2021:69; Payne, 2021a:55). Participants in this study had a perception that they can handle life challenges by being able to juggle work and their gambling activities, even though this is not always true. Therefore, coping is one of the strategies and attributes that participants have as people. The researcher believes that coping is a skill a person develops to deal with life's challenges over time.

Resilience refers to a person's ability and capacity to recover from life's stressors (Gitterman *et al.*, 2021:75; Payne, 2021a:178; Payne, 2021b:243). Regarding this study, resilience as a concept was applicable because participants, as individuals, have all shown to have resilience. Participants have shown the ability to withstand everyday challenges such as work-related stress, marital problems and conflicts with colleagues and family members. For instance, participants can bounce back from losing in gambling.

Over and above that, participants continue to hang in there as they continue to gamble and do not lose heart when they are not winning.

All the above-described concepts of the ecological perspective are important and relevant in understanding individuals from a holistic point of view. Over and above that, these concepts are critical and profound in establishing participants' capabilities in coping with and handling life challenges as individuals.

2.3.3 Discussion of the ecological perspective

The ecological perspective comprises different levels embedded, nested and networked on each other. These are microsystem, mesosystem, exosystem, macrosystem and chronosystem. Below is a diagram illustrating the different levels, with a child or a person at the centre of the systems.

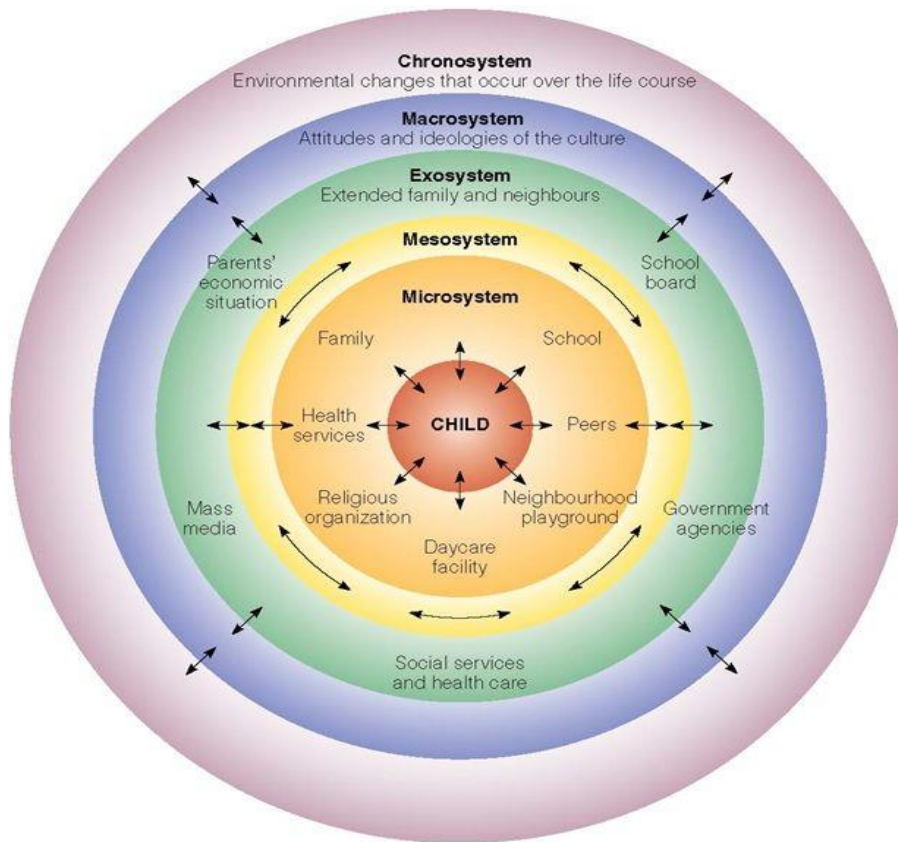


Figure 1: The levels of ecology originally proposed by Bronfenbrenner (1979) adapted from <https://slidesharetips.blogspot.com/2020/07/urie-bronfenbrenner-ecological-systems.html>

- **Microsystem level**

The microsystem level refers to the immediate environment and the first layer of the ecological system, where the individual interacts with their family, school, peers and immediate surroundings (Alvi *et al.*, 2018:97; Crawford, 2020:1; Etekal & Mahoney, 2017:3). Meanwhile, Friedman and Neuman-Allen, ([sa]:7) define the microsystem as the smallest system which is made of an individual and their immediate environment. Additionally, Christensen (2016:22) concurs by alluding that the microsystem is the system where the individual lives, including family, peers, school and neighbourhood. An individual or a child within a microsystem directly interacts with siblings and parents or

guardians; such interaction is reciprocal. Alvi et al. (2018:97) state that the reciprocal effect is largely responsible for a child's attitude and development process. For the researcher, this means that much influence is already happening as a child is likely to learn from and be influenced by their immediate surroundings. But over and above that, the researcher believes that the influence may be good or bad, depending on family values and the local community. Additionally, Ettekal and Mahoney (2017:3) state that there are organised activities in the microsystem, such as sports, academic clubs, health services, and faith-based groups, which can positively or negatively influence an individual because some activities are more beneficial than others.

The latest definition of the microsystem is offered by Crawford (2020:1), who avers that a microsystem is a pattern comprising different roles, activities and interpersonal relationships that develop over time. However, that definition was later expanded to include an individual's personality, belief systems, values, and temperament (Crawford, 2020:2). Looking at the above diagram; it is clear that the child or an individual is at the centre of the systems as they exist within different levels that are nested to each other. The child is the focal point. For this reason, Bowers and Bowers (2017:245) posit that an individual's life development in a system starts from global to local. Simply put, a person is viewed holistically as an individual who does not exist in isolation and is independent from others' influences and the environment. The microsystem is an important layer and cannot be overemphasised as it plays a pivotal role that influences the psychological development and behaviour of a person (Crawford, 2020:2). The system further assists a child or an individual in developing a sense of belonging or "we-group feelings" in their neighbourhood (Alvi *et al.*, 2018:97; Ettekal & Mahoney, 2017:4). In the researcher's view, such a sense of group feeling should be viewed in a positive light as it may lead to people starting to see themselves as part of their community or a larger and extended system.

In linking the microsystem level to this study, one can state that all participants are part of a family system, which is the smallest system.

- The mesosystem levels

This is the outward second layer of the ecological system that provides a picture of what happens between different microsystems of which an individual is a part (Alvi *et al.*, 2018:97; Crawford, 2020:2; Ettekal & Mahoney, 2017:4). Mesosystem is a “system of microsystems “because it is made up of the nested microsystems that are part of an individual’s life” (Crawford, 2020:2). Meanwhile, Christensen (2016:23) states that mesosystem refers to all the connections and linkages that exist between the mesosystem and the microsystem. For instance, how different systems relate and experience each other is similar to how a person experiences and relates to their work, community, church and school environments. These experiences from different levels are there either to support or work against each other in a person’s life (Crawford, 2020:2). It is worth noting that if systems are against each other instead of supporting a person, that person feels rejected, especially in the microsystem, therefore, having difficulties forming relationships outside of the microsystems (Christensen, 2016:23). The researcher believes that support in all systems works for the benefits and good of all persons that are part of the various systems.

According to Crawford (2020:2), school is a good example of the mesosystem because the classroom, the students in class and the teachers are all a microsystem of an individual student. The reason for the above is that the school, fellow students and all the teachers are the mesosystem for the student. Hence, these two systems' linkages and connections are closely related, with the individual at the centre. There is a linkage between the mesosystem and this study because participants are part of some systems closely linked to their microsystems, such as groups of friends, churches and social clubs. Being part of a mesosystem prepares participants to interact with others in the workplace.

- Exosystems

The exosystem is the outermost layer of the ecological system that involves the microsystem, which a person is not actively a part of but is passively and indirectly embedded and influenced (Christensen, 2016:23; Ettekal & Mahoney, 2017:4). Similarly, Crawford (2020:2) defines the exosystem as a system in which an individual is not included at the centre of at least one microsystem. However, even though the exosystem excludes a person, there is still influence present and is reciprocal (Bowers & Bowers, 2017:245; Crawford, 2020:2; Veléz-Agosto, Soto-Crespo, Oppenheimer, Vega-Molina & Coll, 2017:902). Based on the above information, the researcher believes that influence on systems will always be present, directly or indirectly.

An illustration of the exosystem is a child's parents' workplace where there may be work-related stress due to high workload, severed work relationships and deadlines to be met. Parents may come home tired and stressed, which would directly influence the relationship between parents and the child as well as other members of the family. Equally relevant would be a situation where a child is playing truant at school, and the parent is called to school during working hours, as all this can stress the parent, and they will take their stress to their workplace. In the researcher's view, the element of reciprocity between all systems will forever exist and influence each other positively or negatively.

The fact that participants of this study are all employees means that they are, from time to time, experiencing work-related issues that they take home, which affect their family members. As much as their family members are not part of the workplace system, anything that happens at work, whether positive or negative, influences their families. If it is something good, all benefit, but if not, they all suffer.

- Macrosystem

The macrosystem is the second last layer of the ecological system that comprises and describes the general policy and broader societal culture, structure, language, history, customs, values and laws of the society in which a person lives (Alvi *et al.*, 2018:9; Christensen, 2016:2; Crawford, 2020:2; Etekal & Mahoney, 2017:5; Teater, 2019:19). It is apparent from the explanation above that the macrosystem is bigger than the other systems and focuses on the broader systems such as communities and organizations (Friedman & Neuman-Allen, [sa]:7). The macrosystem includes the national and political systems, broader culture, historical events, economics, attitudes and ideologies of the culture, which influence and shape the entire society (Teater, 2019:19). Not only does the macrosystem influence the interaction in other systems, but it also helps in defining the individual's socioeconomic standing in society as well as how they view their experiences (Crawford, 2020:2; Etekal & Mahoney, 2017:5; Teater, 2019:19). According to Crawford (2020:2) and Veléz-Agosto *et al.* (2017:902), macrosystem is the "blueprint" or a design of society's culture. The researcher views the macrosystem as an influential system that impacts all other systems in families, society and organisations. From an ecological perspective point of view, participants in this study are directly influenced by their workplace, which does not only affect them alone but also their families indirectly. For example, there are always expectations from society for parents to work and provide for their children. Thus, participants may feel that their earnings are insufficient to meet their family member's needs. Hence, resorting to gambling might be seen as the solution to the uncomfortable situation as seen by them.

- Chronosystem

This is the last layer of the ecological system, which includes external and internal events in a person's life (Alvi *et al.*, 2018:98). For example, the internal factors that may influence an individual could be a parent's death or divorce. Meanwhile, external events will be the

time that passes during a person's development and ageing process (Crawford, 2020:2). It is worth noting that the chronosystem was initially not included in Bronfenbrenner's ecological systems theory. However, it was later incorporated and accounted for the time that passes during human development, which is when a person lives and develops (Crawford, 2020:2). It is at the chronosystem level where the concept of transition is introduced.

Ecological transition is defined as a movement that takes place in the microsystem that brings about changes and disposition of the structure of the microsystems (Crawford, 2020:2). Meanwhile, a chronosystem is viewed as changes that happen over an extended period (Teater, 2019:19). Additionally, Etekal and Mahoney (2017:5) state that time makes sense as it is analysed and understood at different levels of the ecological system. Furthermore, Etekal and Mahoney (2017:5) refer to microtime, which is minute-to-minute exposure, and mesotime, which captures regular intervals like days and weeks. Thus, time is observed at the microsystem through the chronosystem, concentrating on societal changes over generations. The researcher views the chronosystem as a necessary system that focuses on the passage of time in the life and experiences of a person.

The chronosystem is an important aspect of the ecological perspective as time passes on and things happen. For instance, some participants have shared that they have been gambling for some time, with few winnings within that time. The more time passes, the more positive some participants become, believing they will win the jackpot that can easily change and turn their lives around.

The levels of ecology, as discussed above, are important in understanding not only the relationships between the levels but also how people function and relate to each other. In as much as each level is a stand-alone, a high level of interdependence exists, hence the reference to the nested and networked levels.

2.3.4 Advantages and disadvantages of the ecological perspective

As already alluded to, the ecological perspective is closely related to the general systems theory. That said, it is worth noting that the ecological perspective has its strengths and flaws, just like the general systems theory. For example, as part of its strength, it can remind us that people are not static in how they behave, and they do not rely on a single way of learning, nor do they have their intellectual capacity instilled at birth. This is because they can change and develop based on their environment and experiences (Hammond & Wellington, 2021:67). By implication, this means that individuals are shaped by their communities and life experiences. Additionally, the researcher believes personal experiences can be positive or negative. Participants in this study influenced each other to gamble, and there is a downside to participants' experiences as their gambling negatively affects productivity at work and marital relations at home.

Even with its good intention regarding a holistic and contextual outlook on an individual, the ecological perspective is highly criticised by others. According to Christensen (2016:25), Bronfenbrenner's theory focuses too much on the context instead of seeing the individual in their conditions and how they could influence their success. Instead, the ability to influence their achievements should be the focus before considering the immediate surroundings and how that influences their development (Christensen, 2016:25). Additionally, Hammond and Wellington (2021:68) state that the ecological perspective's holistic approach might lead to research being difficult to manage because of awkward data. This is due to the perspective covering a large scope of a person's life instead of focusing on one or two aspects of an individual's life. Meanwhile, although resilience is one of the key ecological perspective concepts, Christensen (2016:25) criticises it by positing that resilience is not included in Bronfenbrenner's theory and believes that it should have been included as it is profound in helping to understand what individuals can achieve on their own because everyone is born with some element of resilience.

The ecological perspective is also criticised for its stand and belief that systems are nested within each other instead of looking at them as networked because nested might not be exactly the best way of viewing the interrelatedness that exists within systems (Ettedal & Mahoney, 2017:6). Finally, the ecological perspective is criticised for its use of the word ecology as an in-word, researchers should try and check if what they have covered could not be captured by the word context instead (Hammond & Wellington, 2021:68). As highlighted above, the ecological perspective is not without disadvantages. The researcher believes it is key to note that only few theories are perfect with no downsides. This study's ecological perspective was relevant, as it discusses individuals and their environments. However, the same theory also has a weakness, as it does not explain other people's resilience to withstand pressure from their environments. The fact that participants keep going back to gambling means that they lack money management skills, and the only thing participants know will get them quick money if they win is gambling. Therefore, financial management should be provided for participants to learn how to manage their finances. The researcher believes that financial management goes a long way in managing whatever money one has at one disposal and would assist participants in developing resilience. Thus, it is not about having more but management of what is there because other security officers do not gamble but seem to be managing their lives well.

2.4 The life model

Bandler inspired a life model in the early 1960s by working closely with social workers. Bandler subsequently introduced the concept of "modelling practice" aimed at teaching social workers to assist individuals using real-life processes instead of relying on artificial processes (Gitterman *et al.*, 2021:84). The life model is described as an approach geared towards making better the levels of fit between an individual and their environment (Gitterman *et al.*, 2021:83; Teater, 2014:3). After the ecological perspective, there were many theorists who were influenced by the work of Bronfenbrenner, and Caryl Germain

is one of them (Gitterman *et al.*, 2021:55; Payne, 2021a:76; Tunmore, 2017:89). Germain developed the life model because of the influence of both the general systems theory and ecological perspective (Friedman & Neuman-Allen, [sa]:10; Gitterman *et al.*, 2021:55). According to Gitterman *et al.* (2021:55), there are assumptions to the life model and they are as follows:

- There is a reciprocal relationship exists between a person and their environment (Tunmore, 2017:89). In this study, the relationship exists between participants, their families, their colleagues and the workplace. And such relationships affect and influence each other.
- There is a good level of fit between a person and the environment as a person goes through life, and they adapt accordingly (Teater, 2014:3, Tunmore, 2017:89). Participants seem to have adapted well to the work environment, and this can also be assumed to be happening at home.
- Both habitat and niche are key aspects of the life model (Payne, 2021b:243). The participants' workplace is an extension of their other systems. Meanwhile, all participants play different roles in their lives. For example, they are employees, spouses and parents, to mention a few roles.
- The abuse of power by those in authority leads to oppression and social and technological pollution, which negatively affect others (Friedman & Neuman-Allen, [sa]:14). Working for the department means that participants work according to approved policies and guidelines. This would mean that even if there is abuse of power, there are ways and places to report such matters. For example, the Department of Public Service and Administration has issued a circular regarding unlawful instructions, cautioning public servants not to take and operationalise unlawful instructions from managers (**Addendum K**).
- Both human growth and development affect and are conversely affected by the environment. All security officers grew up in different environments, and all such

experiences influence how they interact with others as they continue to grow in many spheres of their lives.

- Life stressors and stress are part of life, and there are ways of handling them (Payne, 2021b:243, Tunmore, 2017:90). Participants seem to have different ways to solve their personal and work-related problems. None of the participants have ever sought assistance from the Employee Health and Wellness office. This can be due to a lack of trust in the Employee Health and Wellness office. Additionally, participants might be afraid that if their issues become known to management, they might lose their jobs.
- Resilience and protective factors are paramount (Payne, 2021b:243). Security officers as individuals seem to have developed some level of resilience because they manage to go to work despite their everyday challenges. Participants' resilience further enables them not to rely on the services of the Employee Health and Wellness officers. This suggests that participants perceive they can handle their challenges without external assistance.

The life model is important, as it looks at the person and their relationship with their environment. But of importance are the concepts highlighted above as they sum up the strength of a person in dealing with daily life issues.

Life is full of stressors, and most of them are unavoidable and participants in this study are not immune from life stressors. Due to life stressors, participants must identify available resources to alleviate such stressors. For example, gambling is their way of dealing with money shortages in their lives as they sometimes win, making them able to attend to their financial needs. In trying to describe the life model further, Payne's diagram (2021b:244) was used.

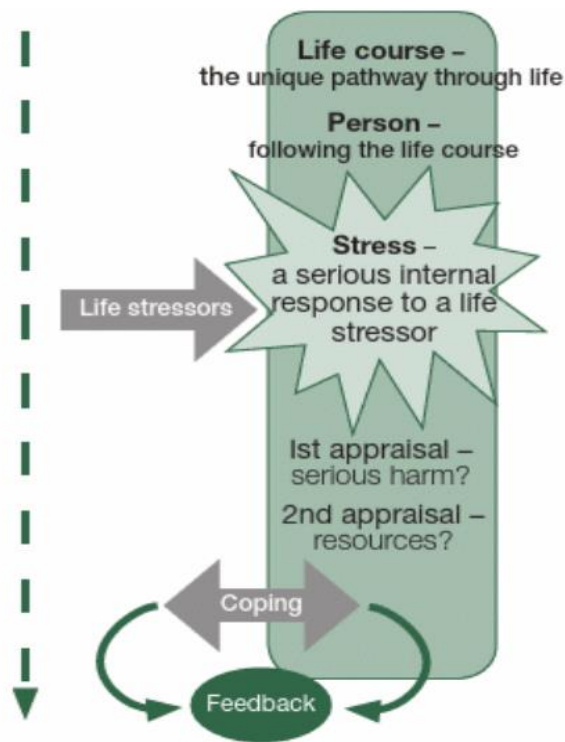


Figure 2. The life model of social work practice, adapted from Payne (2021b)

The focal point goes through a life journey, which starts from birth to death, hence the use of the concept of life course. When going through a life course, a person strives towards maintaining a positive environment fit to ensure their personal growth and development (Teater, 2014:4). Each person has different experiences, some of which are good but also negative experiences at times. People as individuals are unique, and therefore, even their life journeys are personal and only apply to them alone. This means that every person has a unique pathway of life that they follow in their life course (Payne, 2021b:244).

While going through the life pathway, there are life stressors that an individual experiences. Some examples of life stressors would be life transitions such as a child reaching puberty or adolescence stage, moving out of home and living on their own, having a newborn baby and getting married or divorced (Gitterman *et al.*, 2021:84; Teater, 2014:4; Tunmore, 2017:90). There are also traumatic life events that are often sudden

and unexpected like the death of a child, natural and man-made disasters, terminal illness diagnosis, sexual assault or rape (Gitterman *et al.*, 2021:84; Teater, 2014:4). Additionally, environmental stressors such as poverty, lack of adequate resources like housing, healthcare, schooling and oppression can further fuel stress on a person as that would lead to inadequate fit between a person and their environment (Teater, 2014:4; Tunmore, 2017:90). No one can avoid life stressors, irrespective of how and where such stressors emanate from, because life stressors could come either as a result of one's own doing or caused by others or even by their environment (Gitterman *et al.*, 2021:84). Surprisingly, Payne (2022b:245) argues that life stressors can be avoidable by employing advanced coping to deal with challenges. It is important to note that regardless of the stressors, stress is part of life, and the person must find ways to deal with their life stressors. This suggests that stressors are unavoidable.

Once stress is experienced, a person should then assess if the stress will lead to serious harm, which could be at a personal or familial level or any other level that the person belongs to (Payne, 2021b:244). Subsequently, a person should ascertain if stress will require some resources that can be used to alleviate and mitigate that stress (Gitterman *et al.*, 2021:84). By and large, a person is expected to develop coping strategies, once that is done, there will be feedback. From such feedback, even when that person experiences life stressors, they will have a point of reference from which they can refer and employ strategies to deal with their current problems (Payne; 2021b:244).

Experiencing life stressors requires resources to deal with the stress of life, and the individual will feel fit if their environment provides ways to handle stress. On the other hand, the individual may experience inadequate fitness due to unavailable, non-existent, and inaccessible resources (Teater, 2014:3). Regarding this study, participants used their salaries as a resource. They borrowed money from each other to gamble more. Participants also used the money they won from gambling as a resource to improve their lives by buying cars, renovating their homes and doing things they felt they could not have afforded with their salaries alone.

2.4.1 Four Phases of life-modelled Practice

Gitterman *et al.* (2021:108)'s life model has four phases: preparatory, initial, ongoing and ending.

Preparatory phase. This is the phase of information gathering by the social worker, who should decide on the relevance of the presented information (Payne, 2021a:128). Gitterman *et al.* (2021:109) refer to this phase as anticipatory empathy, where the social worker should be ready to get into the client's world by gathering all available information about the client. Concurring with the above information is Tunmore (2017:91), who also emphasises the importance of gathering client's information and their environment. The preparatory phase involves getting into someone's shoes and understanding their origin (Payne, 2021b:246). To be empathic to clients' situations, one must put themselves in a person's life. It means being prepared mentally and otherwise instead of simply making assumptions about the client's world and experiences. Additionally, the social worker gets to know the client's world from all spheres, groups and communities through gathering information. The social worker gets a holistic overview.

Initial stage. This is the getting started phase, where the actual work gets to be done by both the social worker and the client (Gitterman *et al.*, 2021:109). There is a saying that "nothing about us without us". Therefore, the social worker cannot dictate or have preconceived solutions without involving the individual concerned. Working together ensures that a client has a say on what services they want and how they want their problems solved (Teater, 2014:6). The initial phase is the phase where a person decides on the choice of service they need once they realise that they are unable to cope with their life stressors (Payne, 2021b:246; Teater, 2014:6). The phase further involves the assessment of the stressors and identification of possible ways of addressing those stressors (Gitterman *et al.*, 2021:109). It is in the client's best interest that sought services are identified so that the social worker can determine whether assistance will be possible.

According to Payne (2021b:246), the social worker and client should explore where life stressors are coming from; for instance, are they because of life transitions or traumatic events?

Ongoing phase. This is the phase that works towards common tasks. The ongoing phase involves enhancing the person's environment fit that helps the person's coping skills in dealing with stress (Teater, 2014:6). Additionally, this phase calls for the use of a myriad of social work skills such as enabling, mediating and facilitating (Gitterman *et al.*, 2021:110; Payne, 2021b:246). Exploring and clarifying are at the centre of the ongoing phase because these skills provide focus and guidance on what should happen (Gitterman *et al.*, 2021:110). Other skills relevant in this phase include but are not limited to guiding skills, mobilising skills, innovation skills, influencing, mediating, advocating and coordinating skills. All these skills are important as they are there to be used by the social worker to assist the client.

The ending phase. It is in this phase where the shared work and relationship end. The ending phase occurs when a person has completed a programme put in place to assist them (Gitterman *et al.*, 2021:112, Payne, 2021b:248. According to Gitterman *et al.* (2021:113), some clients may be saddened when the working relationship ends, while others may avoid showing emotions. But the reality is that all professional-related relationships must end because they are there for a purpose. Once that purpose is accomplished, that relationship must end. Payne (2021b:246) states that the ending phase should include working on relationship issues, moving towards a positive change, acknowledging sad emotions and dealing with them appropriately, responding to a sense of release and evaluating the service provided and received.

The above-discussed phases explain the level of fit between individuals and their environments, aimed at assisting the individuals to identify strengths and resources within themselves and their environment in handling life stressors. Regarding this study, the life model is relevant as participants experienced stress from lack of money. Subsequently,

participants identified gambling as a resource to earn more money so that they could meet their needs and enhance their finances.

2.5 Summary of the chapter

This chapter concentrated on the theoretical lens that guided and informed the basis and focal point of the study. The origin of the theories used, and the advantages and disadvantages of each theory were explained. The researcher explained the role and importance that theory plays in research. Of importance was the description of different concepts that are associated with the theories chosen for the study. Furthermore, the chapter also covered how theories were applied in the research to illustrate the theories' relevance to the study. Below is Chapter 3, which focuses on the literature review of gambling disorders as a phenomenon.

CHAPTER 3: GAMBLING AS A PHENOMENON

3.1 INTRODUCTION

It has already been established that gambling can create problems for the person who gambles. Moreover, such problems are also experienced by those closest to the person who gambles. Gambling is an activity that has been and is still being enjoyed globally in many parts of the world. However, gambling is now being viewed as an emergent public health issue, presenting with it a huge increase in problem gambling and gambling-related harm (Abbott, 2017:1; Calado & Griffiths, 2016:592). Several authors define gambling as a behavioural act of risking something valuable, hoping to get an uncertain and unguaranteed return for it (Clark, 2014:51, DSM-5-TR, 2022:662, Mathieu *et al.*, 2017:2). Meanwhile, gambling disorder is defined by various authors as a compulsive gambling, an addiction, behavioural addiction, binge gambling, money addiction, a hidden illness, a disability and a mental disorder (Clark, 2014:46; Fong & Rosenthal, 2014:3; Lindberg, 2017:1; Rizeanu, 2018:38; Wade, 2015:951). Gambling and gambling disorder as a phenomenon are fully defined and discussed in section 3.6.1 of this chapter. This chapter focuses on the prevalence of gambling, the legal framework of gambling locally and globally, gambling and gambling disorders in the workplace, the consequences of gambling disorders in the workplace and different areas that are affected by gambling, as well as the role of advertisement in gambling.

3.2 The prevalence of gambling

According to Hussain and Muhammad (2018:2), approximately 70% of the UK population engages in some form of gambling, with an estimated number of between 250 000 to 310 000 people being affected by gambling-related issues. The above gambling prevalence in the UK was also reported by Calado and Griffiths (2016:600) to be slightly higher at 72%. The above assertion implies that it would require any country with a high level of gambling to explore different ways of addressing gambling as a phenomenon. Calado and Griffiths

(2016) looked at global trends and gambling prevalence between 2000 to 2015 and concluded that gambling was a problem across different continents. For instance, there was a problem of gambling prevalence of between 2.5% to 5% in North America, 0.5% to 5.8% in Asia, 0.4% to 0.7% in Oceania and 1% to 3.4% in Europe. With the above information highlighted, the researcher believes that gambling is a problem that affects society worldwide, and therefore, it should be addressed from that understanding. This means that gambling should not be seen as an isolated problem for individual countries but as a global pandemic that is linked to the existing global gambling trends.

3.2.1 Gambling trends internationally and locally

International trends regarding gambling reveal that South Africa has higher levels of gambling problems at a rate of between 3.0% to 4.7%, followed closely by the United States of America with 3.5% (Nzimande, Louw, Manny, Bosang, Ludin: 2013:83). Meanwhile, Asian countries like Singapore, Macao and Hong Kong have higher prevalence estimates of approximately 4.1%, 4.3% and 5.3% respectively. According to Calado and Griffiths (2016:594), some of the international countries with the highest gambling prevalence are Australia, Singapore, Sweden, Hong Kong, New Zealand, Switzerland, the United States of America, Ireland and the United Kingdom. In addition, Lange (2019) reveals that Gross Gambling Revenue in European countries is higher in Italy and the United Kingdom, followed by Germany, France and Spain. Meanwhile, continental trends show South Africa has the largest gambling market (Price Water house Coopers Gambling Outlook, 2013:10), with a Gross Gambling Revenue of R2,9 billion. Following closely is Nigeria, which has a lot of unlicensed casinos, with only casinos and lottery gambling activities allowed and legal (Price Waterhouse Coopers Gambling Outlook, 2013:21). Any other gambling is thus illegal in Nigeria. The PricewaterhouseCoopers Gambling Outlook (2013:22) further revealed that Kenya allows all forms of gambling, and this even includes online and mobile gambling. This, according to the researcher, is a big challenge that needs to be addressed immediately because it

means that people have access to online gambling sites at their fingertips. It encourages irresponsible gambling and makes people not count their financial losses, as they might not even be bothered to check their bank balances. Accessibility is not always good in this regard, as it might cause people to gamble irresponsibly.

Research shows that there is a surge of online sports betting and gambling sites and establishments which are so popular in most African countries such as Kenya, South Africa, Nigeria and Tanzania, with fans betting on their favourite European football clubs (Bitanihirwe, Adebisi, Bunn, Ssewanyane, Darby & Kitchin, 2022:373; Reith, Wardle & Gilmore, 2019:1213; Schmidt, 2019:1). With the introduction of such gambling platforms, comes other challenges such as easy access to gambling using cell phones, which are readily available and can motivate a person to gamble more. The researcher believes that those people who do cell phone banking and have access to their money can gamble and spend more than they intended. In a study by Koross (2016:58) in Kenya, gambling was reported to be a nationwide concern, especially among university students, some of whom ended up abandoning their studies because they could not write examinations due to gambling or had used the money meant for tuition payments to gamble betting. Equally, the National Gambling Board Research Bulletin No. 6 (2017:1) has revealed that illegal gambling is on the rise in South Africa.

Provincial or national gambling trends reveal that Gauteng has the highest level of gambling as it accounted for 41.9% of Gross Gambling Revenue. Kwazulu-Natal follows Gauteng with total estimates of 18.0%. Lastly, there is the Western Cape Province, whose Gross Gambling Revenue has increased substantially to 15.7% in the past five years (National Gambling Statistics, 2018:24). Meanwhile regional gambling trends show that the West Rand has the highest gambling problem with 8%, followed by Johannesburg (SOWETO) at 5% and East Rand with 4% (Louw, 2013:84). Additionally, Nzimande *et al.* (2013:84) further established that Cape Town, Durban and Pretoria (Tshwane) have lower

gambling trends with 3%, 2% and 1% gambling prevalence respectively. Based on the above statistics, there are more areas where gambling is rife as compared to others. The researcher views this as indicative that although gambling is widespread, there are still certain areas that are not affected by gambling. Additionally, the researcher believes gambling tends to be more concentrated in big, urban and metropolitan areas, economic hubs.

3.3 Legal framework of gambling

Different countries have legislation in place to address gambling as an industry. For instance, in the UK, gambling is regulated by the Gambling Act of 2005 (2005 c.19). This came about after the realisation of all the harms linked to gambling (Hussain & Muhammad, 2018:2). In a study conducted by Calado and Griffiths (2016), it was revealed that many countries have different legal ages for people to gamble, with most countries allowing gambling from 18 years of age. Some countries like Macau, New Zealand, Singapore and South Korea allow gambling at casinos from 20 or 21 years of age. Meanwhile, Macau has different rules for locals and visitors, allowing gambling at casinos from 18 years to 21 years for locals (Calado & Griffiths, 2016:595). Surprisingly, there are countries such as the USA and Austria that allow gambling from 12 to 14 years, depending on the gambling activities involved (Calado & Griffiths, 2016:594).

Meanwhile, gambling in Sub-Saharan Africa, henceforth referred to as SSA, is one of the fastest-growing sectors, with research showing that SSA is considered the biggest untapped gambling market (Reith *et al.*, 2019:1213; Schmidt, 2019:2). SSA consists of 49 countries and out of those, there are some countries where gambling is more prevalent than others (Bitanahirwe *et al.*, 2022:373). For example, South Africa is reported to have a gambling market that is at an estimated value of R16 billion, compared to Nigeria with revenue of R310 million and R180 million in Kenya (PriceWaterCoopers Gambling Outlook, 2013:5). Moreover, South Africa and Malawi are reported to be emerging and matured gambling markets respectively (Sichali, Bunn, McGee, Marionneau, Yendork, Glozah, Ededi & Reith, 2023:140).

Although gambling is allowed and regulated in most of the forty-nine SSA countries, it is worth noting that it is prohibited in seven countries, which are Guinea Bissau, Burundi, Eritrea, Mali, Mauritania, Somalia and Sudan (Bitanirwe *et al.*, 2022:375). SSA countries where gambling is prohibited are mainly Islamic and Muslim religion-dominated countries (Bitanirwe *et al.*, 2022:375; Sichali *et al.*, 2023:142). Moreover, out of all the countries where gambling is legislated, only twenty-five countries have regulators (Sichali *et al.*, 2023:140). The implication of not having regulators means that these SSA countries are open to exploitation by international companies such as BetWay and Bet365 (Reith *et al.*, 2019:1212). Furthermore, this means that despite having legalised gambling, the lack of controls in ensuring that gambling is done responsibly puts people at risk by encouraging them to gamble even more, which is likely to lead to addiction or disorder. In the researcher's view, having legislation in place and yet without control measures is equivalent to setting people and society at large for failure. The researcher further believes that gambling legislation should be communicated to people through billboards, media like radio and television advertisements and newspapers. Such awareness should be in local languages so that even those who cannot read and write benefit.

Gambling in SSA is growing at an alarming rate despite almost all SSA countries being considered underdeveloped nations, ravaged by high unemployment rates, poverty and lack of economic opportunities (Akanle & Kolade, 2015:46; Sichali *et al.*, 2023:14). It is worth noting that international companies and brands are keen to establish betting in SSA countries (Reith *et al.*, 2019:1212). For instance, SSA is generally seen as a good gambling market because there is reasonable network coverage, most people have smartphones, and infrastructure already exists. The prevalence of gambling in SSA is higher in countries like Uganda, with 91% problem gambling, 69% in Kenya and Malawi, 68% in South Africa and 57.2% in Nigeria. With that said, the legal age to gamble in almost all SSA countries is 18 years, with Eastern African countries such as Kenya, Uganda, Burundi, Rwanda, Tanzania and South Sudan having the legal gambling age ranging from 18 to 25 years (Bitanirwe *et al.*, 2022:377). Regulating the legal gambling

age to 25 years means that young people will not be able to start gambling at a younger age. The researcher views the above-highlighted information as a clear indication that Africa as a continent is not spared from the gambling phenomenon. Further to that, the researcher holds a view that the high prevalence of gambling in SSA is linked to poverty and poor economic growth in most of these countries. Thus, people turn to gambling with the hope of winning and getting out of poverty, something that cannot be guaranteed.

In South Africa, before 1994, gambling was prohibited and only occurred in former Transkei, Bophuthatswana, Venda and Ciskei (popularly known or referred to as TBVC States or homelands). Betting was only allowed in horse racing as that was the only legal form of gambling at the time (National Gambling Policy, 2016:5). To this end, the National Gambling Act No. 33 of 1996 was enacted but later repealed by the National Gambling Act No. 7 of 2004. However, it is worth noting that South Africans have always played different betting games, such as horse racing and Chinese gaming, popularly known as “Mochina or Fafi” betting, where people dream of specific issues such as water, witchcraft, naked persons, running, or sex. They will interpret the dreams into numbers and subsequently bet on those numbers. A general belief is that if one bets on those numbers, they will win. Some of the dreams and numbers associated with “Mochina or Fafi”, as stated in the Fafi (2016), are as follows:

Water, which could be small or large amounts, is represented by the number twenty-nine (29). If it is like a river or sea, it is represented by the number twenty-three (23), which also applies to running fast. A criminal is represented by number seven (7); a soldier is represented by twenty-six (26), and so is dreaming about a crowd. Dreaming about the corpse of a man is represented by the number four (4), a king is represented by the number one (1), a pastor is represented by the number thirty (30), and fire is represented by both nine (9) and thirty-one (31). If a person dreams about a hole, the number of betting is thirty-five (35); for a fish is twenty-eight (28); and for the faeces, the number of betting is thirty-four (34), and lastly, the most well-known one is talking too much which is represented by number twenty-four (24). In the researcher’s view, the above numbers are

based on superstitious beliefs that people who gamble have. Such numbers may not necessarily bear similar results for someone not gambling.

In South Africa, gambling is regulated by the National Gambling Board by the National Gambling Act No. 7 of 2004 as the principal Act, later amended by the National Gambling Amendment Act No. 10 of 2008. The purposes of the amended Act are as follows:

- To provide a legal basis for the regulation and control of all gambling activities
- To preserve the integrity of the Republic as a responsible global citizen by ensuring an efficient and effective gambling regulatory regime
- To promote the development of a responsible gambling industry in the Republic
- To ensure that all gambling activities are conducted responsibly, fairly and honestly.
- To ensure that all players are treated fairly and that the privacy of a player is respected
- To protect minors and other vulnerable persons from the negative effects of gambling
- To protect and advance the interests of historically disadvantaged persons.
- To protect society against the over-stimulation of demand for gambling
- To prevent gambling from being a source of, or associated with crime or disorder, or used to support crime, disorder or money laundering.

It is clear from the above purposes of the National Gambling Amendment Act No. 10 of 2008 that the government is aware of the dangers that are associated with gambling and has thus tried to come up with mitigating measures to reduce the negative effects of gambling on those who gamble, their families and the society at large. For the researcher, this goes to show that the industry has the best interests of the citizens, especially vulnerable minors and people from historically disadvantaged groups such as blacks and women, of the Republic of South Africa at heart. However, no amount of well-developed legislation would stop people from engaging in gambling in ways that are harmful not only

to themselves but also to those who are closer to them. The researcher strongly believes that if gambling is to be controlled, all stakeholders, such as government, civil society, schools, institutions of higher learning, families and individuals, must do their part. Therefore, it cannot be one party's responsibility to address gambling. Different stakeholders' failure to carry out the end of their bargain would spell disaster for the Republic, affecting families, relationships, workplaces, and communities. The same group the Act is trying to protect might also be affected.

According to the National Gambling Policy (2016:12), Casino, Limited Pay-out Machines (LPMs), Bingo, Betting (horseracing), and bookmakers are the only form of legal gambling activities allowed in South Africa. Meanwhile, the following gambling activities are illegal and not allowed: Greyhound racing (dog racing), online gambling including online casinos, Fafi (ichina/MoChina), Dice, Poker including online poker, Sports betting/stake (cricket, soccer), betting on lottery results via bookmakers. All the above-mentioned illegal gambling activities remain as such unless there is a change in the current gambling policy; therefore, they are punishable by law. Furthermore, any winnings from illegal gambling activities will result in the winnings being paid over to the Unlawful Winnings Trust (National Gambling Policy, 2016:31). For this study, it is apparent that participants are engaging in illegal gambling, as most of them gamble online with only just few who go to gambling outlets to place their bets.

3.3.1 Gambling legislation in provinces

Regulation of gambling in South Africa is done through the Department of Trade and Industry (DTI), which develops national policies and comes up with norms and standards to be implemented in all provinces regarding gambling (National Gambling Policy, 2016:2). Meanwhile, the National Gambling Board, which was established in terms of the National Gambling Act No. 7 of 2004 provides oversight on provinces and the nine Provincial Licensing Authorities (PLAs). As a result, all provinces have legislation regulating gambling and other related matters. For example, in the Northwest Province,

gambling is done according to the Northwest Casino, Gaming and Betting Act No.13 of 1994. Limpopo Province, as it is currently known, was at the time called the Northern Province; hence, its gambling Act is called Northern Province Casino and Gaming Act No.4 of 1996, which has since been repealed by the Limpopo Gambling Act No. 3 of 2013. In the Free State Province, they have the Free State Gambling and Liquor Act No. 6 of 2010, which sets out how gambling should be done in the province. Meanwhile, in Mpumalanga, the Mpumalanga Gambling Act No. 5 of 1995 was enacted to govern gambling activities in the province. The Eastern Cape, just like other provinces, has the Eastern Cape Gambling and Betting Act No. 5 of 1997 enacted to control gambling. Similarly, there are different pieces of legislation in Gauteng, Western Cape, Northern Cape and Kwa-Zulu Natal.

Gauteng Gambling Act No. 4 of 1995 was enacted to achieve the following: to provide for the licensing of persons conducting casinos, bingo games, lotteries, totalizators and betting pools, and of gaming machine keepers and bookmakers, and for the registration of persons engaged in bookmaking, casino occupations and the manufacture and sale of gaming machines and gaming devices; to provide for the restriction, regulation and control of gambling and betting; to amend the Horse-racing and Betting Ordinance, to repeal the provisions relating to betting, and to effect certain other amendments as a result of the new constitutional dispensation and to provide for incidental matters.

Western Cape Gambling and Racing Act No. 4 of 1996 was enacted for the following reasons: to provide for the establishment of a gambling and racing board; to provide for the licensing of persons conducting gambling and for the licensing of persons engaged in gambling and the manufacture and sale of gambling machines and gambling devices; to provide for the restriction, regulation and control of gambling; to provide for taxes on gambling and fees for applications and investigations; to repeal the Horse Racing and Betting Ordinance and to provide for matters incidental to it.

Northern Cape Gambling Act No. 3 of 2008 was enacted so that it could make provision for the establishment of a Gambling Board, for the licensing of persons conducting gambling and betting and for the certification of persons engaged in gambling, betting and the manufacture and sale of gambling machines and gambling devices, to provide for hearings, investigations and enquiries, to provide for the restriction, regulation and control of gambling and betting, to provide for fees for applications and investigations, to repeal certain gambling and betting legislation and provide for matters connected in addition to that.

Kwa-Zulu Natal Gaming and Betting Act No. 8 of 2010 was enacted to provide for the regulation of gaming, horse-racing and betting in the province of Kwa-Zulu Natal, restrictions on gaming and betting, the establishment of a provincial gaming and betting board, the licensing of persons conducting casinos and bingo games, the licensing of gaming machines, racecourse operators, totalisators and bookmakers, the registration of certain persons, the imposition of fees, taxes, levies and penalties on the various gambling activities, the appointment and authorisation of inspectors and their powers and duties, the establishment of the horse racing and betting transformation fund and to provide for matters connected in addition to that.

Although provinces are autonomous through the provincial licensing authorities, as stated above, the National Gambling Policy Council was established in line with the National Gambling Act No.7 of 2004 to ensure policy alignment between national and provincial governments (Gambling in South Africa, [sa:2]). However, it is interesting that the National Gambling Policy (2016:8) highlights no uniformity in controlling gambling activities due to inconsistency in provinces, which often do things against the policy. One of the main challenges pointed out in the National Gambling Policy (2016) is that gambling as an industry is highly unregulated, and that has led to the loss of revenues from the sector (National Gambling Policy, 2016:5). Lack of control and inconsistency on how gambling is run in the country is detrimental as it means that more people will continue to gamble

and engage in illegal gambling activities with no consequences. Having laws and policies in place without implementation does not help anyone nor serve any purpose.

3.3.2 The Excluded Person

To further protect people who gamble, legislation in South Africa has made provision for the “excluded person”. The researcher deemed it fit to include this aspect of legislation as it shows that the South African government is doing its part in addressing the gambling problem. A detailed discussion of the excluded person is outlined below.

According to the National Gambling Act No. 7 of 2004, an “excluded person” is a person who has made an application to a court of law to be declared as such in terms of section 14 of the Act and, thus, prohibited from engaging in any gambling activities while the order is in existence and valid. Based on the above definition of an excluded person, the researcher defines an excluded person as a person who suffers from a gambling disorder and voluntarily chooses to legally be excluded from engaging in any gambling activities. Furthermore, applying to be an “excluded person” might be a cry for help. However, the researcher believes there is no way of monitoring the effectiveness of such a programme. Therefore, the programme's success depends entirely on the attitude of the person who gambles on whether they follow through once they have applied to be excluded. Concurring with the above statement are Lostutter, Philander, Walter and Larimer (2019:3), who assert that the excluded person's information should not only be in a single venue as a person can go to other venues and continue to gamble.

In trying to curb the wrath of gambling, the National Gambling Act No. 7 of 2004 makes provision for the “excluded persons”. Application to the court for one to be declared an excluded person can be brought by the affected person or their significant other, such as a family member or a person financially dependent on the applicant. According to the National Gambling Regulations Part 1 (2004), the National Register of “excluded persons” must contain at least the following personal information in respect of each excluded person: full names including other names used or known by, date of birth, identity number

or passport number, residential address, telephone and cellphone numbers where applicable, email address, gender, height, weight, eyes colour and visible distinguishing marks.

The above subsection is relevant to this study because if an individual who gambles can see that their gambling is getting out of control and thus affecting all areas of their lives, “the excluded persons” clause gives them the lifeline. If, for some reason, they decide to stop gambling, they have an option of applying to be declared an excluded person. In simpler terms, the law makes it easier by making a provision for a person with a gambling disorder to self-correct or regulate. However, there could also be a downside to this provision because the excluded person can continue gambling using other means of gambling, like online gambling via a cell phone, without accessing the physical gambling facilities. The researcher believes that if the application to be declared an excluded person was brought in by the individual who gambles, it might not serve the intended purpose if no family member knows about it because the excluded person can suffer a relapse. People who gamble need support from their families and friends for them to recover from gambling.

3.4 The responsibilities and functions of the national gambling board

In section 33, as amended in the National Gambling Amendment Act 10 of 2008, the National Gambling Board is responsible for evaluating the issuing of national licenses by the provincial authorities and the compliance monitoring of licenses by provincial licensing authorities. Additionally, the National Gambling Board is responsible for conducting oversight evaluations of the performance of provincial licensing authorities in the manner that is contemplated in section 34 of the National Gambling Act 7 of 2004 to ensure that the national norms and standards established by the Act are applied uniformly and consistently throughout the Republic. Over and above these, the National Gambling Board is mandated to assist provincial licensing authorities to ensure that unlicensed

gambling activities are detected in the manner outlined in section 66 subsections 2 and 3 (National Gambling Act 7 of 2004). Additionally, the board has several functions in section 65 as amended by the National Gambling Amendment Act No. 10 of 2008, such as monitoring and investigating, when necessary, the issuing of national licenses by provincial licensing authorities for compliance with the National Gambling Act No. 7 of 2004. The board has the powers and duties to establish and maintain the national register of excluded persons. Section 31, amended by the National Gambling Amendment Act No. 10 of 2008, makes provision to ensure that unlawful gambling activities are detected, prevented and prosecuted. The same Act also stipulates that provincial licensing authorities may inspect licensed gambling establishments and review, suspend and revoke gambling licenses.

The National Gambling Act No. 7 of 2004 gives the provinces the responsibility to enforce all provisions outlined in it, together with other applicable provincial laws. Based on the above responsibilities provided by the National Gambling Act No. 7 of 2004, a case was brought before the Supreme Court of Appeal of South Africa. This was a case of *Goqwana v Minister of Safety and Security NO and others* (20668/14) [2015] ZASCA 186 (30 November 2015). Mr Goqwana's facility, an internet café, was illegally conducting gambling on the premises. Investigations were conducted, and as a result, the appellant's goods were seized. The Supreme Court of Appeal dismissed the case with costs favouring the appellant. Subsequently, the court ordered that the appellant's goods be returned to him. In essence, although the appellant was conducting illegal gambling on his premises, the case was dismissed because the investigator failed to follow all the necessary procedures when applying for the search warrant. The matter was first heard at the Pretoria High Court. The respondents were the Minister of Safety and Security NO, the Provincial Commissioner of the SAPS, Limpopo Province, the Chairperson: Limpopo Gambling Board, Lieutenant Sebola, the Magistrate Phalaborwa NO (*Minister of Safety NO and others* (20668/14) [2015] ZASCA 186 (30 November 2015)). The appellant then applied for leave to appeal, and the case was heard before three judges in the Gauteng

Division of High Court. The State lost the case because the search warrant was not properly done in that there was no justification, as the warrant did not state who must execute it, the police station to execute the search warrant was also not mentioned by name, and the offence which society must be protected from was not mentioned either.

All of the above were not covered in the search warrant, and from a legal perspective, the absence of those three aspects amounts to procedural unfairness. The courts have the responsibility to balance the rights of citizens against the power of the State. Ultimately, the court upheld the appeal with costs and ordered that the matter be set aside. The court further ordered that the appellant's goods and money be restored or returned to him. Based on the above discussions, the researcher believes that the National Gambling Board should enforce its legal mandate by ensuring no illegal gambling in the country. It should, however, be borne in mind that the national board would be ineffective in carrying out its mandate without the assistance of all law enforcement agencies, such as the South African Police Service, the Department of Justice and Constitutional Development and the National Prosecuting Authority. This calls for all the stakeholders to adhere to the stipulations and procedures when executing their responsibility to ensure that gambling activities are lawfully done. This would further assist in avoiding situations where prosecution is withdrawn because of flaws in the following procedure, as discussed in the case above.

3.5 Gambling and gambling disorder

Gambling and gambling disorders, as phenomena, are discussed below.

3.5.1 Gambling

Several authors (Clark, 2014:51; DSM-5, 2013:586; Fong & Rosenthal, 2014:2; Mathieu, Barrault, Brunault & Varescon, 2017:3; Robillard, Kairouz & Monson, 2017:166) define gambling as placing something of value at risk with the belief of getting something in return. This definition reveals many factors, such as the individual's willingness to bet something

valuable and hoping to get something better out of betting. Those who gamble seem to base their hope to win on chance or probability, but they are still willing to take a risk regardless. The researcher's view on gambling is that gambling is a game of chance and uncertainties; therefore, nothing is guaranteed. It is a game where people who gamble are willing and prepared to wager something valuable, believing they will benefit. Gambling is a silent epidemic (Gonzalez, Estèvez, Griffiths, 2018:576). According to the researcher, the reason gambling is regarded as a silent epidemic is because it is not visible and easy to identify, just like a person who is under the influence of other substances. Concurring with the above are Lindberg (2017:1) and Segal *et al.* (2018:2), who argue that gambling is a hidden addiction as it does not present visible signs that are obvious to the eye unless one knows or is aware that someone gambles. Additionally, gambling is seen as a public health issue (Gainsbury, Russell, Hing, Wood, Lubman & Blaszczynski, 2014:1, Gavriel-Fried, 2014:478) because it impacts the health and well-being of the individuals who gamble. Gambling is also a sickness that worsens with time (Rolando & Beccaria, 2018:106). The concept of seeing gambling as a sickness is new, as gambling has always been viewed as a sinful and immoral activity that encourages laziness instead of instilling hard work (Gavriel-Fried, 2014:472). However, over time and with more research conducted on the phenomenon, it has become clear that gambling is a mental health issue (DSM-5-TR, 2022:662; Loannidis *et al.*, 2019:1354; Lupi, Martinotti, Acciavatti, Pettorruso, Brunetti, Santacrose, Cinosi, Di Lorio, Di Nicola & Di Giannantonio, 2014:1; Nower & Caler, 2016:1).

Recent studies have completely overhauled the old narrative of gambling as immoral and sinful behaviour by looking at the phenomenon as sickness. The researcher believes that gambling is an activity which, unfortunately, progresses to become a disorder as someone might start small, socially and casually, but progresses to being addicted to gambling over time. It would not be far-fetched for one to believe that gambling gets worse as one continues to gamble because continuity means less control and more dependency, resulting in gambling disorder. The researcher sees this as a transition to a gambling

disorder. Having defined and discussed what gambling is, it becomes necessary to define further gambling disorders which come about because of continuous gambling.

3.5.2 Gambling disorder

Gambling disorder is a persistent psychiatric and mental health condition which is characterised by a loss of control over money and time spent on gambling, therefore causing harm to self and those around the person who gambles (Binde, 2016a:247; Choi, Shin, Kim, Choi, Kim, Kim & Youn, 2017:1). Closely related to the above definition is that of (Heiskanen, 2017:363; Robillard *et al.*, 2017:165; Tomei *et al.*, 2014:612) who state that gambling turns into a disorder when those who gamble lose control over their spending and the frequency of their gambling increases. In the researcher's view, control or lack thereof seems to be the keyword in gambling disorder because anyone with control over their gambling activities would not spend more than what they planned and intended to use and would certainly not be consumed with negative gambling feelings and emotions such as being distressed. Gambling disorder is described as a behavioural addiction, just like substance use, where persons have cravings and withdrawal symptoms (Clark, 2014:46). Gambling disorder is pathological or disordered gambling (Choi *et al.*, 2017:1; Fong & Rosenthal, 2014:2; Loannidis, *et al.*, 2019:1354). Based on the above definitions, the researcher defines gambling disorder as a mental health and pathological condition that makes it difficult for a person who gambles to stop gambling even when they become aware that their continued gambling is detrimental to them and their families, as well as all other spheres of their lives. It is a disorder because the person is not in control of their gambling habits, they end up becoming compulsive.

Reilly (2018:41) avers that gambling disorder is not necessarily a progressive disorder simply because people move in and out of disordered states. Thus, not all people who gamble will progress to a gambling disorder, as all have the potential to get better or improve. However, be that as it may, the researcher believes that if an individual persists

in gambling, it is only a matter of time before they can get addicted. Furthermore, not all people who gamble will get better, especially without some form of professional intervention. It is on that basis that the consequences of gambling disorder are discussed below. According to the DSM-5-TR (2022:661), an individual is viewed to have a gambling disorder if they display four or more of the following diagnostic factors within 12 months:

- Needs to gamble with increasing money to achieve the desired excitement.

They gamble with more money to get the desired results. This simply means that they keep gambling with the hope of winning. Again, the issue of “chasing losses” becomes prominent.

- Lies to conceal the extent of involvement with gambling.

Once a person starts hiding what they are doing, it means that they are aware that what they are doing is wrong and is a problem and thus start lying to hide the extent of their gambling.

- After losing money in gambling, often return another day to get even (chasing one’s losses)

The fact that they keep gambling even after losing money through gambling is a clear indication that they are blind to their ways and do not see any other possible options except to continue gambling.

- Is often preoccupied with gambling (for example, having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)

Their minds and everything else are over clouded with gambling as that is all they always think about.

- Has made repeated unsuccessful efforts to control, cut back or stop gambling.

Just like any other disorder, those who have gambling disorder seem to think that they have things under control, but in reality, that is far from the truth. They keep trying on their own to control and stop gambling with no success.

- Has jeopardised or lost significant relationships, jobs or educational or career opportunities because of gambling.

Gambling causes those who engage in it to lose valuable things in their lives, such as marriages, relationships, jobs and properties, as some will sell their properties to get more money to feed their lifestyles. Therefore, the chances of losing something personal and of value are always high in the life of a person who gambles.

- Relies on others to provide money to relieve desperate financial situations caused by gambling.

Gambling involves money, and it is easy for individuals with gambling disorder to be unable to meet personal financial obligations because of gambling and thus rely on others to help with finances.

- Is restless or irritable when attempting to cut down or stop gambling.

This is a clear indication that gambling is a disorder which presents symptoms like those of people who use drugs and other substances. Additionally, those who gamble may feel

restless and irritable because they may think that they could miss a chance of winning if they do not.

- Often gambles when feeling distressed (for example, helpless, guilty, anxious and depressed)

In the researcher's view, using gambling may be a way for some people who gamble to deal with and relieve themselves of any negative emotions, thinking that they might win. However, when they do not win, the stress level increases.

Based on the above gambling diagnostic criteria, the researcher deduces that gambling disorder is a phenomenon that affects all areas of a person who gambles. Gambling lures people into spending more than what they initially intended to spend, and that is what creates more problems because individuals keep being attracted to gambling, thinking that they will be rewarded for all their losses. In real life, the likelihood of hitting the jackpot is just next to none. It is for this reason that the researcher sees gambling as an enticing, promising and yet dangerous and trapping phenomenon that leads people into an endless and scary roller coaster. The researcher believes that gambling as a societal problem and a disorder should be addressed and communicated as a problem. The researcher strongly agrees with the DSM-5-TR (2022) in defining gambling as a disorder because disorders have always been associated with visible phenomena such as alcohol and drug abuse. This is so because the physical effects of alcohol and drugs are visible for all to see, unlike gambling. The term "non-substance-related disorder" is fitting and very relevant when it comes to gambling disorder, as the disorder presents with similar symptoms as those of alcohol and drugs (DSM-5-TR, 2022:661). Yes, gambling disorder is not something that those who gamble can take internally and physically, but the signs and results are the same: they all lead to unpleasant effects. After establishing what gambling and gambling disorders are, it becomes important to go further to examine the reasons that motivate people to continue gambling.

3.6 Motivation to gamble

Although gambling tends to be mostly associated with negativity since some people can become addicted and develop gambling disorders, research reveals that gambling contributes approximately 0.81% towards economic revenue, called Gross Gambling Revenue (National Gambling Board, 2017). The National Gambling Board study (2017:104) confirmed that some people undertake gambling with the goal in mind, which is getting money through gambling winnings. Another positive factor of gambling is the fact that it contributes to the economy by creating employment (Nzimande *et al.*, 2013:17). However, it would be shortsighted to think that these positive outlooks of the phenomenon would outweigh the negatives that come about due to gambling.

Various studies have been conducted focusing on different reasons why people gamble, and it has been established that there are many reasons for gambling. However, from all reasons provided, money seems to be at the centre of gambling, with some people looking at gambling as a way of making money (Binde, 2013:81; Fong & Rosental, 2014:8; Mathieu *et al.*, 2017:3). According to the National Gambling Board (2013:38) men are motivated to gamble because they want to get rich as compared to women. In elucidating reasons for gambling, Gavriel-Fried (2014:473) points out that pleasure, immediate gratification, getting rich quickly, self-promotion, and narcissism have all led people to overlook hard work. Binde (2013:83) outlines five motives for gambling: dreams of hitting the jackpot, social rewards, intellectual challenge, mood change and lastly, the chance of winning. These motives are discussed below:

- **The dream of hitting the jackpot.**

Research shows that people gamble because they dream of winning big (National Gambling Board, 2013:27; Kristiansen, Trapjerg & Reith, 2015:141). According to Binde (2013:84), most people who gamble are attracted to gambling because they use less

money to gamble, but if they win, they win big. The researcher is of the view that gambling is all about winning big. However, although gambling is mostly believed to be about money, Heiskanen (2017:363) refutes that thinking by stating that even though gambling as a phenomenon revolves around money, it is also, at the same time, not about money at all. Instead, it is about the attitudes and views of those who gamble towards money and how to spend money. Binde (2013:84) states that when people gamble, they fantasise about winning big amounts of money and changing their lives overnight. Meanwhile, other factors such as passing time because of boredom, numbing feelings of depression and anxiety, and trying to distract themselves from whatever problem they may be experiencing at a time could also be some of the reasons people engage in gambling (Fong & Rosenthal, 2014:8, Segal *et al.*, 2018:4). But over and above that, sometimes people who gamble engage in gambling simply because it makes them feel important and brings with it some level of excitement (Fong & Rosenthal, 2014:8; Segal *et al.*, 2018:4). Additionally, once gambling becomes a habit, those who gamble is likely to do it regularly, thinking that they might win and have all their money problems solved. It is clear from the above discussion that people gamble for different reasons, but over and above that, they gamble, hoping to win and win big, for their lives to be changed immediately. For the researcher, it is clear that there is a sense of false hope that individuals who gamble have when they gamble, which is evidently what cognitive distortion is all about.

- **Social rewards**

Human beings are social beings with an innate need to socialise with others. For that reason, those who see gambling as a social activity are likely to engage in it so that they get the opportunity to gather and make new friends. According to Binde (2013:85), gambling presents many social rewards to a person who gambles, such as communion by being with others and competition as they compete with others and showcase their skills and abilities. By and large, gambling is likely to be used as a form of relaxation. For example, people can go to casinos to escape their everyday routine and do something

different. Similarly, Latvala *et al.* (2019:1) state that most people gamble for entertainment and social reasons because gambling facilities create opportunities for meeting people. However, for those who are addicted to gambling, gambling cannot be viewed as a form of relaxation because they might have some tension as they are uncertain of winning. In essence, some people gamble simply for communion with others (Hussain & Muhammad, 2017:4). Additionally, Robillard *et al.* (2017:169) point out that playing privately with friends and enjoying quality time regardless of the gambling outcome is a good example of people gambling to socialise and for pleasure. In the researcher's view, the above assertion shows that gambling can be a game of enjoyment and entertainment that would cause no harm to all parties participating in such a form of gambling. However, be that as it may, the researcher believes that if social gambling activities become frequent, it could lead to some people getting addicted. The researcher further asserts that coming together and meeting others makes the whole experience very normal but can easily lead to some people getting addicted to gambling. It would be beneficial if all people engaged in gambling for relaxation, which would assist in enhancing their mental health state.

- **Intellectual challenge**

Some games, such as poker and horse betting, demand the intellectual capacity of the person who gambles (Binde, 2013:86). In other words, people who gamble can use their intellectual skills. Having to guess which horse might win the race, referred to as handicapping, means that someone who gambles must be well conversant with the horse's history and assess its possibility of winning the race. For instance, in a study by Lister *et al.* (2016:8), it was established that some participants wanted to win in certain gambling games so that they could boast about their gambling abilities. Research has also shown that certain games require skills and intellect; thus, some people prefer games that require skills as those allow such people to be competitive (Hussain & Muhammad, 2017:4). Examples of games that require intellectual ability include poker, casinos and

online betting. In the researcher's view, using one's intellect to try and win is myopic because such behaviour can lead to unintended consequences. For example, in trying to prove a point of one's ability to play and win using skills, an individual could end up getting addicted in the process. Another downside is that since gambling has no guarantee that every bet will result in a win, the person can lose more money than winning. This means the person will engage in more games to prove her/his intellectual capability but also lose money.

- **Mood change**

Gambling can be both a social and relaxing activity which can alter the mood of those who engage in gambling activities either positively or negatively (Binde, 2013:86; Ciccarelli *et al.*, 2017:205; Fong & Rosenthal, 2014:2). For example, when winning, their mood change is positive because they are happy and excited, but it all changes when they start losing, then the opposite happens as they feel anxious, depressed, suicidal, guilt and shame (Fong & Rosenthal, 2014:2; Rizeanu, 2018:38). The researcher believes that even though these emotions could be a result of any other life event, with those who gamble, these seem to be a regular occurrence because some participants in this study stated that they gamble daily, with some placing bets twice or thrice per day. This means that whenever they do not win, they experience emotions of some sort, but mostly negative. Negative emotions may not be a daily occurrence for other people unless something in their lives negatively affects them. As expected, there is no way that those who gamble will always be on a winning streak because such an expectation is unrealistic. Naturally, they are bound to lose at some point, and that is where the problem starts.

Nower and Caler (2016:4) state that some people who gamble tend to suffer from emotional vulnerability, which is associated with poor coping skills, family problems, lack of problem-solving skills, and addiction. Unsurprisingly, those individuals are likely to resort to gambling to deal with their moods rather than facing and appropriately dealing with the

causes of their moods. In the researcher's view, this could be because they wish to win to improve their emotions, something that cannot be guaranteed. Therefore, using gambling to deal with negative moods can aggravate the negative moods instead of improving them, not helping the situation. Furthermore, it could be that they feel their moods can only be positively changed when they win and when that does not happen, they cannot handle it.

- **The chance of winning.**

Binde (2013:86) stipulates that the chance of winning is at the core of gambling. This is confirmed by other authors (Clark, 2014:51; Robillard *et al.*, 2017:164; Spurrier & Blaszczynski, 2014:254), who state that gambling is a game of chance based on unknown outcomes. Meanwhile, according to Binde (2013:88), the prospect of winning brings joy to those who gamble. Similarly, Slecza, Braun-Michl and Krans (2020:744) elucidate that besides financial gains, money has other meanings, such as a feeling of being on top, in control and high-level social status as well as to make people who gamble feel good about themselves. Considering the above, the researcher believes that the chance of winning motivates people who gamble to keep gambling. In addition to the above, research has shown that most people engage in gambling because they need the money and hope for a chance to win large sums of money (National Gambling Board South Africa, 2017:17). As highlighted above, the likelihood of winning keeps the people gambling even more. However, be that as it may, there are different views and a belief that gambling is not always about money (Heiskanen, 2017: 363). In the researcher's view, this is surprising, to say the least, seeing that gambling at the centre of a phenomenon is a money issue, without which gambling would not occur. After all, gambling is a game of chance (Robillard *et al.*, 2017:164). This means that nothing is certain or guaranteed. Thus, if a person wins, it is by chance. According to the researcher, despite all the reasons that cause people to gamble, gambling will forever remain a problem if it is not controlled. If only people who gamble could understand that winning in gambling is by chance and luck and nothing else,

that would go a long way even in addressing superstitions that some have regarding gambling. Even with all the above-highlighted reasons for gambling, gambling remains a game of chance.

3.7 Consequences of gambling disorder

Many harms are associated with gambling. Some consequences are decreased productivity, health problems, and relationship problems (Kolandai-Matchett, Landon, Berlinger & Abbott, 2018:2). Personally, it affects persons who gamble and their significant others and, subsequently, their communities. This can also lead to anti-social personality disorder, depression and substance abuse (Choi *et al.*, 2017:1). According to Fenge (2014:12), for every person who gambles, there are about five to ten other people in their lives that are equally affected by their gambling disorder. In addition to this, Lindberg (2017:1) elucidates that gambling disorder presents with some vast problems such as broken and dysfunctional families, mental health issues and substance abuse in some isolated cases. The consequences of gambling disorder cannot be ignored because they have dire effects on those individuals who gamble, their families as well as their work. The researcher is of the view that for gambling disorder to be addressed appropriately, a multidisciplinary and multi-professional approach must be adopted, and all parties should play their roles for an effective change to be realised.

As already stated, gambling disorder has many consequences and below are some of those consequences. The consequences are discussed according to the person who gambles, their families, work, the workplace, and society.

3.7.1 Cognitive distortions on those who gamble.

Gambling disorder presents many mental challenges to the people who gamble, one of which is cognitive distortion. Different authors (Ciccarelli *et al.*, 2017:204; Fong & Rosenthal, 2014:23; Cosenza, Baldassarre, Matarazza & Nigro, 2014:2; Wade, 2015:966)

define cognitive distortion as irrational statements and beliefs that people who gamble make to themselves to convince themselves that they have control over their gambling so that they rationalise their gambling persistence. Cognitive distortion is an illusion that one has control over their gambling even though their gambling is progressing into a disorder (Mathieu *et al.*, 2017:2; Wade, 2015:966). The researcher believes that people who gamble suffer from cognitive distortion because they believe “this time” might be the chance to hit the jackpot and win. The researcher believes that unless they receive intervention, that will continue to be a never-ending cycle. According to Fong and Rosenthal (2014:24) and Heiskanen (2017:369), chasing losses is when people who gamble spend more money and time gambling, hoping to win back all the money they have lost. Fong and Rosenthal (2014:23) highlight instances where those who gamble lie to themselves, using statements such as:

- I will pay back all the money I have borrowed. This includes money stolen from friends, family, and even their employers.
- Gambling money is easy money. The distortion comes in when the focus is only on winning, no matter how small the winning amount is while overlooking big losses.
- I know I can beat the system because I am smart. Gambling will forever remain a game of chance; therefore, no matter how smart one thinks they are, they will still lose.
- It is only one bet; what harm can that do? But in reality, it starts with small amounts and then progresses to bigger amounts.
- I will play for a little while. A little while could very well be all it takes to get a person addicted.
- Today is my birthday; I cannot miss it. This is a distortion that they are likely to win because it is their birthday.
- One day, I will hit the jackpot. They believe that the next time might be better than today.

- Gambling brings joy and happiness. However, all these positive emotions are short-lived as they sooner rather than later lose, and they are miserable again
- If I persist, I can win it all back. The reality is that the more they persist, the deeper they get into addiction.
- I have control over my gambling. Losses are attributed to bad luck.
- Today could be the day I strike. The lie they tell themselves is how can I win if I do not bet. It all leads to more addiction.
- Gambling is the solution to all my money problems. They truly believe that they will win big. Thereafter, all their money problems will be solved instantly.
- I deserve to gamble. A lie so that they continue gambling.
- I know I am smarter than others who gamble; I can do this.

The above highlighted cognitive distortion statements are typical examples that show that people are addicted to gambling or else they would not be lying to themselves. According to Mathieu *et al.* (2017:10), women tend to have less cognitive distortion than men. But in stark contrast, some authors argue that all those who gamble are likely to develop cognitive distortion compared to those who do not gamble (Clark, 2014:51; Mathieu *et al.*, 2017:2). As alluded to above, cognitive distortion comes about when people who gamble are chasing losses. In addition, Fong and Rosenthal (2014:25) point out that self-deception or lying to self is common in gambling. The researcher believes that chasing losses can make it difficult for people who gamble to stop gambling because they are pushed by the belief that they must win what they have lost, which can only be achieved through continuous betting. This will undoubtedly lead them to become addicted to gambling and eventually develop gambling disorders. Chasing losses is one of the indicators of gambling disorder (Gainsbury *et al.*, 2014:2, DSM-5, 2013:585). Chasing losses is linked to “near misses”, which is when people who gamble keep gambling after they have lost their bets and feel they were close to hitting the jackpot (Clark, 2014:52, Fong & Rosenthal 2014:9, Wade, 2015:966). This will likely cause them to keep gambling because, if anything, the near miss proves there is a possibility of winning big. Gainsbury *et al.* (2014:6) report that

since winning in gambling is based on chance, chasing losses will only lead to more losses. It is a known factor that the main reason for gambling is to win money. Therefore, this means that people who gamble will keep chasing until they win if they ever do win (Lister *et al.*, 2014:8). For the researcher, cognitive distortion in gambling gives a false sense of being in control, while that is not the case. Similarly, the thoughts of those who gamble are so distorted that they keep on gambling with hope and believe that they might win all the money they have lost since they started gambling.

3.7.2 The effects of gambling disorder on the individual

It is clear from the preceding discussions that gambling disorder has ripple effects on all who are involved, directly or indirectly. The effects of gambling on individuals present different facets, such as personal, financial, relational, and work-related. Several authors (Dowling, 2014: 2; Hussain & Muhammad, 2017:2; Latvala *et al.*, 2019:5; Segal *et al.*, 2018:1) confirm the above assertion by stipulating that gambling disorder affects every area of a person who gambles life. Additionally, a study commissioned by the National Gambling Board of South Africa (2017), which investigated the socio-economic impact of gambling, established that gambling affects the personal life, finances, relationships with family and friends, studies, and work life of those who gamble (National Gambling Board, 2017:113). Concurring with the above study is Kolandai-Matchett *et al.* (2018:2), who assert that gambling disorders do not only affect the person who gambles but also their families and communities at large. Thus, when looking at gambling disorder, the focus should not be on the one who gambles but also those closest to them.

At the individual level, gambling disorder can further affect people who gamble from their mental and personal well-being. For example, they may suffer from distress due to gambling-related guilt, anxiousness, shame and self-blame. Furthermore, such stress, which might be continuous as continued gambling, may lead to other risky conditions like high blood pressure, tachycardia, weight loss, arthritis, headaches, cardiac arrest, angina,

cirrhosis and other liver diseases (Latvala *et al.*, 2019:7). Additionally, Dowling (2014:5) postulates that even the health and well-being of the family members of a person who gambles are also affected as they are likely to suffer from similar conditions such as chronic headaches, hypertension and gastrointestinal ailments. Still, from an individual level, research has shown that gambling disorder is associated with suicide or suicidal thoughts and homicide (Hussain & Muhammad, 2017:4; Latvala *et al.*, 2019:8; Segal *et al.*, 2018:6). Reilly (2018:34) elucidates that gambling disorder rarely travels alone as many other conditions are linked to it such as depression, anxiety, post-traumatic stress disorder and more other mental health disorders. The researcher believes that gambling disorder brings with it many unintended challenges, problems and conditions that people who gamble never thought could be possible. For instance, although they win sometimes, those winnings cannot outweigh the consequences associated with gambling.

3.7.3 The effects of gambling disorder on the family

As already indicated, gambling disorder is a phenomenon with effects that go beyond affecting the individual who gambles. Instead, it also affects the families of the individual who gambles. The researcher strongly believes that a family is the very core of the existence of any society or community, and that needs to be protected. Gambling disorder has widespread effects that go beyond affecting the person who gambles but also their families and friends as well as their colleagues (Dowling, 2014:2; Fenge, 2014:12; Latvala *et al.*, 2019:8). Based on the above assertions, the researcher holds a view that those who gamble should not downplay the negative impact of their gambling since they are part of other systems, that they interact with continually. For someone who gambles, they might fail or rather choose not to see the consequences of their gambling on their significant others and other areas of their lives. In this regard, Dowling (2014:2) highlights some of the challenges that family members of people with gambling disorder experience, for instance, dysfunctional families and poor intimate relationships. This is because gambling disorder can also affect intimate relations. It is evident from the above-highlighted

information that gambling affects all people who are closer to the person with a gambling disorder. A change in one system causes a chain reaction to and affects other parts of the system (Tunmore, 2017:84). Thus, the effects are broad and have negative consequences that are dire and far-reaching.

According to Dowling (2014:2), the extended family members of those who gamble include partners, children, siblings, parents and grandparents. All these people are likely to be affected in one way or another. Children and intimate partners of individuals who gamble might suffer from emotional disturbances, physical harm as well as behavioural problems (Dowling, 2014:2; Latvala *et al.*, 2019:9). The consequences of gambling disorder are severe on all family members because the family is a system made up of subsystems that the person who gambles is one. For example, a family might suffer financially; there could be tensions, poor relations, broken trust and even domestic violence when the person with a gambling disorder lies and is unable to meet certain family obligations (Dowling, 2014:4; Latvala *et al.*, 2017:9). Some of the problems experienced by family members of people with gambling disorder are reported by Dowling (2014:4) as including the loss of household or personal money, arguments, anger and violence, lies and deception, affected family relationships, poor communication, lack of parental supervision, family neglect, development of other addictions and unclear family roles and responsibilities. Evidently, from the preceding discussions, gambling disorder negatively affects the entire family and not just the person who gambles. Equally, whatever consequences arise because of gambling by one family member have a bearing on other family members.

3.7.4 The effects of gambling disorder on communities or society

According to Binde (2016a:247; 2016b:392), there are several negative effects on communities that are brought about by gambling, such as getting jailed due to criminal activities to fund gambling and job losses, which in turn affect relationships and destroy families. Since gambling is mostly about money, it can lead to criminal activities, as those

who gamble try to get money to keep on gambling. It should, however, be noted that suffering from a gambling disorder does not automatically mean that the person will commit a crime, but some do resort to stealing. Gambling is closely linked to financial crimes such as embezzlement and money laundering (Binde, 2016a:250, Binde, 2016b:393). Research shows that gambling is linked to stealing money either from the employer or family members and colleagues (Latvala *et al.*, 2019:7). And this has negative consequences on familial and work relations, which in turn may lead to those who gamble being arrested and thus, give a bad name not only to themselves but also bringing into disrepute the name of their company. For example, gambling is likely to lead to addiction, which in turn can negatively lead to ruined relationships and destroyed families through divorces. Destroyed families can resultantly lead to a dysfunctional society. In line with the ecological perspective, the macro level defines and influences societal issues such as culture, history, customs and values (Alvi *et al.*, 2018:9). Gambling is further reported to have a negative impact on the general economy because of decreased productivity as those who engage in gambling will be side-tracked and focus on gambling instead of being productive (Fenge, 2014:14; Latvala *et al.*, 2019:4). For instance, from a financial point of view, communities start to depend on gambling revenues. However, regarding work, there will be productivity losses while elements of criminality and gambling addiction increase.

Despite all the negative sides of gambling disorder highlighted above, there are views that there is also a positive impact of gambling. According to Latvala *et al.* (2019:9), governments can generate revenue from gambling by creating job opportunities for the community. Furthermore, gambling can attract tourists as they come for entertainment and gambling. This, in turn, would have a positive influence on other industries as casino development has led to an increase in entertainment and recreation facilities, restaurants, shopping venues, bars, cinemas, and public performance facilities, leading to increased employment and revenue for the government (Latvala *et al.*, 2019:9). This can only be realised if people engage in regulated gambling, which is not always the case. As it has been shown earlier on, some gambling activities are illegal; if people engage in these

activities, they will not contribute anything to the country's economy. It is interesting to note that even though gambling has always been associated with negativity, some positivity comes about because of gambling that could benefit the community members as well as the government. However, the negative factors that are linked to gambling disorder cannot be ignored as they continue to be at play from an individual, family and vocational point of view.

3.7.5 The effects of gambling disorder in the workplace

Gambling disorder affects the people who engage in it as well as their immediate circle of family and friends and their work. Employees who have gambling disorders tend to spend more hours at work. Thus, they are likely to gamble during working hours (Fenge, 2014:3). The researcher believes that employed people suffering from gambling disorders are more influenced to gamble during working hours because of the accessibility and closeness of gambling outlets near their workplaces. But over and above that, they may easily gamble during work hours because of online gambling using the employer's internet. Workplace gambling is also evident through poor work performance, as employees with gambling disorders cannot concentrate on their work. Excessive use of work telephone, internet and other work resources for gambling activities and borrowing money from colleagues and not paying it back, which then leads to arguments and sour collegial relationships at work, are some work-related matters about gambling disorders (Fenge, 2014:3, Fong & Rosenthal, 2014:3; Wade, 2015:950). They are also likely to experience emotional outbursts at work, which are dictated by winning or losing bets (Fenge, 2014:3; Fong & Rosenthal, 2014:3; Wade, 2015:950).

Gambling at work can lead employees who gamble stealing from the employer and asking for loans from colleagues (Binde, 2016a:249). Over and above that, individuals with gambling disorders are always readily available to organise or partake in gambling activities. Additionally, individuals who gamble tend to request their pay in advance under

the pretence of an upcoming vacation while it all lies. It is evident from the above discussion that, indeed, gambling disorder negatively affects work performance and leads to loss of productivity. Below are discussions on the specific effects of gambling disorder on work performance.

- **Loss of time**

The availability and accessibility of online gambling means that employees can gamble at any given time while at work, resulting in the employer not getting value for money as employees work in exchange for pay (Binde, 2016a:249). For example, there is a loss of time as employees become preoccupied with gambling, and that impacts productivity (Fenge, 2014:3). Basically, what it comes down to is that there is a prescribed number of hours that employees are expected to work per day, per week and eventually per month. Therefore, spending time concentrating on gambling means that they are not putting in all the expected hours into their work. The employer is robbed of the time for production as the employee with a gambling disorder spends reduced hours on productive activities and more hours on gambling. Gambling as an activity requires time to engage in it. Therefore, time spent gambling at any given time could be an indication that someone is suffering from a gambling disorder (Robillard *et al.*, 2017:165). Meanwhile, employees with gambling disorders may spend more time concentrating on other gambling-related activities, such as planning how to get money for gambling, and not engaging in the gambling act itself (DSM-5-TR, 2022:661). In addition, Binde (2016a:247) claims that gambling disorder is likely to cause harm in the workplace, even if it is leisurely and occasionally because those who gamble tend to be preoccupied with gambling. The researcher believes that the loss of time in the workplace due to gambling would inevitably also lead to low or reduced productivity. Furthermore, the researcher believes that even though the time factor may not be quantified, especially if there are no clocking systems to assist the employer in verifying time loss, this aspect needs to be closely monitored to ensure that the employer is getting value for salaries paid.

- **Loss of productivity**

The time that is lost while employees are gambling and planning their betting strategies has an influence on productivity at work. According to Fenge (2014:3), some of the ways gambling disorder affects the workplace include less productivity at work, changed workplace culture and employee health and well-being getting affected as well. Research reveals that gambling disorder is associated with emotions such as depression, anxiety, high blood pressure, shame, guilt, suicide and suicidal thoughts, anger, and frustration (Fong & Rosenthal, 2014:2, Heiskanen, 2017:366, Segal *et al.*, 2018:6). Based on what is highlighted above, the researcher sees all these emotions not only heavily affecting the individual employee but also work and production since employees may not be as productive as they are expected to be. Ineffectiveness as a result of gambling disorder is supported by Binde (2016a:247), who confirms that gambling disorder can lead to inefficiency at work and absenteeism. The researcher also believes that absenteeism can equally affect productivity as employees are likely to gamble all their money away, including transport fares. Absenteeism from gambling disorder can negatively affect work in different ways, such as a shortage of staff and inconvenience to other colleagues who might be forced to work double shifts trying to close the gaps created by those who are absent. Thus, absenteeism and its cause must be addressed accordingly if production is expected to improve. According to Fenge (2014:6), employees who gamble may suffer from extreme tiredness and anxiety, and that can easily lead to accidents and poor quality of work.

The above discussions make it clear that loss of productivity due to gambling disorder in the workplace remains a challenge that needs to be addressed appropriately using different ways such as awareness programmes or policy and standard operating procedures. If left unaddressed, the effects can be costly to all parties involved. In the researcher's view, there is also a need to look at presenteeism, which is having employees at work who are not doing what they are expected to do. Those employees are there, but they are as good as not present because they are not working and thus make no difference

in production. Below is the discussion on criminal activities mostly associated with gambling disorder.

3.7.6 Theft, fraud and embezzlement as a result of gambling

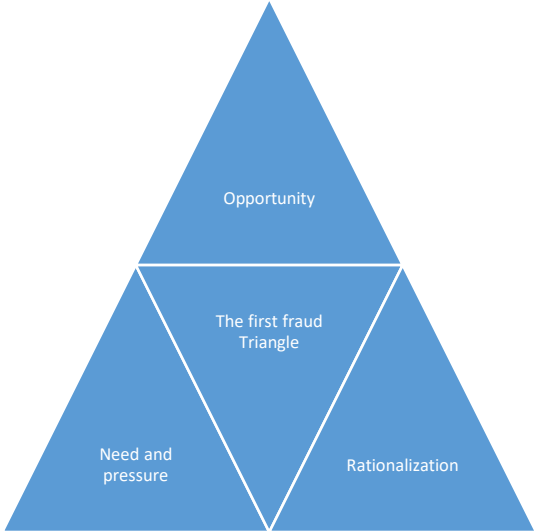
It has been highlighted in this chapter that money is a critical commodity in gambling and gives those who gamble the opportunity to engage in gambling activities. The researcher holds the view that since it is impossible for people who gamble to have money all the time to bet, some might resort to committing financial crimes to enable them to keep on gambling. For that reason, different elements of crimes are addressed in this subsection. With that being said, this section focuses on some criminal activities that come about as a result of gambling.

Money enables people who gamble to continue gambling, and without it, gambling would not be possible. People with gambling disorder constantly need money to gamble, and when they do not have it, they find ways to get money (Binde, 2016c:13). For instance, they might borrow from others just so they can gamble (Binde, 2016a:249, Heiskanen, 2017:367). Furthermore, Fong and Rosenthal (2014:24) state that “money seems to be a problem to those who gamble while at the same time, it is also a solution to all their problems”. This could not be far from the truth because money cannot solve all people’s problems. Meanwhile, due to mounting debts because of gambling, a person with a gambling disorder needs money to pay off their debts. In the researcher’s opinion, such thinking can only be linked to cognitive distortion because their thinking is unclear. In gambling, money is needed at all costs and might cause individuals who gamble to do things that they would normally not do just so they get the money, including theft, fraud and stealing from work, family and relatives (Heiskanen, 2017:367).

In terms of the DSM-5-TR (2022:662) once people who gamble have exhausted all legal ways of getting gambling funds, they might turn to their workplace to source the money. This is when they likely get involved in theft, embezzlement and fraudulent activities.

Concurring with the above is Binde (2016a:255), who alludes that once those who gamble spend all the money they have, they resort to “borrowing” from colleagues or clients’ accounts if working in a financial institution. Borrowing, in this sense, refers to stealing or theft. Additionally, Heiskanen (2017:367) elucidates that over and above salaries, loans and other income sources, people with gambling disorders will finance their gambling activities from other sources. The above assertion does not necessarily mean that all people who gamble engage in criminality, but some do. To this end, Binde (2016a:258) refers to the fraud triangle, which comprises two triangles which are discussed below:

The fraud triangle

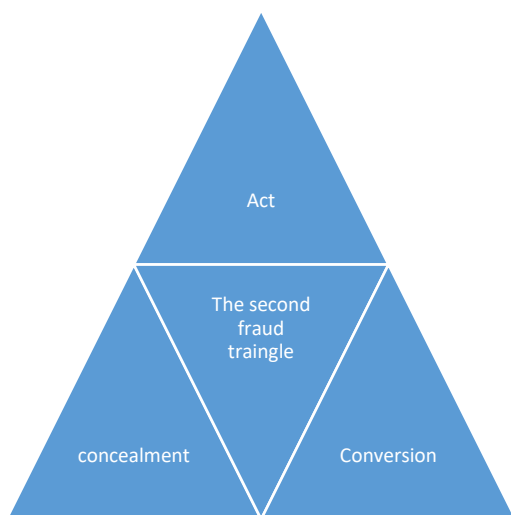


The diagram is adapted from Binde (2016a)

The first triangle focuses on the opportunity to get money, fuelled by the need and pressure to have money so that the person can gamble. The researcher believes that people who gamble are generally normal and good people who know the difference between wrong and right and when they have done something wrong. If that were not the case, they would not have any negative emotions that they experience such as shame and guilt (Hussain & Muhammad, 2017:3). Having said that, the researcher believes that those who gamble may want to rationalise their behaviours, hence the use of words such

as: to “borrow” or “a loan”. Furthermore, they might even rationalise their criminal behaviours by thinking that “borrowing” from the employer would be fine if they could return it before anyone can detect anything. Additionally, Latvala *et al.* (2019:8) point out that it is common for persons who gamble to commit petty crimes against their significant others. Therefore, their family members or colleagues may become victims of crime. According to the views of those who gamble, it would appear as if there is no harm done to anyone when they commit financial crimes; they think their criminal activities are harmless (Binde, 2016a:258). Hence, even the use of words such as “borrowing from others” is normalised when referring to the money they have stolen from people closest to them.

The second fraud triangle



The diagram is adapted from Binde (2016a)

According to Binde (2016a:259), the second fraud triangle focuses on three factors: the act, concealment and conversion. Additionally, Binde (2016a:258) states that the act is the actual action of criminal and fraudulent financial transactions. Secondly, it is the concealment of criminal and fraudulent activities. It should be remembered that gambling disorder is often referred to as a hidden illness, and this is a perfect fit of what gambling

disorder is all about (Lindberg, 2017:2; Segal *et al.*, 2018:2). And lastly is conversion, which is when the individual that gambles use money obtained fraudulently to live affluently in a way that shows that they are living beyond their means. As already alluded to, gambling is linked to criminal activities, even though this does not suggest that all people who engage in gambling activities or suffer from gambling disorders partake in criminal acts. Therefore, this factor must be highlighted and addressed accordingly.

3.8 The influence of advertising on gambling

The researcher is of the view that when it comes to gambling, not only does gambling advertisement play a role in encouraging people to gamble, but it also makes gambling look like it is glamorous and a good thing to do. Most of the adverts show people enjoying gambling and winning, with some small warning prints at the end of the advert. Gambling is advertised in many ways, for instance, on cell phones, billboards and during local and English soccer games on television.

Gambling advertisements are also a part of the legal framework covered in the National Gambling Amendment Act No. 10 of 2008, the National Gambling Act No.7 of 2004, and the relevant regulations. This denotes the important role that advertisement plays in influencing gambling. Advertising of gambling is done to encourage people to start gambling. The researcher has observed how gambling advertisements are so popular in local football and English Premier Soccer Leagues. Advertising happens throughout matches, with some teams wearing gear sponsored by the gambling companies. Furthermore, gambling is also advertised on national television, for instance, LOTTO and some shows sponsored by Lottery in South Africa. In the researcher's opinion, gambling advertising renders those who are already suffering from gambling disorders even more vulnerable and susceptible to continue gambling. At the same time, those who are not addicted can transition to gambling disorder. There seems to be less research on

gambling and advertisement. However, advertising makes gambling appealing and encourages loss-chasing.

Some advertising techniques include gambling operator logos on footballer gear and gambling operator logos and signage around the stadiums. The researcher believes that for everything that is viewed negatively, there is some positivity to it as well. And the same applies to gambling advertisements. For instance, gambling can improve revenues, create jobs and create gambling awareness so that those who gamble would know when to stop while those who have not started would not start. In the researcher's view, negative sides of advertising can include but are not limited to making people who are already suffering from gambling disorders continue gambling, luring social gamblers to intensify their gambling, leading to distortion and false sense of winning as well as misleading people into thinking that gambling is glamorous. Ather bad side to gambling advertising is leading people to think that gambling is normal. Therefore, they should try it for themselves, thus increasing the severity and frequency of gambling, which in turn will lead to the development and promotion of gambling disorder.

According to Binde (2016c:13) advertisers tend to present gambling as a glamorous activity that can bring about joy, happiness and dreams of becoming rich being realised instantly. However, the researcher believes that that is unsustainable and unrealistic. Meanwhile, Hing *et al.* (2017:8) elucidate that constant advertising could potentially lead to relapse for those people who are trying to quit gambling. In a study conducted by Hing *et al.* (2017), advertising and promotion of gambling are said to influence gambling, particularly online gambling.

Gambling advertising in South Africa is controlled by the National Gambling Act No. 7 of 2004, the National Gambling Amendment Act No. 10 of 2008 and the Advertising Standards Authority of South Africa (ASASA). Section 15 of the National Gambling Act No. 7 of 2004 and the National Gambling Amendment Act No. 10 of 2008 restrict

advertising and promotion of gambling activities and granting discounts. Section 15 (1) states the following regarding gambling advertising:

- (a) A person must not advertise or promote a gambling activity false or misleading manner
- (b) They must not advertise or promote unlawful gambling activity.

It is further stated in the same section that there must be advertising and promotion of gambling activity other than that of an amusement game in a manner that is intended to entice and target minors. Section 15 subsection 2 of the National Gambling Act No. 7 of 2004 states that any advertisement of gambling machine or device or gambling activity in licensed facilities must have a statement that warns against the dangers of addictive and compulsive gambling. Such statements must not include suggestions that directly or indirectly encourage the removal of a person from the register of excluded persons. According to section 15 subsection (3) of the National Gambling Act No 7 of 2004, any advertisement or promotion of gambling or gambling-related activities that suggests that gambling is freely available to the public or is available at a discounted rate would be deemed to be in contradiction to the Act, and it is seen as an inducement for gambling. Similarly, the Advertising Code of Practice rules about advertising in SA, as stipulated by Nzimande *et al.* (2013:93), include that all forms of advertisement must be within the armpits of the law and must be decent and truthful. Additionally, advertisements must encourage responsible gambling and be conducted in line with the principles of fair competition. Nzimande *et al.* (2013:93) further aver that under no circumstances should advertisements bring advertising into disrepute or try to take away the confidence in advertising as a service to the industry and the public. The researcher strongly believes that the lack of sector-specific advertising principles or rules means that what is currently in place is open to manipulation by those who benefit from unscrupulous and misleading advertising. Bearing in mind that gambling disorder is a public and mental health issue, as discussed earlier, it would be expected that any gambling-related advertisements would include warnings to those who have already developed gambling disorder or are in

danger of engaging in gambling, who do not think they are susceptible to getting addicted to gambling.

The researcher has observed how gambling advertisements on Television always seem to portray a perfect picture of success, with nothing being said about the pitfalls of gambling. It is not only misleading, but it also sends the wrong message about gambling; that is, gambling leads to one's success. Further to that, Nzimande *et al.* (2013:94) highlight certain concerns about the Advertising Standards Association in terms of how it functions, such as the organisation not having a relationship with the government, no strict rules to address gambling advertisements that might be viewed as enticing to customers, lack of norms and standards to ensure uniformity in compliance. Additionally, no specialised authority is responsible for setting, reviewing and revisiting gambling advertising standards. Lastly, the Advertising Standards Association does not verify if advertising complies with any of its set-out codes; only in the event of a complaint will it then check if the advertisements comply with the code of practice. With that being said, the researcher believes that gambling advertisements should be highly regulated if gambling as a phenomenon that is influenced by the environment is to be addressed appropriately.

In trying to compare the South African way of doing things, Nzimande *et al.* (2013:95) tapped into international practices and lessons with specific reference to the United Kingdom (UK) and the United States of America (USA). For instance, the UK has the Gambling Commission that has the power to enforce laws related to advertising together with the Advertising Standards Authority and the telecoms industry regulator of communication. Moreover, the gambling sector has developed its code of good practice meant for self-regulation of advertising with additional standards to those codes of good practice. Meanwhile, in the USA, gambling advertising is restricted in many States, and there are federal restrictions on many forms of gambling advertising in line with the Federal Communications Act of 1934 (USA). According to Louw *et al.* (2013:96), gambling advertising restrictions in the USA are based on two assumptions. Firstly, the causal

relationships with social ills that are associated with casinos. Secondly, gambling advertising increases gambling behaviour as it entices people to gamble more while at the same time recruiting people to start gambling, who under any circumstance might not have gambled. The above information shows what other countries do to ensure control and enforceability regarding gambling advertising. The South African government should consider implementing such models to address gambling advertising appropriately.

Gambling advertisement is further addressed in the National Gambling Regulations (2004) Part 1 Chapter 3, which states that advertising in respect of gambling must not contain any lewd or indecent language, images or actions; portray excessive play; imply or portray any illegal activity; present any game, directly or indirectly, as a potential means of relieving financial or personal difficulties; exhort gambling as a means of recovering past gambling or other financial losses and contain claims or representations that persons who gamble are guaranteed personal, financial or social success. The National Gambling Regulations (2004) further stipulate that advertisements should never portray gambling as an alternative to employment or a means of acquiring financial security, as winning is the probable outcome of gambling. According to the National Gambling Regulations (2004), gambling does not involve primarily skill, nor is gambling a form of investment and, therefore, must never be advertised as such. Under no circumstances should gambling advertisements suggest that the more and longer a person gambles, the greater the chances of winning. Additionally, advertisements should refrain from insinuating that gambling is likely to make players' dreams a reality. Section 3 sub-regulation (1), (2) and (3) of National Gambling Regulations (2004) clearly state that gambling advertisements must not portray or contain persons or characters engaged in gambling who are or appear to be under the age of eighteen years; in media primarily directed at persons under the age of eighteen years; at venues where the majority of the audience may reasonably be expected to be under the age of eighteen years or on outdoor displays directed at schools, youth centres, technikons or university campuses.

By regulation three sub-regulation (2) (i) (ii) of the National Gambling Regulation (2004), each advertisement of a gambling machine or device, gambling activity or licensed premises at which gambling activities are available must include a statement warning against the dangers of addictive and compulsive gambling which shall in respect of any printed or electronic mail advertisement, be in a font of at least the same size as the font used for the body of the advertisement and shall incorporate at a minimum the name, toll-free number, and slogan of the National Responsible Gambling Programme and reference to the fact that only persons of the age of eighteen years or older may lawfully participate in gambling. In respect of any video or television advertisement, the advertisement must incorporate, at a minimum, the information contemplated in the sub-paragraph and be published in a visual format so that each slogan appears legibly and noticeably for at least three seconds. In respect of any radio advertisement or voice message on a telephone sent to the public, such must incorporate, at a minimum, the information contemplated in the sub-paragraph and be audible (National Gambling Regulation, 2004). Moreover, in respect of any hold message on the telephone system of a licensee, the advertisement must incorporate at a minimum, the information contained in sub-paragraph (i). Meanwhile, any text message service on a cellular telephone or similar device utilised predominantly for voice communication advertisement must incorporate, at a minimum, the information contemplated in subparagraph (National Gambling Regulation, 2004). This implies that gambling-related advertising should be informative and transparent instead of misleading people.

For advertisements appearing on billboards, web pages or multi-page pamphlets, such advertising must contain the minimum information contemplated in the sub-paragraph, which shall be displayed on at least ten per cent of the billboard's surface (National Gambling Regulation, 2004). Similarly, the home page of the web page or the front page of a multi-page pamphlet should contain information that may be required regarding applicable provincial legislation. Lastly, all promotions of gambling activities shall comply with the requirements of the relevant provincial legislation. The provisions of sub-

regulation (2) shall not apply in respect of any advertisement of gambling devices placed in trade publications targeted at the licensed gambling industry facilities or amenities located or offered in licensed premises but which are unrelated to gambling activity, provided that such advertisement does not refer to gambling activities (National Gambling Act No. 7 of 2004). The researcher believes regulating gambling-related advertisements is important in ensuring control over how gambling is advertised, as that would ensure compliance. If there is non-compliance, there should be consequence management.

Having nice policies not implemented in black and white is not enough. Therefore, the implementation issue cannot be over-emphasised because implementation is everything if positive changes and results are to be achieved. The researcher also believes that implementation should go hand in hand with compliance. Not only will this reduce gambling disorder, but it will at the same time ensure that gambling is done within the ambits of the law.

3.9 Seeking professional assistance

Gambling disorder presents many gambling-related harm in a person's life, such as financial losses, health problems, and emotional and psychological problems that extend beyond the affected individual (Atherton, 2020:60; Latvala *et al.*, 2019:2). Having said that, people that are affected by gambling disorder need professional assistance to help them deal with their gambling problem. However, in as much as there are people who would seek help, there are many individuals who would still choose to handle their gambling disorder differently due to different reasons. For instance, (Dąbrowska, Moskalewicz & Wieczorek, 2016:1, Reilly, 2018:44) assert that issues such as stigma, shame, lack of financial resources, and not knowing where to find help are some of the reasons that prevent those with gambling disorder from getting help. In addition to the above reasons, Lindberg (2017:2) states that most people who gamble are less likely to seek help unless something they do not have control over happens. This could be huge debts, inability to

maintain or service their financial obligations in line with their salaries, getting caught, or criminal charges against them. The researcher believes that there should be public gambling awareness, just like is the case with child abuse and domestic violence, so that those who are closest to people who gamble would pick up the symptoms of gambling those not visible physically. As such, they can detect gambling earlier rather than later and thus encourage people with gambling disorders to seek help. However, that can prove to be a challenge, seeing that gambling disorder is viewed as a “hidden illness” (Fong & Rosenthal, 2014:3; Segal *et al.*, 2018:4).

The researcher holds a view that different professionals such as counsellors, social workers, psychologists and nurses have an important role to play by providing the necessary support to those who come forward for gambling-related assistance. But at the same time, people in the helping profession, with an understanding of different intervention approaches, should know that sometimes those who engage in gambling activities might not be keen to seek help. In the researcher’s view, this might be due to a myriad of reasons, such as fear of being stigmatised, being ashamed, and one’s social standing or status in society. Therefore, even if cases are reported by their “significant others”, professionals should assist accordingly and not necessarily wait for those suffering from gambling disorders themselves to seek professional assistance. People with gambling disorders often attempt to stop gambling on their own but rarely succeed. This is because they start “chasing losses” to recoup all the money they have lost (Binde, 2016b:397; Heiskanen, 2017:369). This means they keep playing, hoping to win back the money they previously lost in gambling. As it has been stated that gambling disorder is a hidden illness, there is a possibility that those who gamble might be ashamed and fear stigmatisation to a point where they may not wilfully seek any form of assistance. However, they may not have an option but to subject themselves to treatment if their gambling affects other spheres of their lives, such as their ability to provide for their families financially and being absent from work continuously.

3.10 Summary of the chapter

The chapter presents a detailed discussion of the reviewed literature on gambling and gambling disorder, looking into different areas of the phenomenon, such as defining the concepts of gambling and gambling disorder, motives for gambling and the consequences that gambling has in different spheres of an individual's life. Gambling history is one of the aspects that is addressed in this chapter. Research has shown that gambling advertising plays a pivotal role in luring people to gamble, and all aspects of advertising in gambling are addressed in this chapter. The legal framework of gambling locally and globally is covered in this chapter. Another area of focus is about seeking treatment by those who gamble so that they get assistance to deal with their gambling disorder. The following chapter deals with the research methodology.

CHAPTER 4: RESEARCH METHODOLOGY

This chapter presents the research methodology employed in conducting this research project. The chapter constitutes the research approach, design, study setting, population, sampling, data collection methods and analysis, and ethical considerations.

4.1 INTRODUCTION

Research methodology involves the research methods, designs and techniques followed in the study (Leedy & Ormrod, 2020:457; Hesse-Biber, 2017:7; Madondo, 2021:174). Alternatively, Creswell (2015:123) defines research methodology as the beginning to the end of the research project. Therefore, based on the given definitions, the researcher regards research methodology as a vehicle to the desired research destination. The abovementioned aspects of the research methodology are discussed below to illustrate how each was applied in conducting this study.

4.2 Research paradigm

A paradigm is the perceptions and expectations employed to determine how the phenomenon is studied and subsequently what happens to the outcome of the research (Saldaña & Omasta, 2018:143, Sefotho, 2021:11). Paradigm is further referred to simply as an approach or a way of doing things (Sefotho, 2021:11). Based on the definitions, the researcher defines a paradigm as a researcher's personal assumptions and frame of reference on how the phenomenon under investigation is studied. For the purpose of this study, the researcher used interpretive paradigm. The emphasis of interpretive paradigm is to understand participants being studied from their perspective in terms of their normal day to day lives settings (Trent & Cho 2020:958). Interpretive paradigm is defined as an epistemological position which emphasises participants' ability to put meaning to their experiences (Bryman et al.,2014:473; Niewenhuis, 2016:60).

Interpretive paradigm assisted the researcher to gain an insight into the lives of security officers who engage in gambling while at work and subsequently interpret the reasons advanced for gambling at work. The researcher used semi-structured interviews, transcribed audio recordings and field notes to gain a better understanding of participants' experiences, as well as interpreting their non-verbal gestures and communication. Interpretive paradigm is mainly characterised by the element of subjectivity and therefore, participants shared their experiences as seen or viewed by them. As a result, the researcher could only use a frame of reference and empathetic understanding about where participants are coming from. According to Niewenhuis (2016:61), the researcher uses interpretive paradigm to gain an insight and thereafter explain participants' realities as seen by them. Interpretive paradigm is relevant to this study since it enabled the researcher to understand gambling disorder from the eyes of participants through collecting, description and interpretation of thick and rich data.

4.3 Research approach

The research approach refers to the traditional division between quantitative, qualitative and mixed methods research (Sefotho, 2021:11). The qualitative approach is a research methodology that is designed to explain events, people and matters associated with them comprehensively and relies on interviews and observation as methods of data collection (Creswell, 2014:246). A qualitative research approach was used for this study as it was found to be appropriate since the focus was on the experiences of people who gamble in the workplace. The researcher sees qualitative research as a research approach that does not use or rely on numbers in acquiring data. Instead, it focuses on individuals' experiences and provides narratives of such experiences as they are without changing anything. Below are the characteristics of qualitative research as stated by different authors, and how they were applied in this study (Creswell, 2014:185; Fouché, 2021:41; Ravitch & Carl, 2016:10):

-Natural setting: qualitative studies take place in a site where the researcher is physically there with the participants who are studied and interviewed in the environment where they are experiencing the phenomenon (Fouché, 2021:41). This means that the phenomenon is not studied in isolation from the social context. Thus, it is contextualised by time, space, location, culture and language. For this study, the researcher interviewed security officers employed by the National Department of Health and those employed by a private security services provider contracted to the said department when the research data were collected. Interviews were conducted at the workplace in the privacy of the researcher's office. A notice was placed outside the office door to minimise disruptions during the interview sessions to indicate that there should not be disturbances. All participants were informed in advance of the venue and time of the interviews; they were therefore interviewed based on their availability instead of sticking to the researcher's planned schedule. Data was collected during the COVID-19 pandemic. The researcher followed all protocols stipulated at the time to minimise the chances of contracting or spreading the COVID-19 virus. For instance, the researcher and all participants, security officers and supervisors wore masks during the data collection and interviewing process. Prescribed social distancing was also adhered to when data was collected. Meanwhile, the focus group discussions were conducted in the board rooms of the Johannesburg and Pretoria satellite offices.

-The researcher is and remains a critical tool in the research process (Fouché, 2021:40; Maree, 2016:44; Yin, 2016:139). The researcher played a key role during the data collection as she prepared for the interviews and focus group discussions. Additionally, as a tool, the researcher used her research interviewing skills to interview participants to collect data, describe and analyse the collected data, and prepare and write the research report. Being a research tool means researchers must be aware of this key role and use it accordingly. Hence, they are considered critical to the research process (Ravitch & Carl, 2016:10). It takes skills and experience for the researchers to use themselves as tool.

-Inductive reasoning: qualitative research tends to be inductive and based on building concepts, themes and theories. Based on the data collected, the researcher was able to develop themes and subthemes aimed at deriving meaning from the data.

-Faithfulness to participants: throughout the research process, qualitative researchers keep learning about how participants make sense of their world and experiences. The focus is not on researchers because they bring nothing interesting except their skills. Thus, qualitative research is concerned with making sense of the phenomenon more than anything else (Given, 2016:2; Nieuwenhuis, 2016:53). The researcher recorded the participants' responses as they are, as well as observing how the participants shared these responses because the study is about them and their experiences in terms of gambling in the workplace. The focus was on what the participants shared about the phenomenon under study, not what the researcher believed.

-Qualitative research is descriptive and analytical: qualitative research is descriptive and analytical in nature as researchers first seek to understand the phenomenon by reviewing the available literature, then describe the phenomenon and eventually analyse the collected data (Fouchè 2022:41; Given, 2016:3; Hesse-Biber, 2017:15). Qualitative study places much emphasis on the fact that the phenomenon should be studied from the understanding and views of the participants (Given, 2016:2). To this end, the researcher provided thick descriptions to highlight the participants' experiences.

-In-depth and time-consuming study: qualitative studies require in-depth focus and understanding and take long. This calls for the researcher to be a good people person. This was not a challenge for the researcher as the researcher has the ability and desire to work and interact with people; therefore, adopting a qualitative research approach allowed the researcher to interact with participants and better understand gambling disorders in the workplace. The researcher opted for a qualitative approach since data is collected mainly by talking to participants conversationally. However, collecting data by interviewing participants is time consuming because the researcher should listen and pay

attention to what participants said in answering the research questions. Factors such as availability of participants had to be taken into consideration. For instance, participants work shifts, which means they are unavailable some days, and the researcher had to make appointments with participants when working day shifts. Furthermore, as shift workers, participants can take days off following their night shift work. All these factors contributed to delays in collecting data.

-Low structure: qualitative research allows for low structure. Suppose the researcher is comfortable with such a setup. In that case, they can employ it in their study (Fouché, 2021:41). A low structure gives the researcher some level of flexibility even during the data collection process, where they can probe for clarity if participant's responses are unclear. To this end, the researcher used the interview guide flexibly to accommodate all participants, as there is a need for low structure in qualitative studies to collect more detailed information using various interviewing skills. Additionally, the researcher used focus group discussions to collect data from security supervisors. During focus group discussions, the researcher probed for clarity where there was a need.

-Strong writing and narrative skills: the researcher is expected to have writing skills and the ability to narrate by giving detailed accounts of all collected data (Fouché, 2021:41). This was applicable because, during the data analysis stage, all collected data is reported in words or texts and themes, requiring the researcher to be skilled. The researcher captured the stories narrated by the participants and compiled the information into a research report.

-Organise and draw inferences: the researcher extrapolated themes from all collected data, enabling the researcher to classify them into themes and sub-themes, followed by detailed descriptions. The above characteristics of qualitative research guided the researcher as this study used a qualitative approach.

4.4 Research design

Research design is a comprehensive plan for data collection and analysis (Bryman, Bell, Hirschosohn, Dos Santos, Du Toit & Masenge, 2014:477). Meanwhile, other authors (Flick, 2015:270; Fox & Bayat, 2013:51; Nieuwenhuis, 2016:72) elucidate that research design is the actual plan on how the researcher will obtain participants, collect data from participants and subsequently analyse collected data from participants. Therefore, the researcher defines research design as a strategy for collecting data and from whom (the research participants). And lastly, how the collected information will be used in line with the aims and objectives of the study. The researcher used a collective case study design within the qualitative research approach's exploratory, descriptive, and contextual nature.

4.4.1 Collective Case Study

The study used a collective case study to explore how gambling disorder in the workplace affects security officers and thereafter described those effects. Various scholars defined case study (Creswell, 2014:241; Edmonds & Kennedy, 2017:170; Leedy & Ormrod, 2020:450; Salkind, 2017:259) as an in-depth and elaborate study of the finite number of cases that could either be individuals, activities, events, families, institutions or any other phenomenon that the researcher is studying. In addition to the above definition, Leedy and Ormrod (2013:150) state that the purpose of a case study is to understand just one person or a very small number of people in detail; thus, one case can be sufficient.

A collective case study is described as a type of case study design that allows the researcher to compare diverse cases (Hesse-Biber, 2017:224; Schurink, Schurink & Fouché, 2021:303). Meanwhile, Godwill (2015:271) states that collective case study is when the researcher studies two or more similar or different cases, within a stipulated timeframe. Similarly, Bloomberg and Volpe (2016:46) refer to collective case studies as multiple case studies and postulate that those are cases investigated on one site where many cases share similar characteristics. A collective case study design was employed in this study because the study focused on gambling disorder among security officers and

the experiences of security supervisors who manage those security officers. The researcher collected in-depth, thick, descriptive data using a collective case study design. Furthermore, in using a collective case study design, the researcher was able to compare gambling disorders through the eyes of security officers and their supervisors.

4.4.2 Exploratory nature of the study

An exploratory study is often conducted in cases where areas of intended study are new (Fouché, 2021:65; Nieuwenhuis, 2016:5). Meanwhile, Hesse-Biber (2017:222) argue that exploratory studies are conducted to get rich data on the phenomenon to develop more insight as well as to consider the possibility of undertaking more extensive study regarding the phenomenon. According to Ravitch and Carl (2016:68), an exploratory study aims to understand better a phenomenon where something is little known. The researcher used the exploratory nature of the qualitative approach to explore gambling disorder in the workplace and how the phenomenon affects the lives of those who engage in gambling, their families and the workplace. This was relevant because there is limited recorded information on gambling disorder and its effects on the people who gamble within the workplace, as well as their families.

4.4.3 Descriptive design

Descriptive designs are defined by (Hesse-Biber, 2017:223; Leedy & Ormrod, 2015:386) as a research design used where little research is done on the phenomenon and the researcher seeks to provide a better, accurate and appropriate description of the phenomenon. In this instance, the researcher wanted to gain insight and a better understanding of gambling disorder and how the phenomenon unfolds within the workplace. Meanwhile, (Leedy & Ormrod, 2015:386; Ravitch & Carl, 2016:68) postulate that embedded in descriptive design is to describe a phenomenon and nothing more. In agreement with the above is Schurink *et al.* (2021:303), who highlight that a descriptive case study aims not to understand the phenomenon being studied but only to describe it.

After collecting data, analysing and interpreting it, the researcher described the effects of gambling disorder in the workplace. The above was achieved by describing the explored information. Most importantly, thick descriptions are crucial in increasing the complexity of the study while assisting readers to have an opinion about the quality of the study (Ravitch & Carl, 2016:194).

4.4.4 Contextual design

Hammond and Wellington (2013:164) agree that contextual designs are research designs that consider the surroundings where the event, activity or something occurs. Therefore, contextualising becomes integral to case studies because context is crucial and important in qualitative research (Ravitch & Carl, 2016:353). In addition, Godwill (2015:272) states that when collecting data, the researcher has the responsibility to record all details surrounding the cases to be studied. Furthermore, Schurink *et al.* (2021:303) highlight that the strength of a case study lies in its ability to contextualise natural surroundings unique to the phenomenon being studied. In essence, the researcher believes that the context should include the physical environment and historical, economic, political, social, cultural and organisational factors that might influence the research topic and might otherwise have remained unknown had the study not been undertaken in illustrating contextualisation, Hammond and Wellington (2013:164) state that in linguistics, “to take something out of context” is to try and do away with what happens before and after the event.

The importance of contextualisation must be balanced as it gives the reader a sense of the setup, environment or the place where data were collected and the participants interviewed. Furthermore, the study’s theoretical lens is an ecological perspective, which is embedded in the relationship between a person and their environment. Based on the above, contextual design was relevant to the study because it enabled the researcher to put things into perspective by observing and exploring the environment where the phenomenon unfolds.

4.5 Research methods

Research methods are practical ways in which the researcher will collect, analyse, interpret data and come up with research findings (Bryman *et al.*, 2014:477; Creswell, 2014:247; Flick, 2015:270). The researcher defines research methods as specific means of obtaining data by stating how data will be collected, analysed, and interpreted. In this section, the following aspects are discussed:

4.5.1 Description of the study setting

This study was conducted in the National Department of Health. It is worth noting that the National Department of Health is a highly unionised workplace, with two dominant labour unions, namely, the Public Servants Association (PSA) and the National Education, Health and Allied Workers Union (NEHAWU). Politically, employees are well-informed, and they know their rights. Most employees are affiliated to different political parties and security officers are no exception as they belong to certain labour unions. The National Department of Health is administratively responsible for guiding the form of policies that help in the management of all healthcare facilities. From the time of data collection to date, the department has been relocated to a new building, Dr AB Xuma, which is outside the Central Business District and is currently based in the Thaba Tshwane area in Pretoria.

4.5.2 Population

Population is the total number of people to be studied (Bryman *et al.*, 2014:476; Salkind, 2017:261). Similarly, a population is also defined as an overall number of people with similar attributes to the study and stands a possibility of being included in the study (Thomas, 2021:126). A population is also defined as the units of analysis with characteristics under study (Flick, 2015:269). Based on the above provided definitions the researcher defines a population as a group of people or individuals with similar

characteristics which the researcher intends to study. The study population consisted of all the security officers employed and employees providing security services at the National Department of Health when the study was conducted. Some were in-house and directly employed by the department, whilst some were employed by the private security companies contracted by the department to provide security services. The department has four satellite offices: Pretoria, Durban, Johannesburg and Cape Town. The researcher used the Pretoria and Johannesburg offices to collect data. Cape Town and Durban offices were not used because security supervisors contacted in those offices indicated that there were no security officers who engaged in gambling activities in the workplace. The researcher had no way of verifying the correctness of that information except to take the supervisor's word. Ultimately, the researcher involved the Johannesburg and Pretoria forensic laboratories offices to collect data. The two offices were used to ensure that the researcher does not use her position at work to influence or coerce potential participants into thinking that they must participate in the study because they are in security and work with the researcher. The researcher is stationed at the head office of the department, therefore, to avoid a sense of benefitting unduly or influencing the decision of prospective participants, the satellite offices were used for data collection. Meanwhile, it should be noted that the department uses a hybrid model, which combines in-house security and private security service providers, as already alluded to earlier.

Consequently, security supervisors formed part of the study as they had first-hand experience with the consequences of gambling disorder in the workplace regarding productivity or lack thereof. The researcher believed that security supervisors were well positioned to know better how gambling affects the productivity of those who gamble at work. Supervisors based at the head office and other satellite offices were recruited separately from the rest of the participants (security officers) because they were part of the two focus groups, comprising four members each. Meanwhile, security officers were recruited and interviewed separately as individual participants in the study.

4.5.3 Sampling

In research, sampling is important because it is not feasibly possible to include all the units which possess similar characteristics of a study, as such an exercise would be time-consuming and expensive (Given, 2016:24; Nieuwenhuis, 2016:85; Thomas, 2021:12). With that said, the researcher would like to highlight that all research projects have timelines aligned with them, which means that sampling must be done to keep the study within the allocated or estimated budget. Sampling is further described as getting relevant study participants from a population (Bryman *et al.*, 2014:477; Flick, 2015:271). The process of extracting a portion of the population to be studied is known as sampling (Flick, 2015:271). The researcher defines a sample as a part of the study population and sampling as the process of selecting that part of the population in which the researcher collects data. For this study, only security officers and supervisors were included to participate. A sample was selected from all security officers employed by the National Department of Health and private security service providers contracted to the said department at the time of the study.

A non-probability sampling method was used to select the sample. Non-probability sampling is common in qualitative research and is described by various authors as a sampling technique in which cases do not have an equal chance of being selected and included in the sample (Gray, 2014:686; Vogt & Johnson, 2016:289). Purposive and snowball sampling methods were employed to get the sample of security supervisors as managers and security officers who engage in gambling while at work. The two groups served a specific purpose that was relevant to studying gambling disorders in the workplace. For instance, purposive sampling was used to ensure that participants are purposefully chosen because they are knowledgeable of the phenomenon being studied (Creswell, 2014:246; Hesser-Biber, 2017:62; Leedy & Ormrod, 2020:456; Ravitch & Carl, 2016:537). Put differently, purposive sampling is selecting the most suitable participants who will shed a different light on the study and assist the researcher in answering the

research questions since they are well conversant with the phenomenon (Creswell, 2014:189). Purposive sampling was relevant for security officers and supervisors because they knew how gambling disorder affects individual security officers, their families and their work.

Snowball sampling was also used to select security officer participants. Snowball is a sampling technique where the researcher identifies the first participant and then asks the participant to refer more participants with similar experiences regarding the phenomenon being studied (Strydom, 2021:383). According to Strydom (2021:383), the snowball sampling method is relevant, especially when researching a hidden population. The researcher used snowball sampling to recruit security officers who gamble in the workplace as they were likely to know each other. It would be difficult to identify security officers who gamble at work because gambling is a hidden illness. Therefore, it would be difficult for the researcher to identify those security officers who gamble at work easily. Snowball sampling was then used to assist in obtaining the sample. Based on the above definitions, the researcher regards snowball sampling as a technique based on word of mouth and referrals. The researcher believes that all aspects of the study should be specific to eliminate, including people who are irrelevant and would not add value to the study. Thus, only those security officers who gamble at work were selected to be part of the study because they meet the selection criteria of the study as presented below:

- Security officers employed by the National Department of Health who are based in Satellite offices (Johannesburg, Durban, Cape Town and Pretoria (not head office) Forensic Chemistry Laboratory Facilities); this was done as an effort to eliminate coercing the participants by thinking that they had to participate because of the researcher's position at work, as the researcher is stationed at the head office of the department.

- Security officers employed by private security service providers but based in any National Department of Health offices.
- Security officers who could communicate in English as those who do not know how to express themselves in English might have needed someone to interpret questions they were asked. Therefore, that might have compromised the confidentiality and anonymity of the participants.
- Security officers who engage in gambling during working hours
- Security officers who were willing to participate in the study.

Selection criteria for security supervisors

- Security supervisors employed by the National Department of Health
- Site managers employed by private security services providers based in any National Department of Health offices.
- Security supervisors placed at all regions of the National Department of Health
- Security supervisors who were willing to participate in the study.

The exclusion criteria used are as follows:

- Any National Department of Health employee who is not a security officer.
- Any security officer not employed by the National Department of Health
- Any security officer who is not employed by a contracted private security service provider to the National Department of Health at the time of the study.
- Any security officer who is not engaged in gambling while at work.

For this study, only those security officers and supervisors who met the above selection criteria were recruited to form part of the study. The sample size was not predetermined but determined by the point of data saturation. Data saturation is reached when the likelihood of getting new data from the participants is limited and repetitive information

comes from the interviews (Creswell, 2014:248). The researcher should refrain from collecting data at this point because they will no longer obtain fresh and exciting information. Various scholars refer to the saturation point as a stage during the data collection process where no information or themes are forthcoming, and it is clear that there is information redundancy (Creswell, 2014:248; Hesse-Biber, 2017:200; Ravitch & Carl, 2016:135). The saturation point was reached when security officers no longer presented new information. This was on interview number 11, when it became clear that no new information was forthcoming from the interviews. Ultimately, fifteen participants were interviewed.

4.6 Data collection

The following section focuses on the preparation for data collection, the data collection method, interviewing skills used and pilot testing of the data collection tool.

4.6.1 Preparation for data collection

The researcher sought and obtained ethics approval (**ADDENDUM A**) from the College of Human Sciences Research Ethics Committee at the University of South Africa (UNISA) after the Social Work Departmental Scientific Review Committee reviewed the proposal. This process was embarked on before the data collection process could begin. Subsequently, since the researcher intended to interview employees from the National Department of Health, she requested permission to conduct the study and to interview the sampled employees as participants, from the accounting officer, who is the Director-General. Permission was requested through a formal submission to the relevant unit that deals with research. The researcher was requested to write a memo and attach an ethics approval certificate from the University of South Africa's Research Ethics Committee. Thereafter, the unit used all that information to prepare a submission to the Director-General. Approval was granted in December 2020, but the approval letter was only sent to the researcher in February 2021 (**ADDENDUM B**).

The researcher identified a venue where interviews with individuals and focus group discussions could be conducted. As a way of preparing, the researcher had all relevant documents, such as the informed consent form (**ADDENDUM E**), interview guide (**ADDENDUM F**) in case of individual interviews and focus group prompts (**ADDENDUM G**) in case of security supervisors, and all the necessary stationery, including the recording tool ready. Thereafter, the researcher started by identifying participants and requested them to participate in the study, as part of the recruitment process. The researcher ensured that she was not unduly advantaged as an employee of the department and co-worker with participants to conduct the research by following the normal procedures that any researcher is expected to follow. Thus, requesting permission from the DG, which was approved and granted.

South Africa, just like the rest of the world, was dealing with the COVID-19 pandemic at the time data were collected. On 15 March 2020, the President of the Republic of South Africa, Mr Cyril Matamela Ramaphosa, declared a national state of disaster and announced measures to slow down the spread of the virus, such as travel restrictions and closure of schools and requested people not rendering essential services to stay home. Lockdown level five was also declared and started on 26 March 2020 at midnight. The country moved to level four with some restrictions relaxed and headed to level three. A week following the lockdown, the National Department of Health started screening all its personnel daily to ascertain that staff was not exposed to the virus. All personnel members were issued two masks and hand sanitisers and instructed to wear their masks and always sanitise their hands. No visitors were allowed in the building unless necessary, and they had to be screened just like all staff members. Personal details of all people (employees, visitors and contractors) who entered the building were taken daily. This was done to ensure that if an employee presents with COVID-19 symptoms, they will be tracked and treated accordingly. Furthermore, whenever employees had a high

temperature or fever, they were turned away and requested to self-isolate and get medical treatment. However, even with all these precautionary measures in place, there were several cases where employees contracted the virus, and unfortunately, some passed on because of COVID-19. Screening at all health facilities continued until the country was on level one.

4.6.2 Methods of data collection

During COVID-19, all the required measures for social distancing were implemented in the department in compliance with DPSA circular No 7 of 2020 (**ADDENDUM K2**), thus enabling the researcher to conduct the interviews as planned. But over and above that, they all practiced social distancing. At the time, the researcher followed all the measures to protect herself and the participants from contracting the COVID-19 virus as stipulated on departmental COVID-19 policy and circular (**ADDENDUME K3**). And that was achieved by putting on personal protective equipment and practising social distancing during the data collection. The researcher ensured that all participants wore their masks and sanitised their hands.

The researcher used a semi-structured interview guide to collect data from security officers. Meanwhile, focus group prompts were used to collect data from security supervisors. A semi-structured interview guide was developed to ensure all participants were exposed to the same questions. Several authors describe semi-structured interviews as guiding questions that lead the research interviewing process to get more information from participants (Bryman *et al.*, 2014:473; Hesse-Biber, 2017:146). In addition, an interview guide is a data collection tool containing predeveloped questions, topics and themes that can be adapted in each interview process (Leedy & Ormrod, 2020:454; Rubin & Babbie, 2016:170). The researcher opines that the interview guide helps maintain focus while allowing participants to share more than what is being asked. In addition to the above is Travers (2013:238), who argues that using an interview guide

assists the researcher in discussing different yet relevant issues that may need to be covered in the guide. Thus, it should never limit the researcher to focus only on questions written and included in the guide. The researcher believes it is key to have guiding questions when collecting data so that there is focus and consistency on questions asked to all participants.

According to Fouché (2021:41), using interviews is advantageous when the researcher focuses on complex matters. It allows participants to discuss and talk about sensitive issues openly without commitment in writing. Similarly, (Guest *et al.*, 2013:117; Leady & Ormrod, 2013:153) draw our attention to the fact that interviews can yield useful information, especially when researching sensitive, confidential and personal information. And in this instance, gambling disorder in the workplace is a personal and sensitive matter. Therefore, using interviews to collect data was deemed relevant and appropriate. The researcher opted for a semi structured interview guide because it is semi-formal and contains prompts that assisted in getting answers to the research questions. For the researcher, it was important to stay on course when conducting the research interviews, hence the use of an interview guide and that was of great assistance.

Fox and Bayat (2013:73) point out that a research interview is not like any other everyday ordinary conversation as it has a specific purpose to achieve. Research interviews are set apart from ordinary interviews because they are aimed at getting answers to the research questions about the phenomenon being investigated. To this end, the researcher compiled an interview schedule that contained open-ended questions. Despite having pre-set questions, there was room for some level of flexibility, as is normally the case with semi-structured interviews, and this enabled the researcher the flexibility to explore participants' responses in-depth (Hesse-Biber, 2017:106; Fouché, 2021:41). For this study, all interviews were conducted in English. Using English as a language of communication was to avoid the need to use an interpreter, as that could have interfered

with maintaining the participants' privacy. Furthermore, the interpreter could have also compromised the confidentiality of data collected even though the interpreter would have signed a confidential agreement form.

In some interviews, the researcher could make audio recordings with participants' permission. However, some participants felt uncomfortable having the sessions audio recorded. Therefore, they did not give permission, and the researcher had no option but to respect their decision and had to take and rely on notes. Security supervisors, data were collected using the focus group method. Various authors (Rubin & Babbie, 2016:307; Saldaña & Omasta, 2018:414) define a focus group as a small group of people, between two to four, that are brought together in one location and are engaged by the researcher in a guided and conversational discussion on a particular topic for a period. A focus group is a data collection method that uses a group session with a few individuals to discuss the research topic with a facilitator (Carey, 2016:76; Strydom, 2021:386; Yin, 2016:336). Focus groups can be structured, semi-structured or unstructured (Rubin & Babbie, 2016:307; Saldaña & Omasta, 2018:94). When using focus groups as a method of data collection, the researcher should lead and facilitate the group to get the best from each participant. In the researcher's view, using focus groups ensures that suitable participants share their relevant experiences, which may sometimes be similar or different. Rubin and Babbie (2016:94) point out that focus groups assist people in remembering certain issues that they might not have remembered if they were alone. Two focus groups were conducted: Pretoria (not at the head office, where the researcher is stationed) and Johannesburg. Each group comprised four supervisors. Focus group guides or prompts (**Addendum G**), which contained various questions about gambling disorders in the workplace, were prepared and used to guide the discussion. Other satellite offices were not included because they refused to be part of the study. Additionally, some satellite offices had only one site manager (supervisor). Therefore, one person could not constitute a group as per the focus group definitions provided above.

The researcher opted to use focus group discussions with the supervisors because they are managers of the security officer participants and know they gamble while at work. This was done to elicit rich data on gambling disorders in the workplace so that an in-depth understanding could be achieved. Therefore, supervisors gave insight and context into how gambling disorder affects the work performance of security officers who gamble. Not only did supervisors share their experiences in managing security officers who gamble while at work, but they also provided a holistic understanding of how gambling disorder negatively affects collegial relationships between participants and their non-gambling colleagues. The following interviewing skills were used during data collection interviews:

Probing skills: refers to follow-up questions during data collection interviews with either individuals or focus group members to encourage participation and get more information from participants. Probing is crucial in semi-structured interviews since it provides a high level of flexibility and versatility (Bernard, Wutich & Ryan, 2017:96). Thus, probing ensures that relevant answers are solicited from participants. The researcher probed during data collection whenever participants' responses were unclear or incomplete.

Paraphrasing skills refer to asking the same question more easily and understandably (Flick, 2015:269). The researcher used different wording to express the same message and within the same context to ask for clarification. She ensured that the understanding was the same between her and the participants.

Reflective skills: this refers to throwing the question back to the participant to establish that the researcher and participants have the same understanding (Payne, 2021b:172). The researcher used this skill by reflecting on participants' responses to them so that there was no ambiguity between participants and her on anything under discussion during the data collection process.

Active listening skills refer to listening to what the participant is saying as well as what is not being said and making follow-up questions to establish the correctness of what you heard (Given, 2016:83). The researcher was able to achieve this through active listening by paying attention to what was being said. It is argued that qualitative interviewing requires the researcher to actively listen to what the participant is saying (Given, 2016:83; Yin, 2016:142). Not only does this indicate that the researcher is paying attention to what is being said, but it also assists the researcher in probing for more information and asking for clarity where discussions could be clearer.

-Observation skills are about paying close attention to the participant's body language and non-verbal gestures as they respond to research questions (Travers, 2013:240). The researcher was observant and watched participants as they responded to questions to see if there was any incongruence between what they were expressing and how they were behaving while answering questions.

4.6.3 Pilot testing

Pilot testing is a process of trying out the data collection tool with few people who possess the same characteristics as the intended participants (Bryman *et al.*, 2014:476; Davis, 2014:15; Jensen & Laurie, 2016:145; Leedy & Ormod, 2020:455). Jensen and Laurie (2016:145) believe that pilot testing can be simple because it can be shared with a colleague to check and ensure that questions are correctly worded and there is clarity in them. Thus, questions are understood as intended by the researcher. Since the researcher used an interview schedule and focus group prompts, these data collection tools were pilot tested. The researcher identified two participants for pilot testing the data collection tools through her interaction with her colleagues. Subsequently, two participants who work in the security directorate and are security officers who gamble at

work were identified and subsequently interviewed as part of pilot testing the interview guide. Pilot testing of the data collection tools was done to ensure their appropriateness in yielding the information needed for answering the research questions. According to Davis (2014:15), conducting pilot testing helps the researcher to identify and eliminate pitfalls in the interview guide and can, therefore, adjust it accordingly. After pilot testing the data collection tools, the researcher could identify unclear and ambiguous questions and correct them accordingly.

Focus groups were also used as a method of data collection. Pilot testing was conducted using the focus group prompts with security supervisors from the National Department of Health head office and security supervisors from the contracted private security service provider at the national office. The researcher pilot-tested the focus group prompts with two supervisors' colleagues to establish and adjust pitfalls accordingly. According to Creswell (2014:161), it is useful to do a trial run on the data collection tool before rolling it out to the actual sample, enabling the researcher to incorporate the comments in the final collection tool. It should be noted that the four persons who participated in the pilot testing process did not form part of the actual sample from which data were collected to answer the research questions of this study.

4.7 Method of data analysis

Data analysis is a continuous, ongoing and intentional process of making sense of the collected data with the aim of summarising and presenting information (Ravitch & Carl, 2016:537; Schwandt, 2015:57). Concurring with the above authors is Bernard *et al.* (2017:161) who assert that data analysis starts long before the researcher collects data and continues as the study progresses. According to Simons (2020:692), data analysis is a process aimed at condensing large, collected data to make sense and subsequently identifying themes and subthemes. Based on the above definitions, the researcher describes data analysis as making sense and finding meaning from all information

collected. In this study, the researcher adopted Nieuwenhuis's (2016:114) steps in qualitative data analysis, as discussed below:

- Preparation in qualitative data analysis

The researcher should prepare for the data analysis process, mentally and otherwise. Getting ready is important because data analysis is not passive (Hesse-Biber, 2017:308). Data analysis is a systematic and organised process; therefore, the researcher must know what to do during the phase. In getting ready and preparing for data analysis, the researcher started by having all data ready and had literature information handy to link collected data with existing theory.

- Describing your sample and participants

The researcher needs to describe participants in terms of their age, gender, race, field of work, educational level, marital status as well as the total number of participants interviewed (Nieuwenhuis, 2016:114). Since the study is qualitative in nature and it is a case study, contextualisation is key. It should be provided to give the audience a clear picture of the study's setting (Schurink *et al.*, 2021:303). The researcher sampled security officers who gamble in the workplace. The security officer participants comprised males and females. This study had 15 security officer participants and eight security supervisors. The study participants were of different age groups with different educational backgrounds, as discussed in Chapter 5. The preceding chapter also covers further information related to participants' marital status. Non-probability purposive sampling was used to select security supervisors. The reason for using the purposive sampling technique was simply because supervisors served a purpose as they are the ones who manage those security officers who engage in gambling activities while in the workplace. Meanwhile, snowball sampling was used to sample security officers who engage in gambling activities at work. The researcher started with one identified security officer and

asked the security officer to lead her to other colleagues who gamble while at work. That kept snowballing and gave the researcher the desired sample size, guided by the saturation point.

- Organising data

Qualitative data tends to be large, requiring the researcher to spend ample time reading and understanding the collected data (Nieuwenhuis, 2016:114). The researcher believes such an exercise can be daunting, exhausting and overwhelming simultaneously because the researcher should, at the end of the day, have a report that is logically and scientifically based on the collected data. Since organising is a daunting exercise, as stated above, the researcher believes it is important to compress and sort data so that it becomes manageable. According to Nieuwenhuis (2016:115), it is recommended that the researcher keeps different data such as interview notes, interview recordings and other documents separate. But of importance, all data should be marked accordingly. Over and above that, interview notes and scripts should have dates on which interviews were conducted, the time each was conducted and how it was conducted (Nieuwenhuis, 2016:115). The researcher must label data using fictitious names or identity numbers. Regarding this study, the researcher assigned identifying numbers to each interview script. This was done to ensure anonymity. Additionally, the researcher ensured that interview notes and interview data were dated accordingly, this indicated when the data was collected for record purposes.

- Transcribing data

The researcher has the task of transcribing all collected data, such as audio interview recordings and notes. According to Nieuwenhuis (2016:115), writing a summary of audio and interview recordings is unacceptable. Instead, the researcher must choose the appropriate form of data transcription. Transcription turns recorded data into words for analysis (Madondo, 2021:140). The researcher transcribed all interview audio recordings

using verbatim information as shared by the participants. As alluded to earlier, some interviews were audio recorded and others not recorded, according to the participants' preference. Fifteen individual interviews were transcribed. Additionally, the researcher transcribed the two focus group discussions with security supervisors verbatim.

- Getting to know your data.

After data is sorted and typed, it becomes profound that the researcher must be familiar with the collected data. This entails reading through data repeatedly until the researcher knows the data by heart (Nieuwenhuis, 2016:115). The researcher views such exercise as tedious, boring, cumbersome and necessary because the researcher must own their study. To this end, the researcher read through transcribed data several times to get to know her data.

- Data coding

Data coding is described as a process of rigorous data reading to identify themes from collected and organised data and, subsequently, labelled accordingly (Flick, 2015:263; Given, 2016:144; Hesse-Biber, 2017:338; Nieuwenhuis, 2016:116). Coding helps the researcher retrieve and collect all datasets linked to certain emergent themes (Given, 2016:144; Nieuwenhuis, 2016:116). The researcher coded all data accordingly.

- Establishing themes

After all data has been coded, the researcher should begin categorising data, which is pivotal in establishing and identifying themes (Schurink *et al.*, 2021:403). The researcher identified themes and subthemes discussed fully in the data analysis chapter (Chapter 5). Nieuwenhuis (2016:119) states that researchers must guard against infusing this step with data interpretation and findings discussions, seeing that establishing themes or categories is also interpretive. For this study, after having transcribed the audio recordings, the researcher subsequently read all transcripts to get detailed information

and identify themes and subthemes. All identified themes were analysed to give meaning to them.

According to Leedy and Ormrod (2013:146), the main task of the researcher during data analysis is to identify common themes in participants' descriptions of their experiences. By implication, themes should be identified based on collected data during the data analysis. Hesse-Biber (2017:353) argues that qualitative researchers are vulnerable because they tend to report beyond the actual and thus use their studies to communicate or declare what ought to be. For the researcher, this means that honesty and integrity must always be adhered to throughout the research process instead of trying to include and come up with issues that are thumb sucked. Additionally, Creswell (2014:94) draws our attention to an ethical issue which calls for researchers to refrain from disclosing only positive results. The researcher ensured that the research report contained all the experiences shared by the participants, both negative and positive.

- Interpreting data

The main aim of qualitative study and data analysis is to make sense of data; therefore, understanding the phenomenon being studied is important (Nieuwenhuis, 2016:120). Part of interpreting data is that the researcher needs to establish and explain why certain things are how they are. This will best be done by linking the research findings with existing literature, either confirming the findings or contrasting them. The researcher is expected to link theory and collected data to enhance the findings. Additionally, triangulation can also be used to ensure trustworthiness in interpreting data (Nieuwenhuis, 2016:121). For purposes of this study, the researcher gave her interpretation of the findings. The researcher further linked the findings with the theories employed and the literature reviewed to compare or contrast the findings.

4.8 Establishing trustworthiness.

Data verification is about ensuring the credibility of the data collected (Fox & Bayat, 2013:107). But of importance, data verification is all about promoting the trustworthiness of the study (Nastasi & Hitchcock, 2016:70). The researcher believes that data verification can be achieved by providing detailed and contextualised information about the research process to the readers. To determine the trustworthiness of this study, the researcher used the criteria advocated for by Schurink *et al.* (2021:393) in establishing verification. These are credibility, transferability, dependability and confirmability.

Credibility: Several authors agree that credibility can be established by using triangulation to collect and verify data (Leedy & Ormrod, 2020:451; Nieuwenhuis, 2016:123; Ravitch & Carl, 2016:189; Schurink *et al.*, 2021:396). Additionally, Bloomberg and Volpe (2016:46) pointed out that triangulation is important in case studies because it ensures a deeper understanding of the phenomenon and adds trustworthiness to the study. This is so because case studies are only concerned with the transferability of the research findings. Similarly, Leedy and Ormrod (2015:390) refer to triangulation as collecting and comparing different data to establish any consistencies or inconsistencies in the collected data. Two data sources were used to triangulate data: security officers and supervisors. The information from the two data sources was compared to ensure that the consistencies and inconsistencies were identified. This assisted the researcher in verifying the credibility of the collected data. Over and above the highlighted information on credibility, the researcher also made use of the following techniques to ensure study credibility:

Prolonged field engagement (Godwill, 2015:279; Nastasi & Hitchcock, 2016:71). The researcher spent almost three months collecting data, this ensured prolonged engagement with the participants that led to a better understanding of the phenomenon under study.

Thick descriptions or verbatim transcription of interviews (Nastasi & Hitchcock, 2016:71). A thick data description was used to present the findings after transcriptions were made.

Supervision: this was done regularly throughout the research project, where the supervisor guided each step of the process.

Member checking (Nastasi & Hitchcock, 2016:71). This was done by verifying some data with participants while transcribing collected data. The contents of the transcribed data were verified by allowing the participants to confirm if the information was correctly captured.

-Accurate interview records.

Transferability- Transferability is referred to as the extent to which research findings can be used to draw different results in other settings and contexts (Leedy & Ormrod 2020:459; Nieuwenhuis, 2016:124; Schurink *et al.*, 2021:393). Meanwhile, Ravitch and Carl (2016:189) believe that transferability can be achieved by providing thick data descriptions within their contexts. The researcher achieved the above by providing a detailed description of the context within which data was collected. For example, research was conducted at NDoH facilities (Pretoria and Johannesburg Forensic Laboratories, where security officers work and provide security services to staff members, visitors and contractors). It is important to mention that the NDoH is a highly unionised working environment. For example, there is always a likelihood of security officers consulting their different labour unions whenever they are uncertain of something, and this study could have been one of those things they needed clarification on. For this study, transferability was ensured through a detailed description of the research context and the research process followed to enable any reader/researcher who would like to transfer the study findings to another setting to do that with ease.

Dependability is about ensuring the dependability and stability of the study's data (Leedy & Ormrod, 2020:452; Ravitch & Carl, 2016:189; Schurink *et al.*, 2021:394). For example, if two different and independent researchers were to investigate the same phenomenon, they should arrive at similar conclusions. The researcher believes that giving detailed information on how the study was conducted can assist other researchers in similar research setups to decide whether to follow the same research process in their research projects. Therefore, in this study, the researcher provided adequate details on the context in which data was collected, the whole research process, and the methodology used. Furthermore, the researcher has kept records of raw data and all data analysis documentation to ensure an audit trail.

Confirmability refers to how research findings can be independently established, supported and confirmed by others, especially the study's participants (Leedy & Ormrod, 2020:451; Schurink *et al.*, 2021:394). According to Hammond and Wellington (2013:163), confirmability is all about the extent to which research findings are supported by evidence. Equally important (Nieuwenhuis, 2016:125; Nastasi & Hitchcock, 2016:70) assert that confirmability concerns the researcher addressing their subjectivity and biases during the research process. In ensuring confirmability, the researcher was objective in all the steps of the research process so as not to be biased in collecting data and reporting findings.

4.9 Summary of the chapter

This chapter presented the research methodology, research paradigm and research design used in the process of conducting this study. It focused on describing the study setting, population, and how participants were selected. Methods of data collection and data collection tools are described in detail. The process of data analysis and ensuring the trustworthiness of the study are also presented in the chapter. Next is chapter five (5), which focuses on data analysis and interpretation thereof.

CHAPTER 5: DATA PRESENTATION AND ANALYSIS

5.1 INTRODUCTION

This chapter presents and analyses the qualitative data obtained from security officers who gamble at work and the managing security supervisors. A semi-structured interview guide and focus group prompts were used to ensure that all the participants were exposed to the same themes the researcher intended to explore. Data were collected in 2021 over three months, from March to May 2021.

Two (2) focus group discussions were conducted with security supervisors from two NDoH facilities, the Johannesburg Forensic Chemistry Laboratory and the Pretoria Forensic Chemistry Laboratory. Each focus group comprised of four supervisors. The aim of using focus group discussions as a data collection tool was to verify and corroborate information provided by the security officers as primary participants who might, for obvious reasons, focus on their gambling and overlook how it affects productivity in the workplace. Data is presented and interpreted below.

5.2 Biographical data of individual participants

The table below shows the demographic data from the study participants (gender, age, marital status and educational background).

Table 5.2.1: Biographical background of security officer participants

Participant	Gender	Age	Marital status	Educational level
P1	Female	49	Single	Computer certificate
P2	Female	37	Single	Matric (grade 12)
P3	Female	49	Married	Matric (grade 12)
P4	Male	41	Married	Matric (grade 12)
P5	Male	45	Single	Matric (grade 12)

P6	Male	48	Widow	Matric (grade 12)
P7	Male	47	Single	ND: Law (current studies)
P8	Male	39	Married	Matric (grade 12)
P9	Male	30	Single	Degree in Development Studies
P10	Male	50	Married	Matric (grade 12)
P11	Male	25	Single	Matric (grade 12)
P12	Male	40	Married	Bookkeeping and advanced computer
P13	Male	36	Single	Matric (grade 12)
P14	Male	27	Single	N4 Public Management
P15	Male	50	Married	National Diploma: Security Risk Management

5.2.2 Presentation and interpretation of the biographical data

- Gender

Out of the fifteen (15) participants, there were only three females, while the rest were males. It is apparent from this data that males are more likely to engage in gambling than females. Various studies (Nzimande *et al.*, 2013:78; Sharp, Dellis, Hofmeyr, Kincaid & Ross 2014:686; Tang, Lim, Koh & Cheung 2019:818; Trivedi & Teichert, 2017:182) have revealed that males are more likely to gamble than females. The researcher is of the view that having more males than females gambling could be linked to societal expectations of males as typical providers for their families. However, such stereotypes have changed over time because more females work for themselves and become financially

independent. This finding is further confirmed by (Binde, 2016:256; Heiskanen, 2017:365 Lindberg, 2017:17 Tomei, 2014:608), who aver that there is always a prevalence of having more males than females who gamble. Nzimande *et al.* (2013:78) highlighted that there is no meaningful significance in gambling when it comes to gender and gambling disorders. The implication thereof is that any person of any gender can suffer from gambling disorder.

- Age

The data presented above shows five (5) participants between the ages of 45 to 49 and only one (1) participant between the ages of 30 to 34; three (3) were between 35 to 39, two (2) were between 25 to 29; similarly, two (2) participants were between the ages of 40 to 44 and other two (2) participants between 50 to 54. Therefore, the study established that more participants who gamble are between the ages of 45 and 49. However, Sharp *et al.* (2014:686) had more participants between the ages of 30 to 44 and between the ages of 35 and 54 respectively. Meanwhile, Tang *et al.* (2019:818) had more than half of their participants between the ages of 25 and 35. The age aspect is important and relevant as people can start gambling at any given age, as was established in this study. The youngest security officer participant was 25 years old and had been gambling for some time at the time data was collected, which means that he started gambling whilst still very young. NGB (2013:27) elucidates that most South Africans are exposed to gambling at a young age of approximately 15 to 17 years before they reach the age of 18. Based on the presented data, it is apparent that gambling can affect anyone at any given age.

- Marital status

The demographic data presented above regarding the participant's marital status shows that out of all participants interviewed, six were married, eight were never married or single and only one was a widow. None of the participants were either divorced or separated. Data presented show that gambling is not determined by the marital status of

the person who gambles. It further signals that finances are scarce as far as security officers are concerned, regardless of their marital status. Single security officers who gamble may be gambling because they have control over their money and do not have to answer to anyone on how they spend their money. Previous studies (Sharp *et al.*, 2014:686; Tang *et al.*, 2019:818; Trivedi & Teichert, 2017:182) have shown mixed findings regarding participants' marital status. For instance, (Tang *et al.*, 2019:818; Trivedi & Treichert, 2017:182) had more married participants in their studies, with Tang *et al.* (2019) having just below 61% of participants married or with a partner. Similarly, (Reith & Dobbie, 2013:379; Sharp *et al.*, 2014:686) established that more unmarried, separated or divorced people were gambling. The researcher firmly believes that marital status plays no significant role in determining whether one decides to gamble.

- Educational level

In terms of the educational level of the participants, the data collected showed that there were nine participants with only a Grade 12 Senior Certificate. This finding did not come as a surprise as most security officers do not have formal education beyond Grade 12. Studies by Sharp *et al.* (2014:686) and Trivedi and Treichert (2017:182) have revealed that most people who gamble either have a high school education, less than a high school education or no schooling. Surprisingly, Tang *et al.* (2019:818) established that many participants were university graduates. It was interesting to note that one participant has a degree in Development Studies. Two participants had one-year certificate courses in computer studies and bookkeeping. Furthermore, it was established in this study that two participants had diplomas in Public Management and Security Risk Management. Lastly, only one participant was still pursuing a National Diploma in Law. The fact that the study data revealed that some security officers hold formal education means that education is important in security services. The Private Security Industry Regulatory Authority (PSIRA) regulates the security industry regarding training and grading. Additionally, this means that to work as a security officer, one must have some form of formal education. The study

has shown that gambling is not linked to educational background. However, according to the NGB (2016:15), most participants still needed to complete secondary school education or matric. Therefore, having security officer participants who have studied beyond Grade 12 illustrates the importance of educating security officers. Moreover, the above highlighted information on formal education means that trained security officers are equipped and competent in carrying out their jobs.

The biographical data in the study has revealed that gambling is not linked to any specific demographics such as age, marital status, gender or educational background. Any person can engage in gambling activities at any given time.

5.2.3 Biographical information of focus group participants

Table 5.2.4: Biographical background of security supervisors

Focus group participants	Age	Gender	Educational Qualification
FGP1	39	Male	Matric (grade 12)
FGP2	42	Male	Matric (grade 12)
FGP3	41	Male	National Certificate: Security practice
FGP4	51	Female	Certificate in Computer
FGP5	47	Female	Diploma in secretarial course
FGP6	46	Male	Computer certificate
FGP7	54	Male	N6: Fitting and turning

FGP8	60	Male	National Diploma in Security Risk Management
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- Gender of focus group participants

The data on focus group participants show that more security supervisors are males than females. This was also noted in the statistics of general security officer participants. Based on the presented data on gender, it can be deduced that males are more likely to be security officers than their female counterparts. The researcher believes that more males were represented in this study because the security industry has always been male dominated.

- Age

The ages of all the focus group participants in this study ranged from the youngest at 39 to the eldest at 60. There is a notable age gap between security officer participants and security supervisors. With security office participants, the youngest participants were between 25 to 35 years of age. In the researcher’s view, the security supervisors have been in the sector for some time and, therefore, occupied supervisory positions.

- Educational level

Data collected from focus group participants, who are security supervisors, revealed that only two participants have the highest qualification of grade 12 (matric). In contrast, the rest of the focus group participants have some level of post-matric qualifications. Two supervisors hold certificates in computing. One supervisor participant has a national diploma in secretarial course. Out of the eight (8) focus group participants in this study, only two had post-matric qualifications related to and relevant to security. For instance, one has a certificate in security practice, while the other supervisor holds a national

diploma in security risk management. There is a contrast between security officer participants and supervisors with mostly formal education beyond matric. Meanwhile, there is one security supervisor with an N6 qualification in Fitting and Turning. Given the demographics, no data suggests that supervisors' appointments were determined by their qualifications. Therefore, the researcher infers that there is no direct link between the level of qualification and promotion.

5.3 Presentation and discussion of research findings

The researcher adopted Nieuwenhuis's (2016:114) data analysis steps for this study, as articulated in Chapter 4. After collecting data and transcribing interviews, the following themes and sub-themes were identified:

Table 5.3.1: Summary of themes and sub-themes

Themes	Sub-themes
The influence of the environment	
The effects of continuous gambling (gambling disorder)	<ul style="list-style-type: none"> - Borrowing money to continue gambling. - Lying to conceal the extent of gambling behaviour
Reasons for gambling	<ul style="list-style-type: none"> - Motivation to gamble - Benefits of gambling
Influence of salary levels on gambling	
Emotions associated with gambling disorder	<ul style="list-style-type: none"> - Negative emotions - Positive emotions
The influence of gambling disorder on the productivity of security officers	<ul style="list-style-type: none"> - The influence and effects of gambling disorder in the workplace

	<ul style="list-style-type: none"> - Behaviours displayed by security officers who gamble at work
Financial management	
The effects of gambling disorder on the self or the person who gambles.	<ul style="list-style-type: none"> - The effects of gambling disorder on the self or the person who gambles. - The effects of gambling disorder on relationships with family (significant others)
Seeking professional assistance	

Theme 1: The influence of the environment

It was revealed from the data that the environment plays a role in influencing security officers to gamble simply by observing colleagues gamble and win. For instance, it has come out in the study that security officers are easily recruited and influenced by seeing others gamble and win, and that led to some security officers' gambling onset. Additionally, the emphasis of the ecological perspective is on the relationships and co-dependence between people and their environment (Neal & Neal, 2013:724; Teater, 2014:16). This means that a person as an individual cannot be separated from their environment and the role which that environment plays in their lives is fundamental, as it can be either good or bad. As already mentioned in chapter 2 of this thesis, an individual should never be considered in isolation from their environment because there is a reciprocal relationship that exists between them and their immediate environment (Gitterman *et al.*, 2021:55; Payne, 2021a:170; Tunmore, 2017:89). People and their environment are viewed as living systems that are continuously influencing and are influenced as they interact together (Gitterman *et al.*, 2021:79). It is clear from the above discussions that in interacting with colleagues who gamble, even those who were not

gambling end up gambling. This means a huge influence brought about by the interaction and environment in which people live.

Some of the participants explained how they started gambling at work:

“I was introduced to gambling by a security officer colleague that I work with because there are many security officers that gamble here in the department. Although that was some time ago, I have never looked back. I have been gambling ever since, and that was my gambling onset.”

“After seeing other colleagues playing games, I thought, let me try it.”

“A friend who gambles won R40 000, which made me start gambling as I also wanted to win.”

“When we were growing up, people in our communities used to gamble by playing dice and Mo-China on street corners, but now gambling has been polished and professionalised and made to look nice. That is where the influence is also coming from.”

“I was introduced to gambling by a colleague friend who told me that I just mix the numbers, play and win, and that is how I started gambling.”

“The environment has a big influence because we play as colleagues and share numbers.”

“The fact that I can walk to the gambling outlets as they are situated nearby has played a huge role in encouraging me to gamble because there is no need for me to gamble online.”

Meanwhile, regarding the same issue of gambling influence, one security officer said:

“Observing that others can win big while using a small amount when betting has influenced me to start gambling/ playing.”

The above was corroborated by security supervisors who stated that:

“Security officers that gamble influence others to start gambling.”

“They also recruit others because just by observing those who gamble; some security officers get to be interested in what their colleagues are doing and start gambling.”

“Security officers give each other betting numbers, and gambling is done daily.”

It is apparent from the above responses that the role that is played by the environment in the onset of gambling cannot be underestimated, as its influence is huge and tempting when one works with colleagues who gamble. The above is supported by the ecological perspective and the general systems theory, which emphasise interdependence between a person and their environment as a person affects and is affected by the environment (Gitterman *et al.*, 2021:54; Tunmore, 2017:88). The applicability of the above theories is based on the fact that systems are interrelated, interconnected and interdependency. This implies that there is an interlinkage in relationships. For instance, some security officers in this study were influenced to start gambling by the environment they found themselves in. However, it is interesting to note that they tend to focus on winning as if it is guaranteed. Some participants are lured into gambling by being encouraged to mix the betting numbers, play and win. The researcher believes that those recruited seemed readily willing to join the club. Without asking any questions because they also wanted to win. Such participants seem to think that there will be an instant win, just like they have seen

and were told by their colleagues. The researcher would label such an “enabling environment” as it makes it easier for security officers to gamble. It is also important to note that some participants did not go and bet but used the service of their colleagues to put their bets, as shown below:

“My colleagues and I can request the departmental newspaper delivery guy to go and place bets for us. We give him numbers and money, and he places bets for us and returns the tickets.”

“We assist each other by placing bets for one another; for instance, when some colleagues are busy, and you are free, they can send you to the betting outlet with numbers and money to bet, and you bring back the receipts once you are done. We work together when it comes to gambling bets.”

“We also assist each other by borrowing money from each other. Even if you do not have money to gamble, a colleague will borrow your money, and when you win or get paid, you pay them back.”

The above statement was confirmed from the focus group discussion that:

“Security officers who gamble at work also help each other with money, meaning that they borrow each other money so that they can gamble.”

The study also revealed that borrowing money from each other not only enables security officers but also encourages them to continue gambling. For instance, confirming the statement made by the security supervisor above, some participants said:

“For some of us as security officers who gamble, we borrow each other money to gamble. This means that even if I do not have money, I can borrow some from a colleague and pay them back when I get paid or win”.

“It is normal for me to borrow money from other colleagues to go and place a bet. For instance, I can borrow R20 to gamble, but I must pay it back”.

This was also confirmed by supervisor participants who said:

“Security officers spend most of their salaries on gambling, and as a result, they end up not having enough money to support themselves and their families. Subsequently, they go to loan sharks to borrow money so they can gamble with”.

“Security officers who gamble at work also help each other with money, meaning they borrow each other money”.

Another contributory factor to gambling and the environment was the fact that those participants who go to the physical betting outlets it is just a walking distance from the department. Thus, making it easy and even more tempting for the security officers to walk to the outlets any time of the day while at work. The department was in Pretoria Central Business District (CBD) when the study was conducted, a factor that increased accessibility to gambling outlets. Even more enabling was having many betting outlets within reach, as one participant mentioned above. Between Bloed Street and Lilian Ngoyi Street, there are more than five gambling facilities. Abbott (2017:5) is of the view that reducing the number of gambling venues, outlets, and access hours and imposing certain restrictions will assist in bringing gambling problems down. This is further confirmed by Fiedor (2016:5), who states that gambling accessibility influences the development of gambling disorders.

Furthermore, other participants shared that they even sent others to place bets for them. For example, when one security officer is busy but another colleague is available, they give him money and numbers, and he places their bets and returns the tickets. Therefore, the researcher opines that the environment plays a significant role in encouraging security officers to start gambling. It must be borne in mind that security officer participants as individuals do not exist in silos but in communities that comprise different environments, which may influence them positively or negatively. The findings above reveal that those who gamble not only influence each other but also assist each other so that they can continue gambling. According to Teater (2014:1), the interaction between individuals and their environment has an influence. The findings in the study have shown that to be true, as there were security officer participants who stated that their gambling onset was because of seeing colleagues gambling and winning. It also came out in the study that the environment plays a huge role in influencing individuals to start engaging in activities that they might not have engaged in if they were in a different environment.

The above theme further addresses how the development of interest in gambling develops, as gambling does not happen by chance. There must be some things that deter the interest of those who are not gambling. As alluded to in the preceding discussions, the environment plays a role in the inception of gambling. To this end, one of the questions participants were asked during the interviews was for them to elaborate on what influenced their gambling onset to try to establish the origin of their interest in gambling.

Further discussions below focus on how security officers who gamble indirectly influence their colleagues to gamble just by observing them. It was established from the data that seeing colleagues gamble has played a role in influencing some security officers to start gambling. It was further established from this study that there is a close link between the influence of the environment and gambling disorder. Even in the preceding data

presented, participants saw other security officers gamble and win, which led to the development of interest in gambling. There were a variety of responses, as shown below:

“Yes, others influenced me, and there are even Facebook groups where we join and see other people’s winning numbers, and we share the possible winning numbers.”

“So, when you see others win, you think it is interesting, then tell yourself, let me just try. Maybe I will get lucky and win.”

“When you see others win, you see that it is easy, which motivates you to start gambling if you have not yet started.”

“You get influenced and attracted more to gambling when you see people getting money, winning, and they do things they cannot do with their salaries.”

One participant asserted that:

“Gambling is easy money, so that tends to influence others to join and start gambling, and that was the case with me. Yes, there is an influence in gambling.”

Whilst the other participants had the following to say:

“I come from a poor background, and I thought I could end my poverty through gambling and become a better person. My background influences me to gamble as I think I might someday win big and live better.”

“When you are financially stranded, and you need to buy something, and yet you do not have money while you keep seeing colleagues gambling and winning, that is influence enough for one to join.”

“You get influenced by checking others who won, and you then ask yourself, why am I not one of the winners? And that influences you to gamble.”

“When I saw others playing dice and winning, I was influenced to start dice gambling because that was the only way I could make money as I did not have any source of income”.

Interestingly, colleagues did not influence other security officers to start gambling. Instead, they joined the department already involved in gambling, as shown by some of the responses below:

“No one has really influenced me except by winning big with small amounts.”

“I joined the department while already in gambling, so no one ever influenced me in the department.”

“I was introduced to gambling by some people, long before I joined the department and not by colleagues, so I was already gambling when I joined this department”.

Data collected from the focus group discussions revealed that when one security officer gambles and wins a certain amount of money, he starts telling others about the winning, and those other security colleagues start gambling, thinking that they can do better and win more than what their colleague has won. They fall into the trap of gambling. When it

comes to the influence that security officers have on each other on gambling, supervisors reported the following:

“In our line of work as security officers, we always work in groups, making it easy to influence one another. We normally work in a group of four, so when those who gamble are discussing, it’s easy to hear about someone who has won. And if you mention that you are broke, a colleague who gambles will quickly tell you that yesterday they won R5000 or some large amount of money. By implication, that colleague is telling me that I am losing out by not gambling as I would not be broke had I been gambling.”

“They influence each other and recruit others who are interested in what they see them doing.”

“Security officers that gamble and share their winning experiences with colleagues influence them to start gambling. For example, if a security officer tells others that “I have won, I won R30 000”, that would get some interested, and they might start gambling”.

One participant kept on saying that money offered by BetWay lured some people into gambling, as reflected in the response below:

“BetWay is interesting because when you join BetWay online, they offer you free R25, and it's done to lure you to bet even more. You should experience BetWay for yourself for you to be able to understand what I am talking about. This has the same effects as seeing your fellow security officer colleague gamble.”

While making these statements, saying that BetWay is interesting, the participant had a facial expression that showed and expressed the interest he was talking about. It was as if he found a lost treasure or hit the coveted jackpot. The need for excitement, pleasure and entertainment are some of the reasons for gambling, as identified by Fong and Rosenthal (2014:8). However, the researcher believes that such feelings are short-lived

because winning does not happen every time a person places a bet and it is also not guaranteed.

Constant exposure and seeing other security officers gambling at work play a major role in influencing observers, and participants' responses confirm this. But most important is how much they influence each other. The researcher believes that seeing others win in gambling plays a critical role in stimulating more security officers to gamble, which could eventually lead to gambling disorder. This is confirmed by Abbott (2017:4) as he states that seeing others win and having gambling exposure through a friend or family member who gambles regularly is one of the contributory factors to gambling onset. According to the ecological perspective, the holistic context provides a better understanding of an individual because of interpersonal and two-way relations between individuals (Bowers & Bowers, 2017:243). The role of influence cannot be over-emphasised in gambling disorder. Below is the theme on the effects of continuous gambling.

Theme 2: The effects of continuous gambling (gambling disorder)

Gambling is defined as a disorder and is classified as a non-substance addiction (DSM-5-TR, 2022:622). Some security officer participants, through information shared, confirmed that their behaviours show a level of addiction. Below are some of the security officer participants' views relating to their gambling disorder:

"It becomes like if you did not gamble on that day, it's like you are missing out on something big. And then you must go and scratch; it's like nyaope (a drug used by street kids which is a mixture of many chemicals)."

"Gambling is an addiction, and even though you might not see yourself as addicted, the addiction signs are there. I used to keep loose change in the car ashtray, but now you can hardly find money in my car anymore. All the loose change is now used for gambling."

Previously, even when your wife sorted laundry, she would find R20 in my pockets, but once I started gambling, those things were gone. You will never find R5 in the pocket of a person who gambles. The only things you will get are the betting tickets and gambling papers, lots of papers.”

“When I do not gamble, I feel like I am dry and want a fix. I am addicted because I cannot go for two days without gambling, and if it happens, I feel sick. It is as if something is missing.”

Something prominent that the security officer participants stressed was that:

“Sometimes I take my last money and gamble, only to end up losing it all and then borrow money from my sibling who always says I enjoy being addicted to gambling or in the situation I find myself in.”

“I want someone to make me stop gambling; my sibling keeps telling me that: “O tlo topa dipampiri” [a vernacular saying referring to being mentally affected] and losing your mind because of gambling. My sibling seems to think that I could stop gambling if I wanted to, but it is difficult to stop on your own, even if you want to. Hence, I said I wanted someone to stop me. I think I need professional help.”

The information above confirms that continuous gambling can lead to addiction, and the traces of addiction were evident in what the participants shared. Some of their statements implied a cry for help, but it would seem that those who want to quit do not know where to access this needed help. Again, such utterances from the participants’ significant others show a lack of understanding and knowledge about gambling disorders in particular. It is clear from the statement made by the participant’s sibling that her understanding of gambling as a pathological and behavioural addiction is limited, if not

non-existent. According to the participant, the utterance from the sibling was viewed as a lack of understanding as she indicated that her sibling does not know and understand anything about gambling. In addition, one security officer participant seemed aware of their addiction as they elucidated that:

“I am embarrassed even to admit that I am so addicted to gambling that I gamble daily. If two days go by without me betting, I feel sick as if I am missing something and I need a fix.”

It is further illustrated by the statement from the participant’s significant other that there is some element of judgement, assuming that, if the participant wanted to or was serious, she could stop gambling by her willpower. The researcher believes that as family members and colleagues of those with gambling disorder, people should be sensitive and considerate when dealing with people who gamble. However, without understanding the disorder, it would be expected much from family and friends to be sensitive to the participant as they could be looking at the gambling disorder as a deliberate behaviour. Judging, labelling and stigmatising the participants will not help them. Instead, all significant others must support and encourage them to seek help when needed. When it comes to addiction in general, and gambling addiction in particular, it would be insensitive of anyone to make assumptions that those addicted have a choice to get themselves out of their predicament if they so wished. How would an addicted security officer dare to seek assistance from their significant others and colleagues if they were ridiculed about their addictions? The DSM-5-TR (2022:661) states that people with gambling disorder often make repeated attempts to stop gambling on their own and mostly fail dismally. They will also be sceptical about seeking assistance from the Employee Health and Wellness office. The researcher holds the opinion that security officers with gambling disorders would rather resort to suffering in silence because of fear of being ridiculed and judged. However, keeping quiet might lead to even more problems, such as continued

gambling, getting into debt, failure to meet their familial obligations, and bunking work, which can lead to them being dismissed from work. Previous research has shown that gambling disorder is a “hidden addiction” since there are no physical symptoms like in substance abuse cases, but it can do as much damage as that associated with substance abuse in the workplace (Lindberg, 2017:1; Segal *et al.*, 2018:2). Additionally, Lindberg (2017:2) indicates that since gambling takes place while a person is in a “sober state”, it can simply be assumed that it would be easier for the addicted person to stop gambling, but this is not the case. It was interesting to note that while few participants admitted and acknowledged their addictions, some felt that they were in control of their gambling. Therefore, they are not in any way addicted, as shown in the statements below:

“I bet manually at the betting outlet, so I think that ensures having some control over my gambling instead of placing bets online because it is easy to get addicted if you bet online as it is available all the time.”

“I have been playing at the same pace ever since I started gambling, and that has been the case over a long period now. I have been gambling for more than 10 years.”

“I have control over my gambling, and I am managing well. Therefore, there is no need for concern.”

“I do not play regularly as if I have a contract; I play only when I have money to place a bet.”

“I have not classified myself as addicted because I know when to stop, I have self-discipline, and gamblers know when to stop.”

“I am not at a stage where I use money meant for household stuff to gamble, thinking that I will play and win and only buy food once I have won. I do not need assistance because only someone who is in trouble needs assistance, but I am not in trouble; if anything, I am enjoying the benefits of gambling.”

“I am in control and doing well; I feel that I do gambling for fun. Therefore, I have nothing to worry about because I still have control.”

“I am not addicted because I play wisely and responsibly because I am in control.”

One participant stated that some games are likely to get one addicted quickly, and he mentioned that:

“Games such as spinning a wheel and online betting can easily get one addicted.”

It was evident from what the participants shared that they strongly believe that they are in control of their gambling. Furthermore, it seems gambling online is more addictive, as shown by several authors who state that not only is online gambling growing exponentially, but it is also said to be more addictive and harmful than other forms of gambling (Abbott, 2017:1; Binde, 2016b:397; Clark, 2014:55; Trivedi & Teichert, 2017:181). This notion confirms the participants' perception, but one could ask how long a person will continue to be a social gambler.

Despite what the security officer participant highlighted above about spinning the wheel and online gambling being more addictive than other forms of gambling, it was interesting to hear another security officer participant saying:

“I am not saying I will not get there, but I am not there yet.”

Surprisingly, one security officer participant pointed out that he aims to win R20 000. Setting such goals would have a different meaning. For example, if the participant were to win that targeted amount, would he stop gambling? Reality is likely to dictate otherwise because the participant might increase the goal, thinking that he might win again since he was able to reach the first goal. Interestingly, the set goal does not have a time frame, meaning that the person will keep betting, even if it takes many years before reaching the target. Setting such goals is unrealistic if one is not setting oneself up for a fall, as it could lead to addiction. The participants had the following to say:

“I have set myself a goal to win R20 000. I continue to live in hope that one day I will win big, especially the amount I have set for myself.”

“I believe that if I keep betting, I can win big because there is money in gambling.”

Not every security officer participant had a winning target, but only one indicated that he had a target to win a specific amount, as stated in his response above. In the researcher's view, although it might be true that some people gamble for fun, it might be difficult to guard against transitioning from gambling for fun to getting addicted. Gambling addiction, which progresses to being a disorder, is a reality. When starting to get addicted, does a person become aware that they are progressing from having fun to being addicted? Will they know that things are changing and, unfortunately, not changing for the better? Based on the above statements, it is clear that something that starts as fun can easily progress to a point of no return where someone's life and their very existence are controlled by gambling. This is noted by Binde (2016a:398) and Shani *et al.* (2015:458), who aver that the life of a person who gambles is dominated by gambling and that affects their thinking and other areas of their lives are equally affected by gambling. Moreover, continuous stay in such an environment might make it difficult for someone to have control over their

gambling and eventually stop. The researcher believes that when someone says they are in control, it only means they think there is no reason to worry about their gambling now. An illustration of the above was when one security participant said:

“Gamblers know when to stop.”

“I am still doing (gambling) it for fun.”

The emphasis by another participant was that one needs to have the self-discipline to control gambling, and this is captured in the following statement:

“Yes, gambling can be addictive if you are not disciplined. Gambling requires discipline because lack of discipline means using money for household stuff.”

Additionally, the above security officer participant further pointed out that:

“If you are feeling like you are losing your mind because you did not gamble and you feel as if something is missing, whereas that is not the case, then you go and gamble because you are used to gambling.”

“Winners know when to stop gambling.”

It is clear from the above discussions that although some security officer participants would like to believe that they are in control of their gambling, their actions and behaviours are contradictory to what they are saying. There is, therefore, no correlation in what they say and do. However, security supervisors saw things differently when it comes to the assumption that security officer participants have control over their gambling:

“Gambling is an addiction; some security officers might be in denial, but some of the signs they are displaying such as late coming, being in groups and discussing betting numbers and not having money. All these are clear signs of addiction.”

“People are addicted, but sadly, they do not even know it”.

“You can see that some of our security officers are addicted to gambling because of their behaviour at work. It seems like they cannot do without gambling as they gamble every day and are always on their phones gambling”.

Continuous gambling will remain a challenge until such time that there is awareness and all employees are informed about gambling and gambling disorders. But over and above, they need to know where they can get assistance. Below is the subtheme of borrowing money to continue gambling.

- Borrowing money to continue gambling.

In a bid to continue with their gambling because they are unable to stay away from gambling, sometimes security officer participants resort to borrowing money from others so that they can place bets. This resonates with the life model discussed in chapter 2 of this thesis in that security officer participants follow their unique life course pathway. Most participants deemed it fit to continue gambling despite not having money by borrowing money from others, which shows a lack of resources (Payne, 2021b:244). Additionally, suppose security officer participants keep borrowing money from others; that becomes a risk factor that would increase stress (Gitterman *et al.*, 2021:75). Some security officer participants confirmed that they borrow money from others to gamble. Below are some of the responses shared by participants:

“You borrow money to gamble because you are addicted. Even if you do not have money, you have the mindset that if I borrow money, maybe I could win, then I will pay back the borrowed money and still be left with something.”

“Yes, we borrow each other money to gamble.”

“It is normal for those who gamble to borrow each other money, and they pay back the money at a later stage because it is clear when someone borrows even a little amount like R20 that they should return it.”

“For those of us who are gambling, we borrow each other money so that we can bet. It goes beyond the small circle of security officers who gamble as we borrow from loan sharks.”

“Borrowing money from colleagues because you do not want to miss a gambling opportunity; you just want to continue betting.”

Despite all the shared responses above, one participant believed that one should not borrow money to gamble.

“To ensure control over your gambling, leave all your money at home and do not borrow from colleagues in that way; you know that you will not have money to gamble because you left it at home, and that would ensure control.”

Although the above participant thinks that leaving money at home is an option to stop them from gambling, there could be other means for them to get money for gambling. For instance, it has been established from this study that security officers who gamble borrow each other money, which means that even if the security officer leaves money at home,

they can borrow from colleagues and be able to go and gamble and pay back the money later. A saying that says, “Where there is a will, there is a way”, will be relevant and applicable to gambling. The researcher believes that the above statement is misleading, especially because it has been revealed and confirmed in this study that security officers help each other with money so that they can continue gambling. In other words, they enable each other to continue gambling even when they do not have money. Additionally, the researcher believes that the only way leaving money at home can assist would be if the security officer sticks to the plan of not gambling because they do not have money. Otherwise, if a security officer is enticed to play and borrows money to place a bet, they are misleading themselves. Furthermore, other authors state that limiting access to money, setting gambling spending limits and stop gambling once the threshold is reached are some of the strategies that those who gamble can employ to reduce their gambling (Fong & Rosenthal, 2014:17; Rolando & Beccaria, 2019:117). In addition, Lister, Nower and Wohl (2016:5) postulate that even though those who gamble have limit-setting tools to encourage responsible gambling regarding time and money spent, some choose not to use limit-setting tools, especially those with severe gambling problems. Supervisors also confirmed the above information during the focus group interview discussions and said:

“Security officers who gamble at work help each other by borrowing money.”

“The issue of money is a concern because we can see that some security officers never have money for themselves and gamble more; they then start borrowing from other colleagues so that they can keep on gambling”.

The researcher believes that some security officers presumed level of confidence in self-control and discipline is alarming and mind-boggling. Participants continue to believe that they have control over their gambling even though they have been gambling for some

time, some even for years, and yet have not stopped. In contrast to the above statement, Segal *et al.* (2018:2) point out that those who gamble find it difficult to walk away from gambling as they keep going back to gambling to chase their losses. Additionally, Rolando and Beccaria (2019:116) report that people who gamble lose control because once they are at a gambling peak, they lose the sense of time, the value of money, and the ability to reason and respect others. It is clear from the findings that it is not easy to control one's gambling habits, leading to making debts just to feed the habit. Participants who believe that they are in control of their gambling behaviour could be said not to be in touch with reality but just in a wishful bubble. Below is the subtheme: lying to conceal the extent of gambling behaviour.

-Lying to conceal the extent of gambling behaviour

Gamblers tend to lie. Lying is one of the gamblers' behaviours, which is one of the effects of continuous gambling. Binde, (2016a:399) & DSM-5-TR, (2022:661) also assert that some of the characteristics of gambling disorder include lying to creditors, colleagues, friends and family members as a way of hiding the extent of their gambling. This study results confirmed this notion. Most security officers confess to lying to their significant others about the extent of their gambling so that their families do not suspect or think that their gambling is getting out of hand. The following responses confirm this:

"I lie to my spouse and pretend to be receiving calls from my manager so that I can go and gamble. I also pretend to be going to the shops to buy airtime while I am going to place bets and use that excuse to get out of the house. I have also lied about not getting overtime money to my spouse. I lied about not having been paid overtime money so that I could have money to gamble."

"You also lie to yourself when it comes to gambling because you tend to believe that you will have money through gambling, and that is not the case because even though there is money in gambling, winning is unpredictable."

“When asked by others, we told them we were winning; we never told them about losing. We would lie and tell them we won so much the day before. We went to the extent of even coming up with fictitious amounts we never won, and they believed us.”

“You lie to your family because you do not want them to know about your gambling.”

“We lied about winning, which interested other colleagues in joining us because they thought we were always winning.”

“We lied to each other, as we would tell one another that we have stopped gambling, but that would only be when we had no money to bet.”

Based on the above statements, the question to ask should be, “Why would someone go to such trouble of lying to significant others and colleagues just to entice them to join gambling? Such a behaviour is deceptive. In one of the focus group discussions, supervisors confirmed the information shared above:

“Some security officers would lie that they have won to get colleagues to join them. One can tell that they are lying to get some colleagues to join them and start gambling themselves”.

“Security officers with gambling disorder never talk about losing. Instead, they only talk about winning. They do it intentionally, so others believe you only win when you gamble. It seems as if they only want to portray that when one gambles, they only win, and there are no losses, which is not true because they lose money and become miserable and difficult to manage. It may be true that they win. However, they also lose more money, and if that were not the case, they would not be borrowing money from each other and some of us.”

All the above-highlighted information reveals that the participants lie to cover up their gambling disorder and behaviours. In the researcher's view, it should be noted that gambling is a disorder and an addiction and therefore, those who are suffering from it tend to display behaviours that are congruent with any addiction, such as lying. The researcher believes that it is unrealistic for people to think that they cannot get addicted while they continue to gamble. The effects of continuous gambling should not, under any circumstances, be ignored and downplayed because the consequences can be dire, not only for the person who gambles but also for the family, workplace, and community as a whole. For instance, borrowing money to gamble means that those who gamble would do whatever it takes to continue gambling, even if it means borrowing, lying and even stealing. Below is the theme that focuses on reasons for gambling.

Theme 3: Reasons for gambling

As a way to establish reasons why security officers continue to gamble, the researcher posed the following question:

Please elaborate on reasons why you gamble.

People gamble for different reasons, and for some, gambling is a fun game, while for others, it is a means of livelihood. This theme focuses on reasons why participants gamble, and it has two sub-themes, that is, gambling motivation and benefits of gambling, which are discussed below.

- Motivation to gamble

People who gamble are motivated by various reasons, and security officer participants in this study indicated that they are mostly motivated to gamble because of their love for money. As much as some people gamble for fun, others gamble to make money, which is why almost all security officers advanced in this study. As reasons for their gambling, security officers shared the following:

“The love of money, in general, is the main reason for my gambling.”

“I gamble because gambling is easy money for me; I say so because, in gambling, easy money is always coming; you get it any time of the day if you are lucky to win, as that is not guaranteed. Gambling makes me enjoy life more.”

“I gamble because I want money and to leave something for my children when I die. I want to build a house for my children, but mostly, I gamble because I know that there is money in gambling. I keep gambling because I want to give my children an inheritance and leave a legacy when I die.

It was established in this study that some security officers gamble because of greed, as shown below:

“I became enticed by the first wins and believed the winning streaks would be continuous. When I started winning in gambling, I then wanted more money. Therefore, I keep gambling, hoping to win more money again like I once did.”

“Having won previously has kept me motivated to continue with gambling because I have seen that there is money in gambling. I used to make R8000 daily back when I was not working.”

“For me gamble for money to buy some things that I need and do not have money to buy. I do not want to commit crime, so I gamble knowing I might win.”

Being greedy was highlighted as one of the reasons people gamble, which aligns with Binde (2013:81) and Shani *et al.* (2015:459), who noted that greed seems to be at the centre of and encourages gambling. As stated above, there was a security officer who seemed to have a distorted view that gambling is all about making money easily. The above statements extrapolated from collected data reveal several reasons that motivate security officers to gamble. However, be that as it may, money is at the centre of gambling. For all the participants, winning money from gambling was the main reason for gambling, even though that is not guaranteed. Data in this study has shown that just a handful of

participants believed that gambling is easy money that they make with less effort and small betting amounts.

The researcher views the above statements as a distortion or an illusion because there is no easy money. On the other hand, not winning also seems to motivate some participants to keep gambling with the hope that they will eventually win. For instance, one security officer participant said:

“I have not won anything yet; I think that winning encourages one to continue gambling, but I only gamble occasionally as I have not won anything. In addition, not having won anything yet does not discourage me from stopping, so I will continue.”

The above participant was the only one who had not won anything when the data were collected. However, in contrast, some participants agreed that winning once kept them returning for more. The researcher believes that it is not that security officers are not satisfied with what they have won. Instead, they keep betting, hoping to win big, as stated below:

“I gamble because I hope to win and win big one day.”

“The more you win, the more you want to play, hoping to get more because you have high hopes.”

“When you gamble, you do not get satisfied, as you still want more even when you have won a little, so you keep gambling, thinking you might win more.”

Several authors (Fong & Rosenthal, 2014:23; Gavriel-Fried, 2014:472; Shani *et al.*, 2015:459) have alluded that it seems like people with gambling disorders have a distorted view that gambling is easy money. Therefore, one day, they will hit the jackpot. Unlike one security officer participant in this study, who had not won anything, all other participants had previously won and still wanted to win more. Almost all participants, except for one, have won different amounts of money:

“The biggest amount I won was R167 000.”

“The biggest amount I ever won in gambling was R165 000. I used that money to settle all my accounts and bought a car.”

“The first gambling amount I won was R15 000, and I did not tell anyone about that winning; to date, no one knows I won.”

“In 2014 or 2015, I won R18 000, and I used that money to complete my building project that I had at the time. I must say that even though the above was my biggest win, there have been other winnings which I do not consider much as the amounts were little.”

“The largest amount I have won so far in gambling was R14 000, and then I won another R2000.”

“In 2016, towards the end of the year, I won R116 000 in gambling.”

“I have won R800 so far in gambling.”

“The biggest amount I have won so far is R20 000.”

“With online betting I have won R3000 after I used just R5 to bet. I have also won R2700 on a Lotto ticket. And in between, I have won many small amounts ranging from R400 to R800. There are many to mention; I am referring to online winnings.”

“I won R900 and was so happy I kept jumping up and down.”

“The biggest amount I won was R16 000.”

“I have won more or less R300, so at least I got something out of the amount I spent, like a payback.”

Although most security officers pointed out the large amounts of money they won in gambling, two participants highlighted that:

“I have never had the biggest amount winning but always won R100, R60 or R70 and nothing more.”

'I have never won anything ever since I started gambling.'

One participant indicated that:

"Even if I win, I always compare my winnings with my biggest win. It sometimes looks like other winnings are nothing, as there is that comparison. I, therefore, keep gambling, trying to beat my previous biggest win."

"Small winnings do not always get counted as the focus is on the biggest amount won previously."

The participants generally win between R60 and R167 000. Lastly, regarding reasons why security officers gamble, there was a participant who responded by saying:

"I gamble because I want to end poverty and become a better person financially through gambling."

The above findings can be linked to the concepts of "chasing losses" as identified by several authors (Binde, 2016b:397; DSM-5, 2013:586; Fong and Rosenthal, 2014:24; Heiskanen, 2017:372), which means one keeps gambling thinking they will win and recoup their lost money, which rarely ever happens. When it comes to chasing losses, research has shown that people with gambling disorders do not have control over their gambling, and as a result, they lose money, and once that happens, they want to chase the losses (Binde, 2016b: 397). According to Fong and Rosenthal (2014:24), people who gamble seem to think they can win back what has been lost if they make an effort. Meanwhile, Heiskanen (2017:369) posits that gambling disorder is linked to chasing losses, whereby people who gamble believe that if they persist and spend more, they can recover the money they lost in gambling. Additionally, Fong and Rosenthal (2014:8) postulate that some of the reasons people gamble include but are not limited to making money quickly, gambling out of habit, pleasure or entertainment and the need for excitement. The above findings show that participants gamble with the expectation of winning more, as the focus seems to be on winning more than anything else. It was

interesting to find that no participant in this study continued gambling just for entertainment, they all wanted to win big, which shows that they are motivated by money. Participants have more reasons to keep gambling, thinking they might be lucky one day and eventually hit the jackpot. It was also interesting that some participants felt that they would win big for them to build houses and leave a legacy for their children, even if they know that with gambling, winning is not guaranteed.

- The benefits of gambling

The emphasis of this sub-theme is the benefits, according to participants who are involved in gambling. It has been established from the data that participants have benefited from gambling, and the benefits are in monetary form, as shown below:

“I do not play with my winnings as I use the money to buy some stuff around the house. I had a project to install tiles, and I completed the project after winning. I have also paid up my accounts with my winnings.”

“I bought a car with my big win and I bought it cash. There is no way I could afford to buy a car using my normal salary.”

“I have opened a bank account with the money that I have been winning from gambling. The account used to have approximately R100 000, but now it has R67 000 as I use the money for other needs around the house.”

“I have built my family a beautiful house, which I might not have been able to complete relying on my salary.”

“I can buy some groceries and electricity even before I get paid. It means that by the time I get my salary, I have some basic stuff covered and only top up with a few things.”

“I can buy furniture and property and meet my family's needs as I can even have money left for myself and when there is an emergency.”

It is clear from the above statements that some people do benefit from gambling. Having won and tasted the benefits of winning would make it difficult for those who gamble to stop gambling. The researcher believes that when people have won and experienced the possibilities of financially changed lives through gambling, there is nothing much one can do or say to make them think or even imagine life without gambling. This is confirmed by Turner *et al.* ([sa]:3), who assert that problem gamblers who have experienced a win and subsequent losses tend to want to keep gambling. Heiskanen (2017:370) concurs by stating that winning motivates gamblers to keep gambling. The researcher could not agree more with the above authors because when they win, people who gamble will likely keep gambling, thinking they will win more money. It is safe to say that even with losses, they keep gambling to try to win back all the money they have lost, as shown by one participant who shared that he has never won anything but persists in gambling with the hope of winning one day. It, therefore, means that both wins and losses will encourage them to continue gambling. Lack of money as a resource becomes a stressor, which the person who gambles addresses by using gambling as a coping mechanism to generate money (Gitterman *et al.*, 2021:73; Payne, 2021b:244). The researcher also opines that once the security officer starts winning, even a small amount motivates them to continue gambling, hoping to win big in the future.

Theme 4: The influence of salary levels on gambling

To establish whether salary levels play a role in influencing security officers to gamble, the researcher posed the following statement to encourage participants to share their views regarding the link between their gambling behaviour and their salary levels:

‘Salary levels and gambling.....’

The theme was identified from the interview guide on how salary levels influence gambling among security officers. In line with the Department of Public Service and Administration (DPSA) Cost of Living Adjustment (COLA), Security officers are some of the low earners in government as their salary starts on salary level 3. The salary level of security officers employed by the government is on salary level 3, which starts at the first notch of R124 434 to the last notch of R146 577 per annum (Appendix A of DPSA circular 21 of 2021) (**Addendum K1**). The salary notch depends on several factors, such as how long the security officer has been in the position and whether they have gotten any pay progression over time. Meanwhile, for those security officers employed by private security companies, their salary levels are determined by the PSIRA salary schedules. Security officer participants had different views on the role that salary levels play in gambling, with some stating that salary levels do not influence gambling by saying the following:

“Gambling has nothing to do with salary levels; instead, self-sustenance and financial management are key in managing one’s finances.”

“Salary level is not an issue but a mindset.”

“I do not believe we are gambling because of low salary levels. For me, that is not the truth; if that were so, how come when we started working, we were happy with our salaries and did not complain? Problems start when we want many things we cannot afford; then the salary is no longer enough.”

“Gambling has nothing to do with salary levels as one could be earning more money but still be gambling.”

“Salary level can be a factor, but it comes back to financial management because you should manage your money.”

Meanwhile, there were those security officers who believed that salary levels play a pivotal role when it comes to gambling, and their responses were:

“Salary levels play an important role in gambling, especially when there is no salary increment. I gamble because the cost-of-living increases while you are still at the same salary level.

“Salary level is key because if you are not getting any increase in your salary and yet your needs are increasing, then the salary ends up being insufficient.”

“I gamble because I want to supplement my salary as it is inadequate to meet my basic needs.”

Data collected suggests that even though there were participants who reported that they gamble to augment their salaries, there were also some participants who pointed out that salary levels have nothing to do with gambling. In addition to those participants who saw no linkage between gambling and salary levels, the researcher believes that personal financial management is all that is needed for those participants whose beliefs are contrary. It is important to consider that the NDoH employs security officers and gets full salaries with all the benefits that any government employee is entitled to. The DPSA determines all the salaries. Security officers get paid salaries that are in line with their job descriptions. For those that private security companies privately employ, their salaries are also regulated by PSIRA as stipulated above. The researcher believes salary levels do not influence gambling amongst security officer participants. Instead, as already pointed out, gambling has to do with the love of money, greed, and the hope of winning big. The question one should ask regarding salary levels is:

What would constitute an adequate salary?

The researcher believes that money, whether more or less, must be managed accordingly. For instance, if the salary level was the issue, how come other security officers earn the same salaries as participants and do not gamble? Security officers also manage well and do not gamble to supplement their salaries. During the focus group

discussions, security supervisors highlighted that gambling disorder has nothing to do with salary levels because:

“We are aware that there are many employees in the department, some of whom occupy high positions and are not security officers, who are involved in gambling.”

“Gambling has nothing to do with salary levels, but security officers should learn to budget in managing their financial challenges.”

“Salary levels do not have anything to do with gambling; instead, security officers must start looking at money differently and manage it accordingly.”

“Not all gambling is about salary levels; for instance, there was an employee who was in a senior management position sometime back, and he ended up resigning as he was running away from those to whom he owed money, which proves that salary level is not an issue.”

“Security officers should learn to live within their means instead of spending all their earnings on gambling.”

It is evident from the supervisors' responses that there is a lack of financial management in most security officers who gamble. Furthermore, to add to participants' poor financial management, they borrow money, which can get them deeper into debt or, worse, being forced by circumstances to resign even though that was not the plan. Although participants gave different views on the role of salary brackets, it remains clear that the bracket is not the issue but financial management. The researcher's view is that security officers are spending more money on gambling, and that is affecting their ability to meet their family obligations. Granted that the salaries they are getting can be viewed as little, however, what is key is managing the little salaries they are receiving. Better something small than nothing at all. Having a guaranteed salary at the end of every month is far better than being unemployed with no source of income and getting nothing.

Below is the theme: emotions associated with gambling disorder, which comprises two subthemes, namely, negative emotions and positive emotions.

Theme 5: Emotions associated with gambling disorder.

Research has shown that gambling is associated with different emotions, and the researcher wanted to establish from participants what emotions they have experienced because of gambling. In line with the study's findings, it became clear that there are several emotions linked with gambling disorder, and these include negative and positive emotions. This theme has two sub-themes, which are negative and positive emotions.

- Negative emotions

It is apparent from the data that participants are negatively affected when they lose in gambling. Security officer participants pointed out that they go through different negative emotions when they lose bets. Below are some of the negative emotions highlighted by participants:

“When I go for a long time without winning, it affects me negatively. I also feel ashamed and regret it if I used money that is meant for something else, and I used it for gambling.”

“I always have stress when I lose because it is stressful to lose a bet in gambling. You also feel conflicted because you have used money meant to buy food at home, but you sacrificed it thinking you might win. All of this makes me feel sad because I am negatively affected financially as gambling leads to a lack of money during the month.”

“Whenever I miss a number, I sometimes get disappointed and angry. I even regret if I miss some numbers because it means I will lose. The pain that comes with losing in gambling is unbearable. And if I go for a month without winning, it hurts even more and is

painful because I feel I could have used the money for something else or spent it on household stuff.”

‘I feel unsettled when I lose because losing is never a nice feeling. However, it gets even worse when I use money meant for something to gamble because that creates problems. Losing in gambling is always traumatic.’

“It is easy to be angry when you lose a bet in gambling; therefore, it becomes necessary to learn to control your emotions.”

“You feel that you wasted your money by gambling as you could have used that money for other things. However, you console yourself when you lose that you were only trying your luck. But the truth is that you are disappointed.”

“I have regrets when I lose because it is painful, and I just become unhappy. Sometimes, I feel torn apart, but most importantly, I think that my gambling behaviour is embarrassing, to say the least. The pain is because you are determined to win, yet you lose, which causes stress and anger. You are always negative when you are losing. If you place a bet in the morning and lose, your entire day is ruined by the morning loss, and you now become sour.”

“Gambling can cause you to suffer from a heart attack because it makes you to be emotional. Gambling affects you emotionally, mentally and physically, and your thinking is not clear. Gambling can make you lose your mind or go mad as it wreaks havoc on your mind. Gambling can make you mentally disturbed because it is painful when you lose out on a R500 000 win by just one leg. Losing a big win with just a number or two is so painful. It breaks you down.”

One security officer participant pointed out that he once asked himself:

“How could I have been so stupid by allowing all the money that I won to be lost through more gambling? I could have withdrawn it, but I thought I could win more and lose it all. I asked myself this question after I had won R2000, and instead of withdrawing the money

from the online betting account, I continued to use the winnings to gamble further until all the money was lost. To say that I was hurt, and angry and self-blaming do not even come close to describing how I felt.”

Participants indicated that when they lose, they experience negative emotions. In the researcher’s view, this takes away views and notions presented by many participants that gambling is all about winning because if that were the case, none of those mentioned above negative emotions would be present. During the focus group discussion, it came out that two of the security supervisors were themselves into gambling. These supervisors indicated that they gamble, and it seemed like other colleague security supervisors were aware of their gambling as it was not a secret. Security supervisors indicated that some security officers who gamble are difficult to manage when they have lost bets because:

“They will tell you about their loss and that they still need to buy food or some stuff for their children at home.”

“Negative emotions are there due to the determination to win and leaving no room for failure, so when you lose, you should accept it. I do not stress when I lose because I do not go all out when I bet, so I would not kill myself when I lose. It is not a big deal. Even though it is painful when I lose, I do not give up because I know I will win more than I have lost.”

“It looks like gambling affects the minds of security officers who gamble because they tend to display certain unacceptable behaviours sometimes. For instance, you will find that the security officer is moody for no reason while others tend to be aggressive because they have lost in gambling.”

“They do not want to work after they have lost bets. Instead, they are thinking of their next move in terms of who can they scheme to get money from so that they can buy food after they have lost their money through gambling.”

The researcher believes these emotions exist because participants never leave room for disappointment in events such as losing; they focus on winning and nothing else. The above information indicates that security officers who gamble are geared to view only the positive side of gambling; thus, when losing, the participants find it difficult to deal with the losses, hence, the negative emotions. It is noted in various research that gambling disorder is associated with negative emotional vulnerability and increased feelings of stress, insomnia and even suicidal thoughts, which can fatally lead to death (Binde, 2016b:399; Rizeanu, 2018:37; Turner *et al.*, [sa:4]). According to Fenge (2014:12), gambling disorder has adverse effects on the health and well-being of people who gamble, as it often leads to the development of other problems in their lives. Fong and Rosenthal (2014:26) concur by pointing out that such problems include financial, emotional, work and family problems. In terms of the systems theory, a change in one part of the system leads to a change in other parts (Tunmore, 2017:86). When participants lose their bets, the losses cause negative reactions, which affect others around them and interact with them.

It is clear from participants' responses that losing is never a good thing, even though it happens regularly. According to some authors, negative emotions such as feelings of depression, shame, guilt, anger, irritation, tiredness, and anxiety are normal when it comes to gambling disorders (Fong & Rosenthal, 2014:18; Heiskanen, 2017:366). As established in this study, it is normal to experience such feelings. In the researcher's view, it is apparent that gambling disorder is associated with more negative emotions that are detrimental to the lives of those who gamble. Additionally, gambling as a disorder affects a person in multifaceted ways. For example, they are financially affected as they spend more money to gamble. Additionally, they are emotionally affected as they feel anxious and guilty when they lose their bets or use money meant for their households or other necessities, which could lead to fighting with partners.

- Positive emotions

The focus of this subtheme is positive emotions that are brought about by gambling. The findings of the study have shown that even though gambling disorder negatively affects security officers, there were also positive emotions reported by the participants. It was interesting to learn that positive emotions are only experienced when a person wins.

“Winning brings about feelings of joy and happiness. I was happy and excited when I won R20 000.”

“I am always happy when I win something in gambling; it makes me happy.”

“I feel happiness when I win because it is unexpected money, I can use to buy some household stuff.”

“When I win, I get to be so happy; I do not even want anybody to try to get close to me; I only want to be alone”.

Research shows that winning makes people who gamble feel happy, good and excited, with increased self-esteem (Fong & Rosenthal 2014:9; Turner *et al.*, [sa]:4). Thus, gambling should not only be associated with negative emotions in those who gamble and their significant others (Fiedor, 2016:6). It is clear that winning brings about all positive emotions amongst security officers. The reality is that everyone likes winning. To this end, the ecological perspective refers to the “goodness-of-fit”, which is the fit between people, their needs and goals, and how to attain them in their physical and social environment (Tunmore, 2017:89).

Research has revealed that most participants are likely to use their gambling winnings for luxurious items such as cars and furniture, savings, household necessities and payments of accounts or debts (The Socio-Economic Impact of Gambling in South Africa, 2017:73). The researcher is of the view that this subtheme highlights interesting aspects of gambling disorder that could be easily overlooked. For example, it is easy to assume that gamblers are always losing. Therefore, nothing positive comes out of gambling. However,

statements presented below illustrate that some security officer participants have positive gambling experiences, and this is what they said:

“I am enjoying the benefit of gambling. Therefore, I do not see anything wrong with gambling.”

“Gambling is positively affecting me because I do win, and I have money because of gambling.”

“I gamble because there is money in gambling. I used to make more money from gambling before I started working as I would sometimes win twice per day, and that would make me happy.”

It is clear from the above information that some of the security officers have positive experiences with gambling and winning. Another participant highlighted that in gambling there are positive and negative implications, and according to him, the positives are as follows:

“After you have gambled, you will have money. Therefore, you can help at home by buying groceries, fuel, and rent. You can even buy property, especially when you win lots of money. It also happens that even though you have been losing for some time when you win, you might win a lump sum, which you can look at as a profit for all your losses.”

It is clear from the information shared by the participants that gambling is accompanied by both positivity and negativity. However, the researcher has observed that the little, limited, undetermined and uncertain positives tend to be outweighed by the many negatives that gambling disorder is traditionally associated with. The findings of this study have revealed that security officers with gambling disorders go through countless

emotions as a result of their gambling. Despite participants having reported that they are happy when they win, there are a lot of negative emotions that are associated with gambling, especially when they lose their bets. Assumptions can be made, thinking that with all the indicated negative emotions, security officers will stop gambling, but that does not seem to be an option for them. If anything, they all were adamant about continuing. Research shows that people with gambling disorder continue to gamble even when they are losing money because of their irrational beliefs, poor decision making and cognitive distortions (Abbott, 2017:5; Ciccarelli et al., 2017:204). Furthermore, according to Clark (2014:47) and Loannidis *et al.* (2019:1354), gambling disorder is associated with impulsivity, risky, irrational and inappropriate behaviours; thus, people who gamble continue to gamble in a bid to chase their lost money, hoping to win it all back. The next theme is the influence of gambling disorder on the productivity of security officers.

Theme 6: The effects of gambling disorder on productivity of security officers

The theme has two subthemes, namely, gambling disorder in the workplace and behaviours displayed by security officers who gamble at work. Data has revealed that gambling disorder negatively affects productivity through the lost time from work, reduced productivity, absenteeism and affected well-being of employees who gamble. This theme focuses on how productivity at work and the work performance of security officer participants are affected as a result of gambling disorder.

- The effects of gambling disorder in the workplace

The findings of this study revealed that gambling at work affects productivity, work performance and interpersonal relations between security officers who gamble and their colleagues who do not gamble. Regarding how gambling disorder affects productivity at work, participants held different views. However, they mostly tend to downplay how

gambling affects their work and relationships with colleagues, with some of them pointing out that their work is not affected by gambling. Below are some of their responses:

“Gambling does not affect my work as I mostly send other colleagues to place bets for me. We help each other so that when I am working, one colleague can collect all our bets and then go to the outlets and bet and bring back the betting ticket as proof that he placed the bet.”

“My work is not affected by gambling because I place bets in the morning before I come to work and only check if I won when I knock off.”

“My gambling does not affect work as I place my bets before coming to work, so work is not affected. I bet all games, that is, Teatime, Lunchtime and Russian, in the morning, then I am done for the day and only wait for the results. If I really must go and bet during the day, I make arrangements with other colleagues so that I can go and play. Alternatively, I request the departmental newspaper delivery guy to place the bets for me and some of my colleagues who gamble. We give him money and numbers to bet on our behalf, and he goes and places bets and then brings back the tickets”.

“My job description is working at the gate registering incoming and outgoing cars, but there are times when it is quiet, and that is when I check the winning numbers on the phone.”

During data collection, the researcher had to probe while dealing with the issue of work performance being affected by gambling disorder. Only then did participants who initially said their work performance was not affected admit and acknowledge that, indeed, work is affected one way or the other due to their gambling. The researcher noted with concern the shortage of staff during some shifts and ensured that all posts were manned accordingly, as some security officers would be out placing bets for themselves and their gambling colleagues. Participants asserted that:

“Gambling does not affect work; however, when the post I am manning is not busy, and our work is not demanding, I then analyse the soccer fixtures. This means that when I place my bets during lunch, I know what to play and do not take long.”

“When I work, I work and even forget about gambling, but when gambling crosses my mind, it changes things. When working, I can pretend that all is well. I believe that gambling does not hinder my ability to do my work. However, I would admit to stealing the employer’s time when mixing numbers. Mixing numbers takes time because one has to go as far as three or four years back, do it sequentially, and strategize numbers to play. Therefore, work must wait, and as a result, I end up with a backlog, and then work becomes too much.”

“When posted at the minus 2 parking area, sometimes I am busy looking at the weekend football fixtures on my phone. This means that an employee with a state asset like a laptop can exit with an unregistered asset because I am focused on gambling on the phone and not paying any attention to work.”

The above statements concur with previous research stating that “time and place cease to exist” once people with gambling disorder start gambling (Lindberg, 2017:3). Based on the above findings, it is apparent that security officers who gamble are obsessed with gambling to a point where they are so consumed by it and spend a lot of their time focusing on nothing else but gambling. Furthermore, the findings in this study show that their lives revolve around gambling to the point where they cannot see how disruptive their behaviour is regarding productivity. This is confirmed in the DSM-5 (2013:585) that one of the characteristics that are attached to gambling disorder includes having one’s thoughts being continuously consumed with gambling. Simply put, the security officers are consumed with selecting numbers so much that nothing around them interests them. In putting the above into perspective, Binde (2013:89) states that gambling has a chance of people getting immersed in checking and completing betting slips. Additionally, from a systems theory and ecological perspective point of view, the main factor is that what

happens in one system impacts other systems as systems are nested in each other (Ettekal & Mahoney, 2017:4; Tunmore, 2017:88). The workplace is affected by gambling disorder of individual security officers, something that the participants showed to be blinded towards.

Furthermore, in responding to how gambling disorder affects productivity in the workplace, some security officers highlighted that the usage of cell phones while on duty compromises work as they are expected to attend to clients. The participants said:

“Gambling affects work negatively because while assisting clients, my mind is on the phone as I want to check the results of matches or games, whether I have won or not.”

“When you are free, you check on the teams you have put bets on, so you are focusing on the phone and not concentrating on work.”

“Gambling compromises work as I watch matches on my phone, as matches always play. I want to see if the teams I bet on are winning.”

Meanwhile, the security supervisors reported that:

“Security officers go to gambling places, and it seems they have a timetable on when to bet. Security officers are posted at a specific post, but when we, as supervisors, go to check on them, they are not there, as they would have left their posts unattended. They have time to do these things. Due to some security officers’ gambling, we suffer as a unit because sometimes you will find that there is nobody at the gate and yet we have posted people there. As I said, gambling at work affects work because clients will find no one at the gate. What they do is that one security officer would start leaving the post unattended then others would join him.”

“Gambling affects production badly because gambling slots (outlets) open at 6:00 AM. And when some security officers are supposed to report on duty at 5:45 am, they do not do that, instead, they tend to be late as they start at the betting outlets. We do not get

production if five or six security officers are not at work when they are supposed to be at work. And all of this leads to them not performing their duties according to the expected standard. During the day, they return to the gambling site; as a result, instead of getting 100% work performance from them, we only get 5%.”

Additionally, it was also pointed out during the focus group discussions that security officers take extended lunch time because:

“There might be long queues at the outlets where they gamble. Security officers also come in late in the morning as they start at gambling outlets before they report on duty.”

However, in contrast to the above-highlighted information, some security officer participants pointed out that gambling disorder does not affect their work performance by sharing the following:

“Once I am at work, I do not go out to bet because I do not want to steal the employer’s time. And I also cannot afford to lose focus while at work.”

“When I work, I must focus on work and do my gambling during lunch or after hours”.

“I do not spend time playing or checking the numbers that I have put my bet on while at work, and even when I have played, I do not check the tickets daily to see if I have won.”

It was evident that participants were trying so hard to minimise the harm that gambling disorder presents at the workplace. The reality is that whether bets are placed in the morning or during lunch hour, work is compromised. For instance, betting outlets open at 6:00 AM and security officers booked for the morning shift, which starts at 6:00, are expected to be at work at least 15 minutes before the shift starts. It is standard practice in the security field that when you clock in, you must arrive 15 minutes earlier so that there is proper handover to those who are starting the shift from those knocking off, in terms of what happened during that previous shift, what needs to be done or followed up by the new shift security officers. This is called the “handing over” process, including keys, two-

way radios, control room cell phones and other security-related equipment. It means that if security officers place bets in the morning and do so every morning, they will likely be late daily. Again, if they go to betting outlets and, as admitted by some participants, the likelihood of long queues is there and because they are determined to bet, they will stand in the queues until their bets are placed.

On the other hand, as rightfully put by two participants, colleagues who do not gamble tend to be inconvenienced and overburdened as they do more work alone. In contrast, their colleagues have gone out to gamble. All these admitted behaviours point to one thing: that is compromising work because of gambling. This implies that even though the security officers are there, they do not provide good quality service to clients and the employer. Security officers are expected to perform their work in line with their job descriptions and not always focus on gambling.

Theft of the employer's time is another issue that is subtle in its nature, and yet it happens perpetually. In addition to the above, there is presenteeism, where the security officer is physically there but not adding any value to the employer regarding the work they are expected to perform. In other words, their being there is as good as not having them. Meanwhile, the researcher strongly believes that gambling disorder affects work production and performance, and that cannot be hidden; no one can run away from it. It is there, and it is a reality that needs to be attended to and addressed accordingly. Gambling disorder early detection and prevention can go a long way in protecting both employees in particular and the workplace in general (Fenge, 2014:12). In addition, Lindberg (2017:3) asserts that the effects of gambling disorder in the workplace are far more reaching than the employer could ever anticipate. This is so because apart from obvious gambling disorder activities like lost time from work, low morale, decreased productivity and less focus (Fenge, 2014:12; Lindberg, 2017:3), there are those activities that are concealed and difficult to detect. For example, online trading, checking on results from matches or games and disappearing to the restrooms to place bets on the phone. Based on the above discussion, the researcher believes that the issues mentioned are

likely to lead to decreased effectiveness of employees at work since their focus will be distracted by gambling.

- Behaviours displayed by security officers who gamble at work.

Looking at gambling disorder as a phenomenon from the ecological perspective point of view necessitates that the study focuses on the behaviours that security officers display as a result of gambling disorder. The findings have shown that security officers display a variety of behaviours that are unacceptable at work due to gambling disorder. For instance, security officer participants report to work late, unnecessarily argue with other colleagues and tend to be moody and aggressive for no apparent reason, especially when they have lost. Some of the behaviours participants display at work, as recorded by security supervisors, are noted below:

“There is a lack of concentration at work because the focus is on gambling.”

“Sometimes we have unhappy staff because somebody just lost much money.”

“Some security officers are moody sometimes, and we assume it results from losing their bets. Although we have never verified, we know their behaviours are dictated by the outcome of their gambling most of the time.”

“They tend to be late as they start at the betting outlets.”

“If some security officers are not at work when they are supposed to be, we end up with skeleton staff, and as such, we do not get production as we should. Late coming is a problem with those security officers who gamble.”

“As you are aware, security officers man the department's reception, sometimes when they address clients, they are rude and disrespectful. Being at the reception means they

are the first contact between clients and services they require from the department. Therefore, it becomes important that clients are treated with respect”.

“Security officers who gamble would sometimes display unacceptable behaviour regarding how they relate to other colleagues. They would be aggressive and swear at other colleagues for no apparent reason. They even curse or swear at their colleagues. Some of them we have reprimanded, but there are no changes. As a supervisor, one does not know what else to do.”

“As a supervisor, one can assume when I see some security officers behaving in an unusual manner that they are not concentrating on their work as they tend to make many mistakes such as making wrong entries on the registers.”

“Gambling leads to much absenteeism at the workplace.”

“Most security officers take sick leave days often. Sometimes they are not even sick, but they take sick leave because they do not have money for transport.”

Security supervisors reported that security officers mostly show these unacceptable behaviours when they have lost their bets, or something did not go well with their gambling. The highlighted behaviours are linked to what security officers shared when referring to their negative emotions associated with gambling after they have lost. The researcher believes it is only natural to experience any of the behaviours, as stated by supervisors. However, it becomes a problem when such behaviours are directed at others in the workplace, subsequently affecting interpersonal relations and work in general. Therefore, it is evident that not only does gambling affect security officer participants as gamblers, but it also negatively influences the workplace environment and, most importantly, interpersonal relations between participants and their colleagues.

One security officer asserted that:

“Work is affected when I lose; I must learn to control my emotions and not display them at work or display anger towards my colleagues.”

In addition to the above, security supervisors pointed out the following about security officers' behaviours at work:

“Some of them even use substances like alcohol, but it is apparent that security officers are trying to numb the pain of losing money in gambling. They use that as a scapegoat for not doing quality work.”

The above findings concur with what is stated by (Canale, Vieno, Griffiths, Marino, Chieco, Disperati, Adriolo & Santinello, 2015:946; Lindberg, 2017:1; Segal *et al.*, 2018:2), who stipulate that gambling disorder can be associated with substance abuse as those who gamble tend to drink alcohol and take drugs. The researcher believes that this might be a coping mechanism employed by those who gamble to deal with their gambling disorder and all the problems that come with the phenomenon.

In addition to the above assertions, supervisors shared the following information:

“Gambling disorder at work is a serious problem that can even lead to some stealing anything they can get their hands on. This gambling at work becomes a security threat as they can steal cartridges and other equipment.”

“Gambling disorder also seems like it affects their minds as well because it looks like sometimes their thought process is not clear. For example, you will find a person tearing official documents to get a piece of paper to write their betting numbers on. They also use the official cell phone to check their winning numbers, and because of that, the mobile data used for the official phone gets depleted just a few days after it has been loaded. They hotspot themselves using the official phone. It seems they use the phone and delete any trace afterwards. This makes monitoring and knowing who used it difficult since many of them gamble. There is also much absenteeism because some security officers who gamble owe many people money. And therefore, they make promises they cannot keep

and lie. For loan sharks to get their money, they must disguise themselves to get the security officers to pay them the money owed.”

“There are some security officers who fake illnesses while they are running away from loan sharks. They will even go to the point of using different gates to leave the premises unnoticed by the loan shark. Security officers sometimes call the supervisors to notify them that they will be late while in a betting outlet queue. And this leads to an issue of late coming.”

“Gambling disorder is affecting our work environment because, as my colleague has been saying, there are different forms of gambling; some do it online on their phones. The challenge is when most security officers go out to the betting outlets, leaving us with skeletal staff in the workplace.”

“There is a lack of concentration at work since security officers always focus on betting numbers. Sometimes we have an unhappy staff because somebody just lost money, and when they come to the workplace, they are moody.”

“Some of them do not even hide their gambling, which in itself is a sign of disrespect for their work and colleagues, especially to us as supervisors.”

Security supervisors agreed that there is an increased absenteeism because security officers will use all their money, including transport fare, to gamble. Data also highlighted that when moody, most security officers do not address clients appropriately, especially after losing in gambling. According to DSM-5-TR (2022: 665), people with gambling disorder are likely to display behaviour such as loss of sound judgement as they might focus on gambling instead of working. Furthermore, gambling disorder can lead to disruption of service delivery as those who gamble may suffer from impairment to normal functioning (Fenge, 2014:14; Lindberg, 2017:1). It was also reported by the supervisors that there is a risk of theft of whatever items security officers might get their hands on so that they supplement their salaries and try to get some money for gambling. Based on the

preceding discussions, gambling disorder negatively affects security officer participants in terms of their work performance and relations with colleagues. Data has further revealed that security officer participants perform low-quality work as they may not fully concentrate. Even if the security officers did not want to admit that their work performance is affected by gambling at work, the collected data confirmed this notion.

Theme 7: Financial management

Money is at the centre of gambling, and data in this study has shown that security officer participants are mainly motivated to gamble because they want money. To get more information on how much security officers spent on gambling, the researcher asked the following question:

How much do you spend on gambling?

The above question was posed to establish whether participants have a separate budget set aside specifically for gambling. Additionally, the researcher saw it fit to try and establish how security officer participants manage their finances. According to the researcher, financial management is key in managing one's finances. Therefore, it is never about having more money or not. Instead, it is about managing whatever one has. Therefore, it was important to establish from the participants the extent to which they understood the importance of financial management. Although most security officers stated that they do have a budget for gambling, some reported that they do not have a budget for gambling. Thus, they use it as they go, based on what they have when they want to gamble. Below are the responses of security officer participants who budget for their gambling:

"I can tell you that I gamble daily, but I start betting with R2."

"Some games I play require a starting bet of just R1, so I spend less than R10 per week."

“I always use R5 or any small amount I have to gamble, and the highest amount I can spend on betting is R50.”

“Although I budget for gambling, I never use money meant for household necessities as I always prioritise my family.”

“I bet on Tuesdays, Wednesdays, Fridays and Saturdays, and I do not spend more than R35 per bet.”

“When you gamble, you will find that the money you use for betting is a small amount like you can bet with just R1, but the amount you are likely to win could be R5 000 or R10 000.”

As alluded to above, some security participants reported that they do not have budgets set aside specifically for gambling. Such responses are in concurrence with research on gambling, which revealed that a whopping 76.5% of participants were engaged in impulsive gambling on an occasional basis. In comparison, 23.5% reported impulsive gambling regularly, with few participants indicating that they had no idea how much they spent on gambling (National Gambling Board, 2017:76). Some participants responded to the budget concern, saying:

“I do not have a budget that I set aside just for gambling, but I do use some loose change at the shops after I have bought groceries”.

“Although I do not have a budget, I have to buy an online voucher, and I spend about R200 per month, which is split in half on my two online accounts, which is the amount I use to gamble with for the whole month. Even when I win, I always make sure that I leave R200 on those accounts”.

“I use side money (overtime), which is my money left after household expenses are paid. So even though I do not budget a specific amount for gambling, I always use whatever is left after I have attended to financial household matters.”

“I do not have a specific budget, but I normally play the Lotto and spend approximately R120 per day, which makes it a total of R480 per month”.

“Honestly, I do not have a specific budget for gambling because I only use what I have”.

The above statements and discussion regarding those security officer participants who admitted to having budgets for gambling and those who professed they do not have a gambling budget give a false impression that gambling does not cost money. It is just small amounts that participants can afford. Participants make it look like it does not matter because the amounts are insignificant. For the researcher, whether budgeted or not, gambling takes money. Meanwhile, since one of the theoretical lenses of this study is the ecological perspective, it is clear that there is a reciprocal exchange between security officer participants and their work environment and how they respond to each other (Tunmore, 2017:89). Some participants use money meant for their households to gamble. The researcher believes that families of those who gamble are likely to suffer financially as sometimes security officer participants may even spend money meant to buy household stuff like groceries. This is despite some participants indicating that they have control over their gambling, which is not always the case.

Some participants pointed out that they budget for gambling. Their budget ranges from R100 to R1950 per month. One of the participants recorded that he spends R78 per day, multiplied by 5 days a week on betting, which is R390, which makes a total of R1950 per month. The data shows that they are losing money. Again, there is no guarantee that the money lost will be recouped. One security officer participant chose to say he is losing approximately R500 per month instead of saying that he is losing money in gambling. The

participant's choice and use of the word "loose" is worth noting because it indicates that he knows he is losing money whenever he bets. The given information does not only contradict to security participants' belief that they do not spend much money betting, but it also gives a false impression that participants are not losing money from gambling. Additionally, one participant reported that he budgets the same amount for gambling, while another participant indicated that he spends R1000 per month. These findings align with other studies whose participants admitted using small amounts of money to gamble, with just a few participants using more money than they could afford (National Gambling Board, 2013:23). Similarly, another study established that those participants spent between less than R50 to approximately R2000 per month in gambling (National Gambling Board, 2017:75). Some security officer participants reported that they have online betting accounts and deposit money on those accounts. For instance, a participant said:

"I buy a voucher of approximately R100 when I have extra cash, but when I do not, I do not play."

One participant pointed out that he has two online accounts. Therefore, he deposits R100 in each account. This participant further stated that he could gamble once a month and not buy another voucher because:

"When I win, I always leave R100 in the account."

Another participant indicated that he does not budget for gambling:

"I do not have a specific budget for gambling because I only use what I have, and for this reason, I do not like online gambling because it is dangerous as it encourages people to play more and makes it easy to be addicted."

The above statement shows that the participant seems to think that gambling has no effects at all, hence his thoughts that if he/she does not engage in online betting, the effects are less.

Meanwhile, there is one participant who asserted that:

“I have a savings account where I deposit my overtime money. I split the money equally to be spent on gambling and transport; for gambling, I use less than R300 per month.”

The researcher believes that even though some of the security officer participants reported that they do not have a gambling budget, one way or the other, money is made available specifically for gambling. It is reasonable for participants to bet once a month or once in a while, but gambling twice daily or weekly requires a budget. For instance, the study established that some security officer participants even go to the extent of borrowing money from colleagues and, worse, from loan sharks to keep gambling. Furthermore, two participants pointed out that they mostly use overtime money for gambling purposes. One of them referred to overtime money as the “side money”. This brings in the issues of gambling distortion and disposable income. For instance, data has shown that security officers have an illusion that gambling is an easy money-making scheme or get-rich-quick scheme whereby they believe that someday, they will hit the jackpot and win (Binde, 2013:88; Gavriel-Fried, 2014:473; Shani *et al.*, 2015:459). The assertions above were also confirmed by the National Gambling Board (2013:21), which noted that some participants who gamble regard gambling as an income-generating activity. Furthermore, some of their illusions include assuming they are not average gamblers; instead, they gamble smart and have been gambling for some time. Therefore, it can beat the system and win (Shani *et al.*, 2014:459). All participants are employed as security officers who earn a monthly salary, overtime and night shift allowances, which creates a disposable

income for them. Hence, some participants regarded their overtime allowances as side money. In other words, being employed encourages them to keep gambling because they have a source of income. However, from a theoretical perspective, an individual may use adaptation to respond to a lack of money due to gambling (Friedman & Allen, [sa]:6; Gitterman *et al.*, 2021:60). According to Heiskanen (2017:366), people who work have access to loans and that could be used as disposable income. It was established in this study that security officers use their overtime pay as well as money borrowed from loan sharks to enable their gambling.

“I use overtime money to gamble.”

“Mostly, I use overtime money for betting purposes, so I do not use my salary for betting but for household responsibilities.”

Meanwhile, there is a participant who admitted to going overboard sometimes in gambling and stated that:

“Sometimes I go beyond what I have budgeted, and I mostly use overtime money for gambling.”

It is interesting to note that sometimes, security officers would make it look like their gambling was accidental, not a planned activity. One of the participants pointed out that:

“You will pass by the betting outlet and see others betting, and then you will remember that you have something in your pocket. You then go in and bet, but it was not really what you wanted to do.”

Still, on financial management and gambling disorder, the results show that some security officer participants borrow money from each other so that they can gamble even when

they do not have money. However, it has been reported by security supervisors that they borrow each other money and borrow from loan sharks, locally referred to as “*mashonisas*”.

“Because of gambling, there is a security officer who owes more than five people an amount of approximately R11 000. I had to give money to the security officer because he borrowed it from me. However, our relationship was sour after some time as the security officer was not paying back the money as per our initial agreement that I was borrowing it and not giving it to him. It ended up affecting our work relationship. But all of this comes down to lack of financial management.”

“There is much absenteeism because some security officers who gamble owe many people money. They make promises they cannot keep, and they lie. For loan sharks to get their money, they must disguise themselves to get the security officers to pay them money owed to them. Once paid, security officers play hide and seek with mashonisas. Therefore, if mashonisas want to get their money paid, they must disguise themselves.”

Data show that participants are financially affected by their gambling. Participants shared different experiences regarding their finances, with some admitting to spending more than they had initially budgeted for gambling. At the same time, one participant reported that he has never used money meant for household necessities to gamble, as he always prioritises his family. Barnard *et al.* (2014:86) and Rolando & Beccaria (2019:119) also noted that some gamblers have control over their spending; they regulate their gambling and never gamble beyond their gambling budget. However, Barnard *et al.* (2014:82) also established that people who gamble may have financial problems, such as using monetary resources for essential household needs. Gambling disorder goes together with financial management or lack thereof. This means that security officers should learn not only to budget but also to stick to their budgets because, by now, they know and are aware of the uncertainties of gambling winnings and the certainties of losses.

It is evident from the preceding discussions that security officer participants need money to gamble; thus, budgeted or not, a budget (amount of money) is meant and used for gambling. Therefore, it is misleading for participants to state that they do not have a budget set aside for gambling. Be that as it may, participants do spend money on gambling, so whether a budget is available or not, what remains is that they make money available for gambling purposes. But over and above that, it appears as if participants want to downplay the amount of money they spent on gambling, trying to give the impression that they gamble with small amounts, lose change, and, therefore, it does not matter. However, according to supervisors, some participants are sometimes not even able to come to work because they do not have money for transport after they have used their money on gambling. Based on the highlighted information on financial management, it is evident that there is a loss of money due to gambling, whether intended or not, and the consequences are dire to participants. For that reason, they are forced to resort to borrowing money from loan sharks, which affects them negatively, as they end up playing hide and seek due to lack of money to pay back what they owe. Below follows the theme: the effects of gambling disorder on the self and relationships with family (significant others).

Theme 8: The effects of gambling disorder on the self and family (significant others) relationships

Since the study is based on an ecological perspective as one of the theoretical frameworks, it was important to explore how gambling disorder affects different spheres of participants' lives. The theme mentioned above has two sub-themes, which are the effects of gambling disorder on the self and relationships with significant others. It is the researcher's view that gambling disorder affects security officer participants in all areas of their lives, which is in line with the general systems theory. According to the general systems theory, systems are composed of different sub-systems linked to each other (Tunmore, 2017:86). Additionally, some systems are open. In contrast, others are closed,

meaning certain systems are easily influenced while others are not. For instance, the need for acceptance and conformity might make an individual easily influenced and end up doing some things they would normally not consider doing (Payne, 2021b:233; Tunmore, 2017:87). The subthemes that were identified under this theme are discussed below:

- The effects of gambling disorder on the self or the person who gambles
Gambling disorder affects security officer participants themselves as individuals. Data in this study has shown that participants can suffer from different mood swings and emotions ranging from being sad, irritable and sometimes losing concentration. It has been revealed in this study that males and females are affected by gambling disorder slightly differently, as stated below by the responses from female participants. The study has also established that security officer participants suffer financially, emotionally and mentally due to their gambling disorder, as shown in the following responses:

“I spend much money in gambling such that I am not able to buy myself a pair of sneakers. When my spouse gives me money for self-care, like getting my hair done, I go to the cheapest salon to get some change, which I will use to go and gamble with.”

“Gambling affects me so much such that even my family members know that when I am quiet, it means I have lost a bet, and they avoid talking to me”.

It is concerning and interesting at the same time as participants keep insisting that they are in control of their gambling, and yet, in their admissions, they do suffer one way or the other, as suggested by evidence in this study. The above responses by some female participants reveal that the needs of female participants from a beauty and self-care point of view are slightly different from those of their male counterparts. For example, although the issue of self-care and looking good is important, one female participant reported the need to get cheaper services for her self-care so that she could have some money left for

gambling. This would certainly not be an issue with male participants as their needs in terms of self-care might not be the same as those of female participants who want to have their hair done regularly. Furthermore, there was an emphasis on the issue of being moody after losing bets. Yes, others have reported similar emotions, but it seems to have a stronger effect on one female participant who reported that even her family members avoid her once they realise that she has lost a gambling bet. This implies that her family members have become acquainted with her mood swings associated with her gambling losses. It is also of interest to note the element of honesty in some security officer participants when relating their gambling experiences and feelings instead of hiding them. Male participants had the following to say about how gambling affects them as individuals:

“Gambling may lead to self-neglect as you stop taking care of yourself.”

“I tend not to be in the right state of mind because of gambling, as my focus is mainly on gambling and nothing else.”

“Gambling affects you emotionally, mentally and physically, and your thinking is not clear.”

“Sometimes my mind is so occupied with gambling that even though someone is talking to me, I might not be paying attention. Gambling affects my concentration, especially when I have placed bets and await results.”

“Gambling traumatises you so much when you experience “near winnings” because when you see a lack, you would say “if only I had won”. These “near winnings” are dangerous, and you can be hospitalised because of them.”

“Gambling does not only affect you psychologically, but it even affects your well-being, and you end up getting sicknesses like heart diseases. This might result from you no longer eating well at home, not drinking enough water, and you neglect yourself.”

“Gambling affects my pocket as I am always short of money. Gambling is affecting me financially, and I am beginning to see cracks, although they are not that big. The more you lose, the more you play, and there is no way you are going to stop gambling while you are still losing.”

The above findings between males and females show that there is a slight difference in how gambling affects male and female participants when it comes to matters of self-care. Otherwise, the effects are the same. According to DSM-5-TR (2022:664), males and females are affected by gambling disorders differently; for instance, more men are suffering from gambling disorders than women. Even in terms of the types of games they play, they tend to be different between men and women, with men likely to bet on sports, horse racing and cards. In contrast, women may concentrate on machine games (National Gambling Board, 2017:56). Furthermore, women are likely to suffer from mental health issues such as depression and anxiety disorders as compared to men (DSM-5-TR 2022:664). Research reveals that males and females gamble for different reasons; for example, females gamble because they feel socially isolated, while males gamble as a way of self-definition and social projection (National Gambling Board, 2013:35). The above assertions are a clear indication that men and women gamble from different angles, reasons and understanding.

During focus group discussions, it was reported by security supervisors that gambling also affects security officers personally as individuals. Supervisors had the following statements to make regarding that matter:

“Gambling is affecting the social well-being of security officers; we can see that they become distant and no longer have good interpersonal relations with others.”

“Security officers are now addicted and have to maintain that addiction habit; they spend their salaries on gambling, and as a result, they end up not having enough money to support themselves.”

“Some security officers who were easy to get along with have changed. They are mostly moody, angry, and unsettled and display aggressive behaviour contrary to what we know them to be. This concerns all of us as supervisors and colleagues because we do not know what they can do if they fail to control themselves.”

“Sometimes, security officers might even come to work looking disorganised because they are always busy trying to juggle work, gambling and other things in their lives.”

Data has shown that some are affected mentally, physically, emotionally, socially and financially. But at the same time, some security officers pointed out that they are not affected by their gambling at all. In line with the above discussion, several authors point out that the effects of gambling disorder are hard to ignore as they disrupt every area of the lives of those people who gamble (Rogier, Zobel, Marini, Camponeschi and Velotti, 2021:247; Segal *et al.*, 2018:1). The researcher believes that the effects of gambling disorder on security officer participants are glaring and cannot be avoided. It is clear from the above discussions that gambling disorder affects participants one way or the other, and they are affected differently. The results confirm that gambling negatively affects participants. The effects of gambling disorder on family (significant others) relationships are discussed below.

- The effects of gambling disorder on relationships with family (significant others)
Gambling disorder affects participants' relationships with those that are closer to them.
Below are some of their responses on how gambling disorder affects their relationships:

"Gambling disorder affects your relationships as you tend to be absent-minded because you are concentrating on the game. You, therefore, do not pay attention to what is being said when you are spoken to because your mind is preoccupied with gambling. This negatively affects one as a person in terms of how you relate to others".

"Sometimes I fail to pay attention to my girlfriend because I am mostly focusing on gambling, and that affects our relationship."

"Sometimes I spend time selecting numbers at home while my partner is there, which upsets her."

"Although I like going out with my family on weekends when I am off duty, if I have placed a bet, I will tell them to go on their own instead of going out with the family. I will disguise my gambling intentions by telling them that I have an errand to run, and I would say, go, you will find me here when you get back. And when I am forced to go and have no choice, I will not concentrate as I continuously check my phone for updates."

"I am not on good terms with my wife sometimes because of gambling, and that negatively affects our relationship."

"Gambling affects my ability to provide for my family as I would sometimes use money meant for buying bread or other household stuff on gambling. I do not gamble at home and ensure my spouse never finds betting tickets in my pockets."

“Not only will gambling disorder make you forget that you have a partner or spouse, but it can also affect you psychologically to a point where you are not able to provide your spouse with their conjugal rights. I have experienced gambling affecting my sexual ability to respond to my spouse’s sexual advances”.

“My relationship with my girlfriend is affected by gambling. She is my girlfriend, and if she asks for money for needs like airtime, I would not be able to give it to her as I need that money for gambling. I also tend to take out my stress and frustrations on her, especially when I am losing in gambling.”

Although almost all security officer participants reported that their gambling affected them and their significant others negatively, there was one security officer who stated that his gambling affected him in a good way, and he said:

“Gambling affects me positively as I win most of the time I bet”.

The above statement was an isolated one since there was only one participant who shared that he was positively affected by his gambling. However, there could also be a possibility of cognitive distortion where he is downplaying the effects of his gambling on his family by assuming that his gambling is under control and beneficial. Security officers are social beings who exist in relationships with others. Therefore, when gambling proceeds to become an addiction and eventually a disorder, those relationships become affected one way or the other. The researcher has alluded above that gambling’s effects may be positive or negative, depending on whether participants are winning or losing. In the event of winning and using the winnings at home and sharing with their significant others, then something positive can come out of their gambling disorder. However, if they lose and take money meant for food and other home necessities, that might have a negative effect on their relationships with their significant others. Fong and Rosenthal

(2014:9) are of the view that individuals with gambling disorders tend to minimise the effects of their losses. However, it is evident from the statements above that gambling disorder has adverse consequences on those who gamble, just as it equally affects their families. In concurrence, Rogier *et al.* (2021:247) reveal that gambling behaviour leads to negative interpersonal relations with others. Interestingly, the researcher noted that some participants responded that gambling positively affects them because they win most bets. Similarly, Trivedi and Teichert (2017:180) assert that gambling studies focusing only on the negative side of the phenomenon are missing out on another angle of gambling disorder because some gamblers have positive gambling experiences. By implication, research should focus on gambling disorders from a holistic point of view and not just focus on one side of the phenomenon.

Families with members who suffer from gambling disorders are equally affected, just as members themselves are affected by their gambling. According to security officer participants, the family suffers when a person gambles because they might not be able to do certain things because of their gambling. Below are some of the security officers' responses regarding how gambling affects their families:

“The family is affected if I ignore the madam (wife) because she becomes unhappy. For example, the other day, my wife and I were not on good terms as she was saying that she saw that I was gambling and not winning and using the money we were supposed to use to buy bread and other stuff in the house. She wants me to stop gambling.”

“When my wife is angry with me because of gambling, I have to save the relationship by gambling behind her back. If she finds out that I have been gambling, I will just tell her that I got tempted and could not resist the urge to gamble. I want to keep gambling, and I know that when I win, I will surprise her with R1000, and I know she will not refuse the money even though I got it through gambling.”

“The person who gambles suffers, and so will his family as he also makes the family suffer because they will lack bread while he is engaging in gambling and using money meant to buy food in the family.”

“The relationship with your partner might be affected if you spend much time on your phone looking for betting numbers.”

Despite the above indications, certain participants reported that gambling had not affected their families negatively. Below are some of their responses:

“Gambling has not affected me or my family so far because I only gamble when I have money.”

“Gambling is not affecting my family because I am not a full-time gambler, and I do not prioritise gambling.”

“I am not married; therefore, this does not apply to me. However, I do have children, and I want to leave them with something when I die.”

All these responses are an indication that gambling disorder affects not only the participants as individuals but also their relationships with other people in their lives. According to Abbott (2017:3) and Dowling (2014:2), gambling disorder negatively affects families. In addition, gambling disorder disrupts other areas of a person’s life, such as family and work (DSM-5-TR, 2022:662). However, it is surprising to note that some participants still insisted that gambling disorder does not in any way affect them and their families. This is contradictory to the ecological perspective and general systems theory, which stipulate that when individuals are affected by a challenge, that challenge, in turn, affects the family and other systems within which the individual is nested and form part

(Bowers & Bowers, 2017:244; Tunmore, 2017:86). According to the general systems theory, individuals live within nested systems that interact with each other (Crawford, 2020:1; Teater, 2019:17; Tunmore, 2017:88). Additionally, the general systems theory is often referred to as a theory of wholeness, as people are not isolated but live as part of systems that are embedded, networked and nested with and within each other (Bowers & Bowers, 2017:241; Crawford, 2020:1). With all the above being said, it means that the individual should be considered in context and never as an isolated and stand-alone system or organism.

Based on the above responses from security officers, the researcher holds a view that they are trying so hard to do away with what gambling disorder is doing to their families. Findings have already revealed that other family members are equally affected by gambling, the same way participants are affected. There is no way that participants' families are not negatively affected by their behaviours. For example, even though one might be winning and have used the winnings to change the lives of their family members, that does not negate the negativity that is associated with gambling. Moreover, consideration should be made about the time they spend selecting numbers or when they are anxious while waiting for betting results, and they are irritable, moody and angry when they lose a bet. All these things should be considered instead of simply focusing on wins that may not happen frequently. It would be beneficial to people who gamble or have gambling disorders if they could be made aware of how their habits affect their significant others, as well as their work environment. The reality of the matter is that gambling affects not only the person who gambles but also others with whom the person interacts. This aligns with the ecological perspective, systems theory and the life model approach, as already stated above. Participants, therefore, need to realise that their delusional belief that by winning, they can improve their lives is irrational, learn to take stock and reflect on the negative side of gambling disorder as well. For them to confess that they try by all

means to hide their gambling habits shows that they are aware that their significant others are affected. Below is the theme: seeking professional assistance.

Theme 9: Seeking professional assistance.

In trying to establish whether security officers have ever sought help to deal with their gambling, the researcher had to focus on professional assistance. As alluded to previously by security officers that they have control over their gambling, findings in this study suggest that they do not. To this end, in trying to establish whether participants have sought assistance, the researcher asked the following:

Can you please tell me about what you have done to try and stop gambling?

It was revealed in the study that none of the participants has ever sought professional assistance to help them address their gambling disorder because, for some of them, they even view gambling as entertainment. This makes the researcher conclude that participants do not think they have a problem. Therefore, they do not see the need to seek help because they believe that they are doing fine and winning, even though they have also shared that gambling disorder has negative effects on them. During the focus group discussions with security supervisors, referring participants to the Wellness Program was difficult as some participants were doing well in their work performance. Security supervisors reported that wellness practitioners are not always available in their offices except occasionally when they go and facilitate visits by the Government Employees Medical Scheme (GEMS). Usually, staff from GEMS will visit health facilities to get the NDoH employees tested for HIV/AIDS or verify their GEMS information on the system, but there is never anything that talks about gambling disorder. However, security supervisors alluded to the issue that they have engaged the office without making referrals to the wellness office. Security supervisors further pointed out that they have repeatedly referred security officers to the wellness office. When the security officers

arrive, they would say, "I am fine; I do not have a problem", and nothing more would be done. According to security supervisors:

"As supervisors, we can only do so much because we are not professionals; therefore, our role ends in referral."

"We have suggested to a certain security officer that he should see the wellness officials for help, but he never went to their offices. But even if they do go sometimes, they lie when they get to the Employee Health and Wellness office, and Practitioners then let them go."

"We have tried to get help for those security officers that now have gambling addiction problems, but sometimes, security officers refuse to go to the Employee Health and Wellness office, and even if they go, they will tell the practitioners that they do not have a problem. We believe that Employee Health and Wellness Practitioners know better than us. Therefore, they must not simply take the security officers' word and not take further actions to ensure that security officers are helped in the end. As security supervisors, we can play our role by referring affected security officers to the Employee Health and Wellness office, but that is all we can do."

The above responses show that supervisors are frustrated at not getting assistance from the Employee Health and Wellness office and feel like their efforts to try and reach out to security officers who are affected by gambling disorder are not addressed accordingly. Supervisors seem despondent that not much can be done to help security officers needing professional assistance. Additionally, there is resistance to seeking professional help from part of the affected security officers. There could be reasons for that. For instance, security officer participants might be feeling that they are in control of their gambling, as has been shown earlier in their responses. Furthermore, it could be because they are ashamed of their gambling activities and do not want others to know about them. Over and above what security supervisors alluded to regarding security officers not

seeking professional assistance, security officers themselves had the following to say on the matter:

“I have not requested professional assistance because I give myself breaks, but if it does not work, I will seek help.”

“I have never sought assistance because I am ashamed. I think all eyes will be on me, and it’s a waste of money.”

“I have not sought help because I still have control. I am not at the point of seeking help as I am managing.”

“There is no need for me to seek help because I have not classified myself as addicted, and I know when to stop.”

“The reason I have not yet sought help with my gambling is because I do not feel like it is getting out of hand to a point where I cannot live without gambling.”

“I have not sought assistance because I do not see such assistance as important. For me, gambling is like a game or entertainment. Therefore, I do not see why I should be helped.”

“Over and above seeing seeking help as a waste of time and money, I was also ashamed of my gambling, and I do not want people to know that I gamble.”

“I have not seen anyone professional, nor have I taken time to seek that kind of help, and this is because I do not see my gambling as a problem. Instead, I look at it as a habit I keep repeating.”

It was established from the data that none of the security officers ever sought professional assistance. The researcher deduced that the cause for participants not seeking help might be linked to the perceived perceptions and views of most of the participants who indicated that they have control over their gambling, with few admitting to being addicted

and their gambling getting out of hand. Below are a few responses for those who believe that they are addicted:

“I think I am addicted to gambling as I cannot go a day without gambling. I do not only gamble when the gambling outlets are closed, like on Christmas and New Year’s Day. Otherwise, I gamble daily. I am so addicted, such that if I go without gambling for a day, I feel like something is missing. I have a craving that can only stop once I have gambled.”

“I know that I am addicted because even when I have money that I should use on myself, I use it to gamble, hoping that I can double it if I win.”

‘Although I look at my gambling as a habit, deep down, I know that I am addicted to gambling.’

It is worth noting that even though there were security officers who admitted to being addicted, there were others who believed that they were not addicted. The researcher is of the view that, although participants think they have control, this could also be attributed to them being ashamed of their gambling disorder or simply not knowing how or where to get such help. Furthermore, there could also be an issue of stigma associated with gambling disorder and security officer participants may be afraid of how colleagues and their significant others will view them. According to Wardle, Reith, Langham and Rogers (2019:3), gambling disorder contributes to a low quality of life in the same way that alcohol and moderate stroke would. Concurring with the above is Lindberg (2017:2), who purports that most people who gamble are less likely to seek assistance unless there are compelling factors where they have no say, such as having raked up huge debts, being unable to service and maintain financial obligations, getting caught and or criminal charges being levelled against them. The researcher believes it is in the best interest of the person who gambles when it can be established earlier rather than later that they have a gambling problem so that they can be encouraged to seek help.

It must be pointed out that the NDoH has a fully functioning Employee Health and Wellness unit to attend to the psychosocial needs of all employees. If the In-House Employee Health occupational social workers cannot help employees, they refer them to specialists outside the office. However, supervisors did not seem to know nor indicate anything about external referrals. In terms of the ecological perspective, coping is about making efforts to change certain things about one's life (Gitterman *et al.*, 2021:73). It is clear from the above discussions on the theme of seeking professional assistance that security officers who gamble do not seem to think that they have a gambling disorder. If anything, they view it as a way of making extra money. Meanwhile, security supervisors hold a different view as they think security officers need professional help regarding their gambling. But over and above that, they believe that awareness of gambling disorder would be the way to go. Supervisors had the following to say about awareness:

“Gambling in the workplace awareness campaign should be done so that all can be informed and know what entails gambling as a phenomenon within the workplace. Sometimes, it is difficult to know when a security officer has a problem if such a problem is gambling disorder-related or something else. Therefore, gambling information would enlighten all staff.”

“In the same manner that we see the department do when addressing issues of occupational health and safety, the same should apply to gambling disorder. There should be information on notice boards that talk about gambling disorders.”

“Awareness must be done in such a way that those that are affected by gambling disorder should be encouraged to seek assistance voluntarily. Such information and services would ensure that those that are affected would not get deeper and deeper into gambling until it is impossible to get out of their addiction.”

“Gambling disorder awareness in the workplace would assist in the prevention of security officers from getting into gambling unaware. Awareness can be a deterrent for those

intending to start gambling but only if they know and are aware of the consequences of gambling.”

The above responses show the need to raise awareness as far as gambling and gambling disorders are concerned, as seen by the security supervisors. This may alert all the employees to recognise the consequences of gambling at work, leading to a healthier workplace where employees are focused on productivity and not distracted by gambling. It is important to note that most security officer participants responded in the third person, saying “you” instead of personalising their responses. It might imply that they were trying to detach themselves from their experiences and whatever emotions they were feeling at the time. The researcher believes that by saying “you”, security officer participants were also distancing themselves from their gambling disorder. Therefore, that may have made it easier for them to express their experiences. This led to them not seeing the need for professional intervention as they did not feel the intensity of their problem.

5.4 Summary of the Chapter

This chapter presented the study findings from the collected data. Out of the transcribed interviews, nine themes and thirteen subthemes were identified. The presentation started with the introduction, which covered the integration of participants’ demographical information such as age, gender, marital status and level of educational. The demographical information was discussed separately and not included in the identified themes. Furthermore, the chapter presented and discussed the study findings under the identified themes and subthemes. Chapter 6 presents discussions on gambling disorder guidelines for occupational social workers.

CHAPTER 6: PRACTICE GUIDELINES TO ASSIST OCCUPATIONAL SOCIAL WORKER TO ADDRESS GAMBLING DISORDER

6.1 INTRODUCTION

Although gambling disorder as a phenomenon is a well-researched topic, there are some aspects in paucity, one of which is gambling disorder in the workplace. For instance, there is no recorded scientific knowledge on gambling disorder in the workplace and how it can be addressed, specifically within the South African context. This study noted that there is a need for social work intervention to address gambling in the workplace. The security supervisors believe there is not enough being done by the Employee Health and Wellness office when they refer cases of security officers who gamble at work. According to supervisors, through their observations, they have seen that gambling while at work makes those security officers who gamble not perform to their best abilities. Those security officers are not doing what they are hired for because they are mostly preoccupied with gambling. Security supervisors opine that there is a need for professional assistance because the lack thereof has dire consequences for the security officers personally, their work, performance and collegial relationships within the workplace.

As a result, this study illuminated that there are two contradicting views between supervisors and security officers on whether there is a need for professional help or not. Security supervisors seem to have a view that professional help is necessary and needed as it would be pivotal in addressing gambling disorder in the workplace. However, on the other hand, security officers who gamble do not see the need to seek professional assistance for varied reasons, such as their beliefs that they are in control and, therefore, managing their gambling. Over and above this, it is worth noting that none of the security officers who participated in this study has ever sought or referred themselves to the employee health and wellness office. Gambling also impacts the element of cognitive distortion and feeling ashamed, as alluded to earlier; most participants insist and believe that they have control over their gambling. Security supervisors have made efforts to refer

some security officers to the employee health and wellness office after observing the gambling disorder.

This chapter focuses on the proposed guidelines that could assist occupational social workers in practice on how to proceed when intervening with a client who is suffering from a gambling disorder. Hopefully, these guidelines would benefit a broader occupational social work practice field, not confined to the National Department of Health alone. The fact that gambling disorder is a hidden condition that can affect a person for years without others, even those closest to them, being aware that the person has a problem calls for more precise methods of intervention. Such intervention methods should be tailored to address gambling and gambling disorders in the workplace. This further means that social work practitioners in the workplace should have programmes that specifically address gambling in the workplace as a phenomenon. The guidelines development process, purpose, objectives, and guidelines are discussed below.

6.2 Definition of guidelines

According to Vermeulen, Clef, Mcheik, D'Angelo, Tilleman, Veleva and Nelen (2019: 4), guidelines are systematically developed statements meant to assist service providers and users in making decisions during the intervention process. Concurring with the above definition is the World Health Organisation Handbook for Guidelines Development (WHO Handbook for Development of Guidelines) (2012:1), which defines guidelines as a document with recommendations to be considered by all relevant stakeholders in making informed decisions in intervention. Based on the given definitions, the researcher defines guidelines as a living document that is evidence-based and provides recommendations to be implemented by all critical service stakeholders when service is rendered.

Guidelines are supposed to meet certain standards, such as, they should be useful and easy to implement (Chakraborty, Brijnath, Dermentzis & Mazza, 2020:2). Additionally, guidelines are to be needs-specific (WHO, 2012:7). Vermeulen *et al.* (2019:4) assert that

not only should guidelines be understandable, but they must also be easy to interpret. The researcher opines that it is key for guidelines to be relevant and address the needs identified through research findings. It would not serve any purpose to have guidelines for the sake of having them while they are not relevant to the end users or their needs.

6.3 Guidelines development process

The development of these guidelines was informed by the literature review, data collection and data analysis, and the theoretical framework that anchored the study. Guidelines development process as outlined by Shekelle, Woolf, Eccles and Grimshaw (2014:593) was adopted and is explained below:

- Identifying and refining the subject area

As part of the guidelines, the researcher started by identifying and refining the subject area, which is the first step in the guideline development process. This was achieved through a literature review, data collection, interviews, focus group discussions, and data analysis. All these processes assisted the researcher in getting a clearer understanding of what gambling disorder in the workplace entails. Selecting the topic and refining it assists in ensuring that the scope of the guidelines is not broad; instead, it is relevant and addresses the priority matters of the phenomenon (Shekelle *et al.*, 2014:593; Vermeulen *et al.*, 2019:8). The researcher sees this step as key in terms of what the guidelines should or should not include.

- Convening and running guidelines development groups

The researcher included security officers and supervisors as key stakeholders in this study, as they were the content experts and affected parties. Security officers were individually interviewed as part of the data collection process. Furthermore, the researcher ran focus groups with supervisors to understand the extent of gambling disorder in the workplace since supervisors are the ones who should manage security officers who gamble in the

workplace. Security supervisors had lived experiences with how gambling disorder affects productivity and relationships between colleagues in the workplace.

- Identifying and assessing the evidence

Through the data collection process and data analysis, the researcher identified matters of relevance regarding gambling disorder in the workplace. For instance, this study has revealed that there's a need to address gambling disorder in the workplace, and the researcher assessed this lack by carrying out a systematic review. Such awareness will help all stakeholders know about the phenomenon and how it presents itself to those suffering. The study further revealed a high level of cognitive distortion amongst security officers who gamble during work hours, which affects productivity and their relationships with colleagues. Supporting research evidence should, therefore, be the basis which informs practice guidelines (American Psychiatric Association-APA, Practice Guideline Development Process, 2020:8). Additionally, Shekelle *et al.* (2014:594) elucidate that identifying and assessing evidence should include summarising and categorising available research evidence. Meanwhile, Vermeulen *et al.* (2019:17) postulate that a literature search is critical in ensuring that the researcher develops valid guidelines that are evidence-based. The evidence derived from this study's findings enabled the researcher to develop guidelines that are aimed at assisting in addressing gambling disorders in the workplace.

- Translating evidence into practice guidelines

The purpose of research should be the generation of evidence that can be translated into practice and, thus, used to inform and improve policies, practices and decision-making on a specific phenomenon (Canoutas, Hart & Zan, 2012:1; Shekelle *et al.*, 2014:595). Research would be meaningless if conducted and not used to add value to people's lives. After all, most research is conducted on phenomena by studying people and seeking their experiences to learn more about the study topic (Fouché, 2021:40). Therefore, it makes sense to use those findings to inform practice and, thus, improve it eventually. In carrying

out this step, the researcher used the evidence from the findings to develop guidelines meant to assist different stakeholders, such as the employer, the employees and occupational social workers in dealing with gambling disorder in the workplace.

- Reviewing and updating guidelines

As discussed above, guidelines are developed to improve how intervention is done when services are rendered. Reviewing and updating guidelines ensures that guidelines are relevant in addressing the issues they were developed for (Vermeulen *et al.*, 2019:42). After being published, guidelines should remain current and be considered valid for at least five years (APA Practice Guideline Development Process, 2020:12). Meanwhile. However, guidelines should have a “review by” date. There is no clear guidance and fast rule on the length of guidelines’ validity (WHO Handbook for Guideline Development, 2012:52). As alluded to above, those guidelines are a living document, which means that there should be editing and updating of the guidelines as and when it becomes necessary. Ideally, guidelines should be updated when new and relevant information becomes available (Shekelle *et al.*, 2014:596). However, continuously changing the guidelines might be unrealistic, calling for a planned review incorporating all new information available in the field. The review of these proposed guidelines falls beyond the scope of this study. However, the researcher intends to engage with the occupational social workers who would adopt them after five years to evaluate if new information could be used to improve them. Hence, it is evident that reviewing and updating guidelines will remain an essential step in the guideline development process. Additionally, it shows that guidelines cannot be static and become a life document.

- Conclusion

The guidelines development process outlined above was explained to familiarise the reader with the specific process. This process assisted the researcher in formulating the guidelines and objectives outlined below. It should be noted that these guidelines

objectives are different from the study objectives as they are meant for the guidelines only.

6.4 Purpose of practice guidelines

The purpose of these guidelines is to provide evidence-based practice knowledge about gambling disorders in the workplace to occupational social workers, managers and employers. The guidelines are also developed to guide all people concerned or affected by gambling disorder in the workplace to know how to intervene when they notice a colleague displaying signs of the phenomenon. The researcher believes that since guidelines are based directly on the study findings, they provide evidence-based information on how best to address this phenomenon.

6.5 Objectives of the guidelines

The objectives of these guidelines are to:

- Provide awareness regarding gambling disorder for all National Department of Health employees by occupational social workers in Employee Health and Wellness offices. These proposed guidelines are not limited to the National Department of Health but could be useful for all workplaces that experience gambling disorders among their employees.
- To provide evidence-based guidelines to occupational social workers to assist employees, managers, and the employer by giving educational information about gambling disorders in the workplace.
- Provide gambling disorder policy guidance to the employer in addressing the phenomenon. There is a general expectation and obligation for the employer to act or do something in the workplace if a problem affects employees and their overall productivity.

- To assist with detecting, assessing and treating gambling disorders in the workplace.
- Contribute to practice knowledge on occupational social work.

6.6 Occupational Social Work Skills

For occupational social workers to assist individuals with gambling disorders, they need to employ different skills. This implies that even if occupational social workers are not able to assist a person with gambling disorder, they need to be skilled and well-conversant with available resources that are within the person’s reach. For example, they must have referral skills and know where to refer the person and the services offered in those facilities. It is one thing to refer a client, but all referrals should be purpose-based and beneficial to the client, which calls for the person who refers to be conversant with the services they are referring clients to. Thus, referral should not be a meaningless act but a meaningful one that would benefit the client. The researcher has identified the following skills (adapted from Gitterman *et al.*, 2021) as crucial for occupational social workers to possess for them to be well-equipped to help clients with gambling disorders:

Table 6.1.1: Social work skills

Skills	Application	Benefits of the skills
Interviewing	When interviewing people who gamble, occupational social workers need to be knowledgeable about gambling and gambling disorders so that their interviewing will focus on the relevant aspects of gambling disorder as a phenomenon	Interviewing is a basic social work skill that enables social workers to communicate with clients, get more information about their problems, and help them.

	instead of being general in their approach.	
Empathy	Occupational social workers should assist based on the understanding that people who engage in gambling or suffer from gambling disorders are not doing it on purpose. Sometimes, even when they want to stop, they do not stop because they do not know how. Thus, empathy is important in understanding the behaviours of those who gamble by understanding their perspective.	A Social worker should try to put themselves in the client's position to understand better what the client is experiencing. It would be easy to assume that if security officers who gamble were serious about leaving their gambling, then they could do so. However, that is an assumption because research has shown that people with gambling disorders have the same symptoms as those who suffer from alcohol and drug abuse. When the occupational social worker is empathic, it shows the client that the occupational social worker cares about the person and that they are not seen just as another client and adds on the numbers.
Facilitating	The occupational social worker should help people who gamble in the workplace to be realistic about their gambling by looking at the negativity it brings in their lives and focusing on winning. By	The social worker can identify avoidance patterns from the client and respond to incongruent messages directly. As alluded to, most people who gamble suffer from cognitive distortion, and that was also established in this study.

	<p>doing this, the occupational social worker will be initiating a process of facilitating change in the person realistically.</p>	<p>To work against this cognitive distortion, the client will be assisted to see reality and face it accordingly.</p>
<p>Motivating</p>	<p>The occupational social worker should motivate clients to come up with the best ways to handle their gambling disorder without harming themselves and their significant others.</p>	<p>To assist the client to have a positive outlook in their circumstances by using their strengths to bring about positive change in their lives. Since gambling can lead to people spending more than they had planned, such individuals may be prone to feeling discouraged when they have lost all their money. Therefore, they will benefit from motivation from the occupational social worker.</p>
<p>Referral</p>	<p>Occupational social workers should be aware of different and relevant resources. This would enable them to refer clients when the occupational social worker's scope of intervention is limited, as they cannot be a jack of all trades. The referring social worker must keep track of the</p>	<p>Referring the clients to the relevant resources will assist them in obtaining the services they need for their circumstances to change quickly. This will further motivate the clients to aim at changing as they will see the difference made by the relevant resources involved in their lives.</p>

	services received by the client to ensure that he/she benefits from the whole exercise.	
Counselling	Occupational social workers should assist clients by having sessions with them so that they can talk about their problems.	Counselling provides a safe space where clients can share their problems without fear of being judged. Through the help of the occupational social worker, the client can look at their problems as an opportunity to identify resources within their reach and thus resolve their challenges. Being objective about their problems might be challenging and not having a different perspective.
Report writing	After every contact between the occupational social worker and the client, there should be a written report of the session. Report writing leads to record keeping, which is key in all social work services provided. Reports are written and presented to management and other key stakeholders. Occupational social workers should prepare reports that would provide feedback to	Record keeping ensures that even when the responsible occupational social worker as a service provider is not available, other colleagues and professionals can view the records and continue rendering services to clients. Additionally, report writing proves that services were sought and rendered accordingly. Therefore, reports serve as records.

	<p>management regarding any progress made for security officers referred to their offices for occupational social work intervention. To maintain confidentiality, reports written to management and other stakeholders should only be progress reports that do not detail the information discussed during the session.</p>	
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Although the above skills are generic social work skills, the same skills can also be used by occupational social workers in assisting people who gamble in the workplace and suffer from gambling disorders. Furthermore, it should be noted that even though the skills are meant to assist occupational social workers in their intervention with clients with gambling disorders in the workplace, other professionals can use the same skills in helping clients, specifically professionals attached to the Employee Health and Wellness offices or programmes.

6.7 Proposed tasks for occupational social work intervention

Occupational social workers are there to provide psychosocial assistance to employees who are suffering from gambling disorders, just like they do with other employees who are faced with any social challenges. Psychosocial services should be provided to participants and other employees, whether a self-referral or their managers refer them. It would also be commendable to have the contact details of the outside appointed service provider assisting the Employee Health and Wellness office available to employees. Such

information should indicate if the services are available 24 hours a day or on certain days of the week. All the services mentioned above must be extended to the immediate family members of the employees. Research has shown that family involvement in gambling disorder treatment programmes leads to better results and improved individual and family relations (Irie & Yokomitsu; 2022:2). Additionally, gambling intervention should focus on other people besides the affected gambling individual (Atherton, 2020:60). Individual face-to-face counselling should be provided to the employees and as stated above, be extended for their family members.

Research findings in this study, as outlined in Chapter 5, theme 9, show that none of the participants ever sought professional assistance from the Employee Health and Wellness office despite its availability. This speaks volumes; firstly, it is a clear indication that there is a denial from participants to admit that they have a gambling disorder and therefore need assistance. Secondly, it suggests that participants do not have confidence in the Employee Health and Wellness office. Thirdly, it could need more knowledge of psychological services' existence and availability. This means that occupational social workers should actively play a role in advertising and making known their services to all employees to encourage self-referrals. Again, once that is done, occupational social workers should provide counselling to employees accordingly when they come through for assistance. While providing counselling services to employees, it should be done in a safe and confidential space so that employees can express themselves without fear of losing their jobs. Such practice gives employees confidence and assurance that their issues will not become public knowledge and will be discussed in corridors. It might also encourage others to seek counselling.

The findings also revealed that participants gamble regularly, with some gambling daily. At the same time, there were those participants who were adamant that they did not have a budget set aside for gambling while making money available for gambling. It is as if their gambling happens by chance and not intentionally. Participants further stated that they only use small amounts of money to place bets, and that came across as a way of

downplaying their gambling and the extent of money spent on gambling and highlighting the above calls for the need for personal financial management. Occupational social workers should ensure that personal financial management workshops are held to assist employees in managing their finances. This would make all employees aware of the importance of financial management, which is never about how much one earns or has but how they manage their money. This could go a long way in assisting the employees to maintain a healthy financial state, for them to be involved in getting loans from loan-sharks. Their mental health will also improve as they can sleep peacefully at night.

This study has further established that gambling is closely linked to money; thus, financial management information giving would go a long way and be beneficial to all employees, especially those with gambling disorders. Occupational social workers should arrange information-giving sessions with financial service providers like they have done previously in the National Department of Health. Financial service providers such as Experian SA, ITC, Old Mutual and others should be contacted by the Employee Health and Wellness office. After contacting financial service providers, the Employee Health and Wellness office should communicate with all staff members through the In-House online magazine (Rihanyo) to inform employees of the upcoming event. This communique is done to ensure that employees are informed in advance and can reschedule their work so that they can visit the stalls of the service providers wherever they will be on the premises. It is worth noting that most of these service providers are always willing to provide free financial education to the public. Again, they sometimes provide one free financial report annually. The above guidelines do not suggest that participants and other employees stop gambling but will certainly go a long way in making employees aware of their gambling problems and the implications thereof on their financial state.

Supervisors and some of the security officers who participated in this study reported and admitted that gambling affects the workplace and productivity. To this end, this necessitates the need for awareness of gambling disorders. One of the objectives of this study guidelines is to provide awareness to employees of the National Department of

Health by the occupational social workers in the Employee Health and Wellness office, regarding gambling disorder in the workplace. This means that occupational social workers should be well informed about the gambling phenomenon and, thus, able to discuss relevant issues. This is achievable since these guidelines are meant to assist occupational social workers in their intervention with employees with gambling disorders. Gambling disorder awareness should be part of Employee Health and Wellness programmes. It would be carried out by occupational social workers in the National Department of Health continuously instead of being a once-off activity. Different communication platforms, such as the in-house newsletter, could be used to create awareness by writing articles on the phenomenon. Study materials in the form of pamphlets should be freely available. Workplace public areas such as auditoriums, lifts and lift foyers, cafeterias and boardrooms should have big posters containing information on gambling disorders. Small posters would be placed on bathroom doors. Posters should also be placed on poster boards throughout the department, tackling issues such as responsible gambling awareness and how employees can recognise gambling disorder signs. Occupational social workers should work with the Communication Directorate to help them with posters and how to communicate gambling disorders in a way that would appeal to the employees.

With the above being highlighted, employees equally have a responsibility to get information about gambling disorders as a phenomenon. Through the Employee Health and Wellness office, employees should be encouraged to read about the phenomenon and understand its effects on gamblers, their families, work and other spheres of their lives. To motivate employees to read the articles on gambling, occupational social workers can use some of the following catchy, thought-provoking questions:

- Do you gamble?
- Do you know a colleague or someone outside of the workplace who gambles?

- Are you aware of the effects of gambling on those who gamble, their families, workplaces and communities?

Although the above questions or phrases do not guarantee that employees would be interested and motivated to read gambling disorder articles, being knowledgeable and informed about gambling disorders will assist employees in having a better understanding of gambling. It implies that they will know the early warning signs of gambling disorder and, therefore, be able to seek assistance sooner rather than later. Employees must know the contact details of Employee Health and Wellness occupational social workers and outside service providers so they can extend a call whenever needed.

6.8 Occupational Social Work Continuing Professional Development (CPD)

Continuing professional development (CPD) is described as a national and international statutory process that compels all professionals registered with the South African Council for Social Service Professions (SACSSP) to annually obtain specific professional-related training points which would enable them to stay registered while providing ethical and high-quality service to clients (SACSSP CPD Policy, 2019:5). For occupational social workers to function optimally, they need relevant information about gambling disorders in the workplace. In line to contribute to the practice knowledge of occupational social workers, the guidelines will assist in providing occupational social workers with evidence-based knowledge through these guidelines. Subsequently, occupational social workers should use that knowledge to assist employees who are affected by gambling disorders in the workplace. It is said that social workers are often placed in settings where they have clients who present with different social problems, and few social workers are trained to address specific clients' needs (Vakharia, 2014:694). This is the reality because social work training at the undergraduate level does not equip social workers with specialised knowledge and skills but focuses on generalist practice. They are making the CPD a need for all social workers to ultimately be able to respond appropriately to the needs of the

clients they find themselves having to serve. This implies that there is a need for CPD training for occupational social workers to be well-equipped and informed on gambling disorders or any other phenomenon. Subsequently, occupational social workers would be well-positioned to assist clients with gambling disorders.

This study has established that sometimes occupational social workers do not assist some security offices when security supervisors refer them to their offices. In line with the above, research has shown that there are disparities and a dearth of knowledge between social work education, training, and practice (Kourgiantakis, Sewell, McNeil, Logan, Lee, Adamson, McCormick & Kuelh, 2019:1). Meanwhile, Mekonnen and Lee (2021:1) assert that there is inadequate academic training for social workers. Thus, they tend to rely on other professionals, especially medical doctors, who do not consider the person-environment aspect of social work. Additionally, when dealing with clients who have addictions, social workers can play a pivotal role in prevention, intervention and policy development. This situation calls for occupational social workers to be eager to learn, to be relevant in their positions and to meet the needs of their client base. The researcher believes social workers can create awareness programmes for all parties concerned regarding prevention. For instance, they can start from a grassroots level, such as communities, schools and the workplace. Intervention, on the other hand, can be provided through psychosocial assistance to the affected parties, including the person who gambles and their immediate family members. In policy development, occupational social workers can immensely contribute to a good implementable policy as they have firsthand information in dealing with clients suffering from vast social problems.

6.9 Proposed tasks for the employer

Gambling disorder is seen as a public and mental health issue, which calls for different stakeholders to work together to address the phenomenon (Reith *et al.*, 2019:1212). The employer is undoubtedly one of the critical stakeholders when addressing gambling

disorder in the workplace. However, all that needs to be done should be done through the Office of Occupational Social Workers. In terms of (section 8 of the Occupational Health and Safety Act No. 85 of 1993), the employer must provide and maintain a safe, enabling work environment without risk to employees' health.

The research findings have shown that gambling disorder has effects on productivity within the workplace. Issues such as late coming, absenteeism, presenteeism, ruined interpersonal relationships and reduced if not lost, productivity are some problems resulting from gambling in the workplace. For this reason, the employer has a role in ensuring that gambling in the workplace is controlled. All this can be addressed by putting different measures, such as having a gambling policy. Policy development and implementation can be used to address gambling disorders in the workplace (Rafi, Ivanova, Rosenthal, Lindfors & Carlbring, 2019:2). The employer should ensure that the gambling policy provides definitions of different concepts that are associated with gambling disorders. Policy emphasis must be on time, productivity, personal financial management and criminal activities (Fenge, 2014:22). Additionally, the gambling policy adoption and implementation would benefit all parties involved. For instance, it would lead to the reduction of the effects of gambling disorder on families and communities. Consequently, it would improve health and safety environment issues in the workplace. Having an appropriate gambling policy would be viewed as a proactive measure on the side of the employer to address gambling disorder in the workplace. The policy must state what consequence management will be aligned to contravention of any part of the policy so that it is clear what would happen in case an employee acts against the provision of the policy.

According to Binde (2016a:260), the employer should be clear on work behaviours that are unacceptable in the workplace. Consequently, employees should account for their time at work, and managers must ensure accountability. This can best be accomplished with the assistance of the Security Services Directorate, which manages the security

access system and shows the time an employee enters and exits the building. The policy should clearly state what would happen when non-compliance exists.

All parties concerned (the employer, managers, employees and occupational social workers) should treat gambling disorder as a mental health issue that needs to be addressed as such. A wellness programme that deals with gambling disorders in the department should be developed, fully funded and implemented. In the same manner that the department makes the budget available to address other work-related programmes, it should ensure an adequate budget to address gambling disorders. The issue of budget availability is important because a lack of funds would render gambling disorder programmes or any other programme impossible to execute.

Management should ensure support to all employees who are suffering from gambling disorder through the Employee Health and Wellness office. To this end, managers can only support their gambling subordinates when they know how and that can only happen by having workshops for managers through specifically developed gambling disorder awareness programmes. Support could be formal or informal (Reith & Dobbie, 2013:383). It is only after occupational social workers have conducted awareness training that managers will be well informed about the early warning signs of gambling disorder. Additionally, managers through the Employee Health and Wellness office would be well suited to give more information to employees on gambling disorders so that such employees can make informed decisions. Raising awareness is one of the possible suggested gambling interventions in the workplace (Rafi *et al.*, 2019:2). Providing support to those who are suffering from gambling disorders would go a long way in addressing the phenomenon in the department. However, in all of this, it is key to note that observations and support by managers should be made only when the employees' productivity has decreased and their performance is not improving. Thus, observation should be limited to work-related issues and nothing else. The researcher believes that it is important for managers, when dealing with employees who are suffering from gambling disorders, to show care and support while being non-judgemental. The focus of the

discussion with the employees should be limited to work-related matters such as late coming, poor-quality work and absenteeism. It is the researcher's view that occupational social workers should make information on gambling disorders available to managers so that they can give support to employees suffering from this disorder.

Occupational social workers and managers should have open minds when dealing with employees with gambling disorders, as some employees could deny the existence of the problem, which could be an act of self-defence. Be that as it may, it would be appropriate for the manager to be clear about their position as a manager and do things correctly. The employer must ensure online safety measures by closing all gambling sites so employees cannot access them unless they use their personal phones and data, which could be expensive and unsustainable. Meanwhile, such programmes would ensure that the employer is also attending to the major problem of mental health issues that are posed by gambling disorders in the workplace. The researcher believes a healthy workforce would increase productivity, enabling the department to meet its strategic and operational goals and objectives.

6.10 Proposed tasks for organised labour (Unions)

In Chapter 4 of this study, the researcher alluded that the NDOH is a highly unionised environment. Two recognised and dominant labour movements exist: the National Education, Health and Allied Workers Union (NEHAWU) and the Public Servants Association (PSA). Workers tend to listen more to their Union shop stewards than to management. This is because members are more likely to be closer to their Union leaders than to their managers. Findings in this study have indicated that gambling disorder affects people who gamble personally while equally affecting their families and other spheres of their lives. Because Unions are formed to protect the needs and interests of their members, it should be easy to involve Unions by getting buy-in from the occupational social workers for the proposed guidelines to be implemented. The Employee Health and

Wellness office should formally engage Union leadership through the office of the Director-General. It would be done by writing a submission to the Director-General's office for approval. Once approval is granted, the Employee Health and Wellness office will start engaging Unions. In that way, unions cannot go back on what would have been agreed as the best way to assist employees suffering from gambling disorder. Unions are, under their functions, very vocal and would not allow any injustice to be done to their members. Labour influences how things are done, and policies are implemented. The researcher believes that buy-in from organised labour would ensure their support of the Employee Health and Wellness office and employees. However, occupational social workers should always proceed cautiously, knowing that organised labour can easily return to their word if they feel their members are not treated well. This then calls for continuous stakeholder relations engagement with organised labour. This task would ensure better employee well-being and improved productivity in the workplace.

6.11 Summary of the chapter

This chapter focuses on guidelines development for occupational social workers to assist people who gamble in the workplace. The study findings as presented in Chapter 5 inform the guidelines. The researcher defines guidelines, to ensure a uniform understanding of what is addressed in the chapter. The process of developing guidelines is outlined and discussed in detail. Further to that, the researcher stated the objectives of the guidelines. Following the above, the researcher discussed guidelines for occupational social workers regarding their knowledge, skills and intervention and proposed tasks for different stakeholders. The following chapter summarises the study and provides conclusions and recommendations based on the study findings.

CHAPTER 7: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter summarises the entire study, from the introduction to conclusions reached by the researcher, recommendations drawn from the literature, and the empirical findings of the study.

7.2 Summary of the study

The study comprises seven (7) chapters, which are summarised below as follows:

Chapter 1: General Introduction

This chapter contains the introduction and problem formulation of the study. It also includes research questions, goals and objectives of the study, ethical considerations, and clarification of key concepts and limitations. Moreover, the chapter provided an overview of all included chapters and part of the research report.

Chapter 2: Theoretical framework

This chapter focuses on the theoretical lens that guided and informed the basis and focus of the study. Three theories, namely, the general systems theory, the ecological perspective and the life model, that were used to anchor and guide this study are discussed in this chapter.

Chapter 3: Literature Review

Literature on gambling disorders and behaviours in the workplace was reviewed. The researcher also reviewed literature that is related to how gambling disorder affects those who gamble as well as different spheres of their lives, including family and work. The legal framework for gambling legislation in South Africa is also included in the chapter.

Chapter 4: The Research Methodology

The research methodology used in this study was outlined in this chapter. The chapter highlighted the research approach, designs, methods, description of the study setting, population, sampling, pilot study, data collection and analysis. Moreover, the chapter focused on how trustworthiness was ensured in the study.

Chapter 5: Presentation and analysis of research findings

The chapter provided a presentation, analysis and discussion of the collected data. Additionally, research findings and the interpretation thereof were dealt with in this chapter. The researcher used available literature on gambling and gambling disorders to support and/or contrast the findings.

Chapter 6: The Practice Guidelines

This is the chapter that presented the proposed guidelines for occupational social work intervention in dealing with gambling disorders in the workplace. The guidelines focused on different areas of relevance like occupational social work skills, occupational social work continuous professional development, proposed tasks for occupational social work intervention, proposed tasks for the employer and proposed tasks for organised labour (unions).

Chapter 7: Summary of the research process

This chapter provided the summary, conclusions and recommendations of the study drawn from literature and research findings.

7.3 Objectives and how they were met.

The objectives of this study, as outlined in Chapter 1 of this thesis, are as follows:

Objective 1: To explore and describe gambling disorder in the workplace as a phenomenon.

Objective 2: To contextualise how gambling disorder manifests itself in the workplace.

Objective 3: To examine the measures that security officers would like to see implemented in programmes that are aimed at addressing gambling disorders and

Objective 4: To develop guidelines for occupational social workers.

Objective number 1 was to explore and describe gambling disorders in the workplace, which was achieved through reviewing relevant literature on gambling disorders in the workplace. Literature review on gambling and gambling disorder and other related aspects to the phenomenon are discussed in detail in Chapter 3 of the thesis.

Objective number 2, which is about contextualising how gambling disorder manifests itself in the workplace, was achieved through data collection and data analysis. Shared experiences of security officers and supervisors as participants in this study were utilised to contextualise how the phenomenon occurs within the workplace.

Objective 3 was to examine the measures that security officers would like to see implemented in programmes that address gambling disorder. This objective was achieved when the researcher asked participants in this study to come up with suggestions for possible ways to address gambling disorder in the workplace. Participants provided information on what the guidelines should contain, which is discussed through their responses in Chapter 5 of this thesis.

Objective 4 was to develop guidelines for occupational social workers. The study findings (Chapter 5) inform the study guidelines outlined in Chapter 6. Conclusions from the findings of the study are highlighted below.

7.4 Goals and how they were met.

The goals of the study, as stated in Chapter 1, are as follows:

Goal 1: To develop an in-depth understanding of how gambling disorder affects security officers employed by the state department within the workplace.

Goal 2: To examine the measures that security officers would like to see implemented in programmes that address gambling disorder.

Goal 3: To develop occupational social work guidelines to assist occupational social workers and Employee Health and Wellness Practitioners in addressing gambling disorders in the workplace.

Goal 1 was achieved by managing to collect data from security officer participants who engage in gambling activities in the workplace. Additionally, data were collected from security supervisors as managers to comprehend the effects of gambling on those who gamble and productivity.

Goal 2 was addressed using an interview guide and focus group prompts, asking participants questions that relate to measures that participants expect to be implemented to address gambling disorders in the workplace.

Goal 3 was achieved by developing guidelines for occupational social workers, discussed in Chapter 6.

7.5 Conclusions based on the research findings.

Several conclusions were made from the study and are outlined according to the identified themes and subthemes. All themes and subthemes are presented in Chapter 5. The conclusions from the themes and subthemes are presented below:

Conclusions based on the influence of the environment in the development of gambling disorder.

- The environment was found to be influential and played a vital role in the development of gambling disorder in the workplace.
- The environment was fundamental in influencing security officers to gamble by observing colleagues' gamble. Some participants, who had never gambled before joining the department, started gambling at work when they joined the department, either because they were recruited or after they had observed colleagues gamble in the workplace.
- There is a close link between the environment and gambling onset since seeing other colleagues gamble and win encouraged some participants to start gambling.

Conclusions on the reasons for gambling

- Money plays a critical role and is at the centre of gambling, as all participants in this study reported that they are gambling to make money so that they can improve their lives and that of their families.
- Most participants won money from their gambling and were able to achieve certain things that they would not have afforded using their salaries, leading to their continued gambling.
- Greed has come up as one of the reasons behind gambling. They are greedy for more money.

Conclusions on negative emotions associated with gambling disorder.

- There are many negative emotions associated with gambling disorders, such as shame, guilt, regret, sadness and stress, just to name a few. Some participants

also experience anger and disappointment at themselves and self-blame after losing.

- Negative emotions are experienced because participants are determined to win and do not leave room for losing, making it difficult for some to accept and handle their losses positively.

Conclusions on positive emotions associated with gambling disorder.

- When participants win, they become happy and excited, and such feelings also increase their motivation to gamble even more, thinking that they will keep winning.
- The joy of winning in gambling is also associated with participants using their winnings to buy items such as cars, and some even renovate their homes.
- The positives tend to be overshadowed by the many negatives that are associated with gambling disorder.

Conclusions based on the influence of gambling disorder on productivity.

- Gambling disorder has negative effects on productivity through the loss of time from work, reduced productivity, and absenteeism because of gambling. Participants steal time from their employers by taking extended lunch hours due to long queues at gambling outlets.
- Interpersonal relationships with other colleagues who do not gamble are ruined because of gambling in the workplace.
- There is an element of alcohol abuse by some participants to deal with their losses in gambling by drinking so that they numb the pain of losing.
- Late coming and absenteeism remain a problem for those participants who engage in gambling in the workplace because participants which leads to decreased productivity and ruined relationships with other colleagues who do not gamble.

Conclusions on gambling budget

- Some participants do have budgets for gambling, whilst others do not have them as they are convinced that they only use change after they have done their groceries.
- Gambling requires money; therefore, one way or the other, money is made available specifically for gambling, whether budgeted or not
- Overtime payment is mostly used for gambling, and it is not declared at home to enable the participants to continue gambling. The notion that there is no budget for gambling gives a false impression that gambling does not cost money, while all the cents and pennies add up to much money when participants lose.
- Participants gamble at all costs and would even go to the extent of borrowing money from colleagues and, worse, from loan sharks so that they have money to keep gambling.

Conclusions on the effects of gambling on participants

- Gambling disorder affects not only the person who gambles but also others who are closer to that individual, like family members, their communities and their workplace.
- Gambling disorder leads to participants suffering financially, emotionally and mentally as the phenomenon affects their state of mind because they are preoccupied with gambling. Therefore, the effects of gambling disorder also interfere with their attention span and relations to others.
- Gambling disorder affects males more than it does females.
- Cognitive distortion in gambling leads to gambling disorder

Conclusions on the effects of gambling disorder on families and relationships with family members

- Gambling disorder can lead to some people lying to their family members as a way to cover up the extent of gambling.
- Gambling disorder interferes with providing for the family as money for household use is sometimes used for gambling.
- Due to gambling disorder, some people end up neglecting their responsibilities to their spouses, as they are always preoccupied with betting. Lack of gambling disorder knowledge can lead to behaviour misinterpretation of a person suffering from gambling disorder.

Conclusion on seeking professional assistance.

Security officers did not seek professional assistance as they were blinded by their conviction that they were in control of their gambling; therefore, they did not need any assistance.

Efforts made by security supervisors to have security officers with a gambling problem get professional assistance did not yield any results because of resistance from the security officers.

7.6 Recommendations

This section focuses on recommendations that were derived from the findings of this study and are presented below as follows:

- Recommendation for tertiary institutions

Gambling disorder should be included as part of the social work training curriculum so that by the time social workers are employed, they would have an idea of what the phenomenon entails because gambling can affect all the fields of social work practice. If

social workers are not trained on gambling and gambling disorders, it will prove difficult to assist any client who is suffering from a gambling disorder. It is, therefore, important that gambling be made a part of the tertiary curriculum and be covered extensively. This is because social work as a helping profession should be the first line of intervention when some employees present with gambling disorder symptoms in the workplace. Social workers should be trained so that they can identify early warning signs of the phenomenon and be able to act in time and assist employees developing the gambling disorder. The absence of social work training and education on gambling disorders limits the readiness and ability to develop and run gambling prevention programmes in the workplace (Nower *et al.*,2022:1). Such training would be valuable in social work practice as social workers, especially occupational social workers, would be better equipped with the knowledge, regardless of where they are practicing the profession. Therefore, training in gambling disorder as a phenomenon should be introduced as part of the undergraduate or introductory social work study level. With all the above being said, it is suggested that different speciality areas be incorporated into undergraduate social work training. For example, as a short-term solution, specialised social work fields like gambling disorder, substance abuse and drug addiction should be incorporated into existing social work courses (Mekonnen & Lee, 2021:2; Vakharia, 2014:692). The information above shows a need for an evidence-based curriculum and training geared towards addressing social phenomenon that occupational social workers face and handle regularly.

- Recommendation for workplace training

Training should not be limited to tertiary institutions. Instead, workplace training programmes on gambling disorders should also be developed to equip all employees, starting with managers and the general staff compliment. For professionals, this will assist them in accumulating CPD points while at the same time getting trained in a specific area of work. Having employees trained would be a good way for the employer to be proactive in addressing gambling disorders in the workplace. The workplace training would mean that colleagues and managers of those employees who are affected by gambling disorder

would be able to pick up early warning signs. Signs include excessively using the internet, going out to gambling outlets during work hours, staying longer than the allocated break or lunchtime in those facilities, being distracted from doing their work and having less production. Over and above, workplace training on gambling would enable all people concerned to know what to do once they have observed a colleague presenting gambling disorder signs.

- Recommendation for gambling policy in the National Department of Health

Having a gambling policy in place would help address some of the problems that are associated with gambling disorder in the workplace because it shows that the employer cares about the workers. Over and above that, it indicates that the employer is committed to addressing gambling disorder in the workplace instead of just a talk show with no action. Gambling disorder has been classified as a non-substance disorder that presents symptoms like those of individuals abusing drugs and alcohol (DSM-5:2013). However, as stated in this thesis, gambling disorder is a “hidden illness”. Thus, it is possible that a person could be suffering from a gambling disorder without displaying any physical symptoms. Subsequently, it means that an affected individual is likely to suffer in silence without anyone seeing that things are not well.

The policy should be developed with all relevant stakeholders, like occupational social workers, trade unions, and managers. All department employees should be encouraged to contribute meaningfully to the gambling policy. Many key role players need to be roped in for policy development. For example, organised labour should be engaged from the start of the policy development stage so that there is buy-in from all parties. Meanwhile, the policy should not just be a document developed for compliance’s sake and not put into practice. Instead, it must be implemented and bring about positive changes regarding gambling disorder in the workplace.

Firstly, the gambling policy should define what gambling is and specify activities that constitute gambling disorder in the workplace. The gambling policy should further make

provisions for specific gambling matters. For example, it should clearly state that employees are not allowed to gamble while at work and should not use state resources allocated for work purposes as gambling tools. It is also essential that the gambling policy addresses consequence management if there is contravention to any part of the policy. Employees must be aware of what would happen should they be found to have violated the policy. Additionally, the gambling policy should recommend referral, where employees can refer themselves or be referred by their managers. Such referral services should be extended to employees' immediate family members, as research has shown that gambling does not necessarily affect the person who gambles alone but also their families.

However, everyone from different systems should be considered for help. For instance, Employee Health and Wellness programmes should include training to assist supervisors and colleagues in supporting the best employees who gamble or are experiencing problems. Instead of focusing on participants alone, intervention should include colleagues, supervisors and their significant others. In other words, intervention should be holistic. The exclusion of other support systems disadvantages those who are affected by gambling disorder.

- Recommendations for occupational social workers

Occupational social workers employed as employee assistance practitioners within the health and wellness field should develop gambling disorder awareness programmes in the workplace. Awareness is an important aspect that needs to be addressed continuously if gambling disorder is to be tackled from all angles, seeing that it affects those individuals who gamble, their families and their work. This means that awareness should include everyone concerned, such as the affected employees, managers, family members and communities. Awareness programmes should be focused, broad and engaging. In the same manner that some aspects of social problems are addressed with

special emphasis to all society members, it is about time that the same is done in trying to make people aware of gambling disorder and its consequences. The fact that some forms of gambling happen in communities, and nothing is said about them, should be a red flag. A good example is community men playing dice on street corners; no one seems to think such an act is a problem. Another classic example is people playing cards, especially women, all day to the point that some might even neglect their parental or marital duties and obligations. The researcher believes that awareness will go a long way in dealing with gambling disorder as a social phenomenon. Awareness should include what managers and/or supervisors should do if they observe that an official is suffering from a gambling disorder. They must know how to refer the affected official to the relevant office or service providers.

In the same way that the country embarks on different awareness programmes such as child abuse, mental health issues, and domestic violence, there should be similar programmes that are aimed at gambling disorders. Other ways of awareness should include having pamphlets that could be made available to the general public.

- Recommendations for the employer or the National Department of Health through the office of occupational social workers

The department, as the employer, should pay close attention to the effects of gambling disorder in the workplace. This means that the Employee Health and Wellness office should have programmes in place to address the phenomenon of gambling in the workplace, with the employer funding all the activities.

- Recommendations for the departmental Information and Communication Technology (ICT) Directorate

For most people to gamble, they need connectivity to the system so that they can access gambling sites. ICT needs to make sure that all gambling websites are closed and cannot be accessed by any of the employees. Access to the internet should also be limited based on an employee's job description. Monitoring tools must be implemented, and monthly

reports must be made available to management so that managers can see if employees are using State resources and time to gamble. At the same time, they are supposed to be working.

- Recommendations for future research

This study focused on security officers and supervisors; therefore, it would be beneficial for the study to be expanded to include other participants or employees for future research on gambling disorders in the workplace. Having senior managers as part of future research would bring more knowledge to the phenomenon as they will be sharing their perspectives on the topic and how it affects employees who gamble and productivity on more employees and managers of the department. The researchers may also employ different data collection methods, such as surveys and questionnaires. It would be good to include other government departments in future studies, seeing that the phenomenon could be a bigger problem than what was established in this study.

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7.8 List of addendums



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

01 December 2020

Dear W.T Nghonyama

NHREC Registration # :
Rec-240816-052
CREC Reference # :
47553847_CREC_CHS_2020

Decision:
Ethics Approval from 01 December
2020 to 31 November 2023

Principal Researcher(s): W.T Nghonyama: (email: funganghonyama@yahoo.com)
Supervisor: Prof. J SEKUDU (email: sekudj@unisa.ac.za)

Title: Gambling disorder in the workplace among security officers employed by the National Department of Health: Guidelines for Occupational Social Work intervention

Degree Purpose: Doctor of Social Work

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

The **Low-Risk application** was **reviewed** by College of Human Sciences Research Ethics Committee, on **24 November 2020** 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.



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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 confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**31 November 2023**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number - **47553847_CRECH_CHS_2020** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours Sincerely,

Signature :

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature :PP

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



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Ms Nghonyama
Manager: Vetting and investigation
National Department of Health

Dear Ms Nghonyama

PERMISSION TO INTERVIEW OFFICIALS OF THE NATIONAL DEPARTMENT OF HEALTH ON GAMBLING DISORDER IN THE WORKPLACE AMONG SECURITY OFFICERS EMPLOYED BY THE NATIONAL DEPARTMENT OF HEALTH: GUIDELINES FOR OCCUPATIONAL SOCIAL WORK INTERVENTION

Your application letter dated 08 DECEMBER 2020 refers.

1. RESOLUTION AND APPROVAL

It was recently resolved by the Directorate: Health Research in consultation with the affected units within the National Department of Health (NDoH) that; the request for permission to conduct the study according to the following Protocol be approved: -

Study title: Gambling disorder in the workplace among Security Officers employed by the National Department of Health: Guidelines for occupational social work intervention

1. BEFORE THE COMMENCEMENT OF THE STUDY

Please note: Copies of written Research Ethics Committee approval to be submitted to the NDoH before study commences.

2. AUTHORISATION

Authorisation is hereby granted to interview the following official within the NDoH

- Director: Security Services
- Security Officials

3. PLEASE FORWARD

It is a requirement that a copy of this letter be forwarded to all the relevant NDoH officials, including the approving Research Ethics Committee(s).

4. THIS AUTHORISATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- (a) The NDoH shall be notified of any decision to discontinue the research study. The reason for such cancellation shall be stated.
- (b) The research study shall be conducted in accordance with the Protocol submitted to the NDoH. Any Amendment(s) to the protocol, shall first be submitted to the NDoH.

5. PROGRESS REPORT

Submission and presentation of the final report of the study with recommendations to the NDoH is required.

6. INFORMED CONSENT

It is the NDoH requirement that in all research projects the 'Principle of Informed Consent' should be adhered to. This applies to research study volunteers and participants.

Yours sincerely



**DR SSS BUTHELEZI
DIRECTOR-GENERAL: HEALTH**

DATE: 2020/12/10

20/02/2024

Editing and Proofreading Report for Winnie Tsakane Nghonyama (47553847)

This letter serves to confirm that I, Dr Nyete Liberty, Takudzwa, proofread and edited a Doctor of Social Work thesis by Winnie Tsakane Nghonyama (47553847) from the University of South Africa, titled *Gambling Disorder in The Workplace Among Security Officers Employed by The National Department of Health: Guidelines for Occupational Social Work Intervention*

I carefully read through the Dissertation, focusing on proofreading and editorial issues. The recommended suggestions were highlighted.

Yours Sincerely

Lnyete.

Nyete Liberty, Takudzwa (PhD)

Tel.: 0766815547

E-mail: lnyete@gmail.com

ADDENDUM D: PARTICIPANT INFORMATION SHEET

21 September 2020

Title: Gambling disorder in the workplace among Security Officers employed by the National Department of Health: Guidelines for occupational social work intervention.

Dear Prospective Participant

My name is Winnie Tsakane Nghonyama and I am doing research with Prof. J Sekudu, a senior lecturer in the Department of social work towards a Doctor of Social Work (DSW) at the University of South Africa (UNISA). We currently do not have funding; the research project is currently self funded. We are inviting you to participate in a study entitled: Gambling disorder in the workplace among Security Officers employed by the Department: Guidelines for occupational social work intervention.

WHAT IS THE PURPOSE OF THE STUDY?

The researcher is conducting this research to establish how gambling disorder affect Security Officers employed by the National department of Health and subsequently develop guidelines that will assist in occupational social work intervention.

WHY AM I BEING INVITED TO PARTICIPATE?

The researcher has chosen you to participate since you meet the criteria of inclusion for the study and therefore possess information required to inform the study. You are included as part of this study because you are a Security Officer/ Supervisor employed by the National Department of Health. Data will be collected until there is no new information that is upcoming, thus there is no predetermined number of participants to be interviewed.



WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study involves the use of a digital recorder and with your permission, the process of data collection will be audio recorded. Questions to be asked are stipulated below. The interview will take approximately 90 minutes and you may be required to avail yourself for a follow-up interview.

Research interview questions

- ❖ Tell me how gambling has affected your life?
- ❖ Please elaborate on what influenced your gambling?
- ❖ Let's talk about your gambling onset....
- ❖ Can you please tell me more about what you have done to try stop gambling?
- ❖ Please tell me about your spending regarding gambling?
- ❖ Gambling is associated with emotions; please let's talk about that
- ❖ When developing occupational social work guidelines, what should be contained in them?

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

Participating in this study is purely voluntary and there will be no penalty or loss of benefit for non participation. You are therefore under no obligation to consent to participation unless you are willing to participate. Should you decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without any consequences.

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

The the opportunity to share your experiences is a benefit on its own as taking part in the study may help you to face and redefine your circumstances in relation to the topic under study. Furthermore, this study will contribute to the body of knowledge as it aims to develop an understanding on gambling disorder the workplace affects Security Officers employed by the department. The study also seeks to develop guidelines for occupational social work intervention.



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

There are no negative consequences for participating in the research study. If a need should arise that you need debriefing, the researcher will have a social worker who is always on standby to provide debriefing. Being part of this study might come with participants being inconvenienced regarding time as it would take approximately 90 minutes to collect data. Equally important to note is that there is potential risk to feel emotional and discomfort as the researcher interviews you. There is also a risk of participants being identified and linked with the study's findings. In order to mitigate the above potential risks, the researcher will inform participants of the availability of counseling services in the event where there is a need for such, over the debriefing that she will do at the end of data collection interviews.

In protecting participants' identity, the researcher will interview you behind closed door office or in secured boardroom. When it comes to the issue of time, the researcher will try her to stick to the agreed allocated time.

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

Your name will not be recorded anywhere and no one will be able to connect you to the answers you give. Your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Your answers may be reviewed by people responsible for making sure that research is done properly and this includes the supervisor, transcriber, external coder and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to the researcher and will be locked into a steel cabinet accessed by the researcher alone. All the identified and stated parties will be requested to sign a confidentiality agreement.

Your confidential and anonymised data may be used for other purposes, such as a research report, journal articles and/or conference proceedings. A report of the study



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may be submitted for publication, but individual participants will not be identifiable in such a report.

While every effort will be made by the researcher to ensure that you will not be connected to the information that you share during the focus group, I cannot guarantee that other participants in the focus group will treat information confidentially. I shall, however, encourage all participants to do so. For this reason, I advise you not to disclose personally sensitive information in the focus group.

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

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet in the researcher's locked office that will be accessed by the researcher alone. For future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable as well as your consent. All hard copies material related to the research project will be shredded and all electronic information in the researcher's laptop will be permanently deleted from the hard drive with the assistance of internal Information Communication and Technology staff.

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

There will not be any payment or reward offered for your participation in the study. In addition, no cost will be incurred by you as a participant. The researcher will travel to all different facilities where participants are based.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of the Social Work Department at UNISA. A copy of the approval letter can be obtained from the researcher if you so wish.



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

If you would like to be informed of the final research findings, please contact Ms WT Nghonyama telephone number 0823869116 or email address 47553847@mylife.unisa.ac.za

Should you have concerns about the way in which the research has been conducted, you may contact Prof J Sekudu at sekuduj@unisa.ac.za or telephone number (012) 429

ADDENDUM E1: CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

I, _____, agree that I may participate in this research topic, which focuses on: **Gambling disorder in the workplace among security officers employed by the national department of health: Guidelines for occupational social work intervention.**

I understand that the information that I will share will be used for research purposes only and that my identity will not be in any way made known in any research report or publication. I am also aware of the fact that I can withdraw at any time during the study without incurring any penalty.

Signature of research participant

Date



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ADDENDUM E2: CONSENT TO PARTICIPATE IN THE STUDY

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

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

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

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

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

I agree to the recording of the interview.

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

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

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

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

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



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ADDENDUM E3: CONSENT FORM REQUESTING PERMISSION TO PUBLISH.

Name of researcher: **WINNIE TSAKANE NGHONYAMA**

Title of research study: **Gambling disorder in the workplace among Security Officers employed by the department: Guidelines for occupational social work intervention.**

- I agree to participate in this research project.
- The researcher has explained the consent form and the purpose of the study, and I had the opportunity to ask questions about them.
- I understand that I was selected to participate in this study due to my experience of gambling at the workplace.
- I understand that I was selected purposively to inform the study of "Gambling disorder in the workplace among security officers who are employed by the national department of health: Guidelines for occupational social work intervention"
- I agree to my responses being used for education and research purposes as long my privacy is respected.
- I understand that I am under no obligation to take part in this research project.
- I understand that this research might be published in a research journal or book. In the case of dissertation or thesis research, the document will be available to readers in the University library in printed form, and possibly in electronic form as well.

Name of participant _____

Date _____



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ADDENDUM E4: DECLARATION BY THE PARTICIPANT

Title of the research: **Gambling disorder in the workplace among Security Officers employed by a department: Guidelines for occupational social work intervention.**

Reference Number:

Researcher: WT NGHONYAMA

Address: 2032 Rooistinkhout str, 69 Aloe Estate, Annlin

Contact cell-phone number: 0823869116

<p>DECLARATION BY THE PARTICIPANT:</p> <p>I, the undersigned, _____ (name), [ID No: _____] the participant of _____ (address)</p> <p>A. HEREBY CONFIRM AS FOLLOWS:</p> <p>I/the participant was invited to participate in the above research project which is being undertaken by Ms WT Nghonyama of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	<p><u>Initial</u></p>
<p>1. The following aspects have been explained to me:</p> <p>1.1 Aim: the study aims to develop an understanding of the effects of gambling disorder on security officers employed by the state department. The study further aims to develop social work guidelines that will assist Employee Wellness Practitioners in dealing with employees who have gambling disorder.</p> <p>1.2 The information will be used for the following:</p> <ul style="list-style-type: none"> • To develop an understanding on how gambling disorder affect Security Officers in the workplace. • To develop guidelines for occupational social work intervention. 	<p><u>Initial</u></p>
<p>2. I understand that i am participating in this research project without any expectation of payment whatsoever and that i will be interviewed either as a security officer employed by a state department or security service provider rendering security services to a department.</p>	<p><u>Initial</u></p>
<p>3. Risks: As the researcher proceeds i may be emotional or too</p>	<p><u>Initial</u></p>



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overwhelmed to handle some of the experiences that i will be sharing.	
4. Possible benefits: As a result of my participation in this study, i will be afforded the opportunity to share my experiences of the effects of gambling disorder in the workplace as a security officer employed by a state department.	<u>Initial</u>
5. Confidentiality: Every effort will be made by the researcher to ensure that my identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.	<u>Initial</u>
6. Access to findings: Any new information/benefit that emerges during the course of the study will be shared with me.	<u>Initial</u>
7. Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	<u>Initial</u>
8. The information above was explained to me by Ms WT Nghonyama in language i know proficiently and understand. I was given an opportunity to ask the questions and all the questions were answered well and satisfactorily.	<u>Initial</u>
9. No pressure was exerted on me to consent to this study and I am aware that I can withdraw from the study at anytime without penalty.	<u>Initial</u>
10. There are no financial costs directed to me for participating in this study.	<u>Initial</u>
B.I HEREBY CONSENTS VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT. Signed/confirmed at _____ on ____ of 2020 _____ Signature or right thumbprint of participant	



ADDENDUM F: INTERVIEW GUIDE

BIOGRAPHICAL INFORMATION

Gender
Age
Marital status
Educational level

Questions/topics

- ❖ Tell me about the effects that gambling has had in your life?
- ❖ Please elaborate on what influenced your gambling?
- ❖ Let's talk about your gambling onset....
- ❖ Can you please tell me about what you have done to try and stop gambling?
- ❖ Please tell me about your spending regarding gambling?
- ❖ Gambling is associated with emotions; please let's talk about that
- ❖ When developing social work guidelines, what should be included in them?
- ❖ What was the biggest amount that you ever won?
- ❖ How does gambling affect you and your family?
- ❖ How often do you gamble?
- ❖ What types of games do you play?

ADDENDUM G: FOCUS GROUP PROMPTS/QUESTIONS

- ✦ What has been your experience in working with Security Officers who gamble at work?
- ✦ How does gambling at work affect work performance or production of security officers who gamble?
- ✦ In your view how do Security Officers influence each other on gambling?
- ✦ Where would you refer Security Officers with gambling disorder for help?
- ✦ In your opinion what should be included in the guidelines for occupational social work intervention aimed at assisting Security Officers with gambling disorder?
- ✦ How do security officers who gamble behave during working hours?
- ✦ What have you done once you realized that a Security Officer engages in gambling activities?
- ✦ Let's talk about salary levels and gambling

47553847_WTNGHONYAMA THESIS

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Submission date: 21-Feb-2024 04:19PM (UTC+0200)
Submission ID: 2300558924

SAMBLING TENDRICE IN THE WORKPLACE AMONG SECURITY OFFICERS
EMPLOYED BY THE NATIONAL DEPARTMENT OF HEALTH: GUIDELINES FOR
OCCUPATIONAL SOCIAL WORK INTERVENTION

by

WINNIE TSAKANI NGHONYAMA

Submitted in accordance with the requirements for the
degree of

Doctor of Social Work

in the subject of

Social Work

at the University of South Africa

Supervisor: Prof. J. Sibiya

2024

ADDENDUM I



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Tel: 012 395 8746

Fax: 012 395 8917

INTERNAL MEMO

DATE:	19 November 2019	FILE NR:	
TO:	Vetting Investigation Manager Ms T Nghonyama	FROM:	Deputy Director: Workplace Support Ms TA Ntshani/Ms SM More

DEBRIEFING PARTICIPANTS AFTER DATA COLLECTION BY MS WT NGHONYAMA

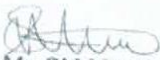
1. The above matter refers.
2. Ms WT Nghonyama is currently working on her Doctorate research proposal. Her topic is "Effects of gambling disorder at the workplace among Security Officers employed by a State Department: Guidelines for social work intervention".
3. Debriefing of participants is part of ethical considerations as research participants should be debriefed should they display signs of emotional disturbance after data collection session with the researcher. It is for this reason that your office is hereby requested to assist with the above matter.
4. Based on the above highlighted information, you are requested to sign a letter of agreement in that regard and provide the researcher with a copy of your CV.

MS WT NGHONYAMA
VETTING AND INVESTIGATION MANAGER
DATE: 19/11/2019

Letter of acknowledgement

AGREEMENT TO DEBRIEF RESEARCH PARTICIPANTS WITH REGARD TO MS WT
NGHONYAMA'S RESEACH PROJECT ENTITLED "EFFECTS OF GAMBLING
DISODER AT THE WORKPLACE AMONG SECURITY OFFICERS EMPLOYED BY A
STATE DEPARTMENT. GUIDELINES FOR SOCIAL WORK INTERVENTION".


I, Salome More of Identity Number. [REDACTED] hereby agree
to debrief research participants who will form part of and participate in Ms WT
Nghonyama's research project as named above.


Ms SM More
Social work policy developer grade 2
Date: 02/12/2019

Letter of acknowledgement

AGREEMENT TO DEBRIEF RESEARCH PARTICIPANTS WITH REGARD TO MS WT
NGHONYAMA'S RESEACH PROJECT ENTITLED "EFFECTS OF GAMBLING
DISODER AT THE WORKPLACE AMONG SECURITY OFFICERS EMPLOYED BY A
STATE DEPARTMENT. GUIDELINES FOR SOCIAL WORK INTERVENTION".

I, Thulani Abigail Ntshani Identity Number [REDACTED] hereby agree
to debrief research participants who will form part of and participate in Ms WT
Nghonyama's research project as named above.


Ms TA Ntshani
Deputy Director: Workplace Support
Date: 22/11/2019



**PUBLIC SERVICE COMMISSION
REPUBLIC OF SOUTH AFRICA**

National Office: Private Bag X121, Pretoria, 0001. Tel: + 27 (0)12 352 1019.
Public Service Commission House, Office Park Block B, 536 Francis Beard Street, Arcadia, Pretoria

PSC Circular 1 of 2020: Reference Number 7/3/P

**TO: ALL EXECUTIVE AUTHORITIES AND HEADS OF NATIONAL AND PROVINCIAL
DEPARTMENTS AND GOVERNMENT COMPONENTS**

**RE: CIRCULAR TO ADVISE EMPLOYEES AND EXECUTIVE AUTHORITIES REGARDING
UNLAWFUL INSTRUCTIONS**

1. The Public Service Commission (PSC) has observed that in many instances where irregularities occurred in public administration, the employees involved allege that they acted on unlawful instructions from Executive Authorities (EAs) or senior managers.
2. The purpose of this Circular is therefore to advise EAs and Heads of Department (HoDs), as well as all public servants, regarding their responsibility to perform their duties within the confines of the legislative framework and to report irregularities as well as unlawful instructions to the relevant authorities.
3. The Constitutional context is provided in section 1 of the Constitution of the Republic of South Africa, 1996, which provides that South Africa is founded on the supremacy of the Constitution and the rule of law. Section 195 of the Constitution echoes that public administration must be governed by the democratic values and principles enshrined in the Constitution, including, amongst others, a high standard of professional ethics and accountability. In addition, section 197(1) of the Constitution provides that there is a public service for the Republic which must function and be structured in terms of the national legislation which must loyally execute the lawful policies of the government of the day.
4. There are several Acts and Regulations applicable in the public service which place a positive duty on an employee to abide by the legislative framework and to report irregularities to a higher authority for example reporting of irregularities to a senior manager, to act as a whistle-blower and/or to report irregularities to the South African Police Service and/or oversight bodies such as the PSC and the Public Protector. These Acts and Regulations include:



PROVINCIAL OFFICES:

Free State	T: (051) 448 8696	F: (051) 448 4135	Eastern Cape	T: (043) 643 4704	F: (043) 642 1371	KwaZulu-Natal	T: (033) 345 9998	F: (033) 345 8505
Gauteng	T: (011) 833 6731	F: (011) 834 1200	Western Cape	T: (021) 833 8332	F: (021) 833 8738	Mpumalanga	T: (013) 755 4070	F: (013) 763 6214

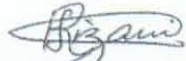


- 4.1. Section 16A of the Public Service Act, 1994, which requires of EA's to take disciplinary action against a head of a department who does not comply with any provision in the Public Service Act and to report the particulars of non-compliance to the Minister of Public Service and Administration. Section 16A also requires HoD's to take disciplinary action against employees who do not comply with a provision of the Public Service Act and to report the particulars of non-compliance to the Director-General of the Department of Public Service and Administration.
- 4.2. Regulations 11, 13 and 14 of the Public Service Regulations, 2016 which provide that employees must abide by and be familiar with all legislation and lawful instructions applicable to their conduct and official duties and further report fraud, corruption, nepotism, maladministration, criminal offences and non-compliance with the Public Service Act to the relevant authorities.
- 4.3. Section 64 of the Public Finance Management Act, 1999 which provides that any directive with financial implications by an EA of a department to an accounting officer must be in writing. If such directive is likely to result in non-compliance with prescripts, the accounting officer will be responsible for such non-compliance unless the EA has been informed of the likelihood of that unauthorised expenditure. In the event that the EA proceeds with the implementation of such directive, the written reasons must be filed immediately with the National Treasury and the Auditor-General as well as the relevant provincial treasury, if a provincial department is involved, by the HoD.
5. The evidence emerging from the Judicial Commission of Inquiry into Allegations of State Capture has shown how some senior leaders and businesses were able to act with impunity. Even more distressing is how senior officials who have been in cahoots with businesses have looted the state in the procurement of Personal Protective Equipment during COVID 19.
6. The Courts have on several occasions pronounced on the repercussions of non-compliance with prescripts.¹ In the **Life Esidimeni Arbitration Award**² the learned judge held that: *"The Constitution goes further to impose overarching duties on wielders of public power. As elected office bearers and so too those in the public service go about their duties, they must first and foremost be faithful to the law. They must act within the stricture of the law and eschew unlawfulness. They may not elevate their personal or arbitrary or political or other preferences above or in a breach of binding law. That is a bare minimum of the constitutional tenet of the rule of law."*
7. EAs sometimes hide behind the notion that they did not know the law and acted on the advice of officials. In the Life Esidimeni Arbitration Award, referred to above, the claims by the EA that she was not correctly advised by the Administration, and the claims by the Administration that they acted on instructions from the EA were rejected. Accordingly they were held accountable for their actions.
8. In light of the above, it is imperative that EAs and all public servants are familiar with the legislative framework wherein they operate. Where there is doubt about the lawfulness of an instruction or proposed action, legal advice should be sought from

internal legal services or external sources such as the Office of the State Attorney or the Office of the Chief State Law Advisor. This may assist to reduce tension between the political –administrative interface.

9. It will be appreciated if the contents of this circular could be brought to the attention of all employees in your respective departments and that workshops be conducted to ensure optimal exposure.

Kind regards



RK SIZANI

CHAIRPERSON

DATE: 29 September 2020

**PUBLIC SERVICE ACT APPOINTEES NOT COVERED BY OSDs:
1 JULY 2021**

PERSAL TABLES 264 & 265

		Salary notch/TCE package: 1 April 2019 (Rpa)				Salary notch/TCE package: 1 July 2021 (Rpa)			
		Full-time notch	Part-time notch			Full-time notch	Part-time notch		
			5/11th	5/11th	3/11th		5/11th	5/11th	3/11th
1	1	95 187	71 391	59 493	35 694	96 615	72 462	60 384	36 231
	2	96 603	72 453	60 378	36 225	98 052	73 539	61 284	36 771
	3	98 064	73 548	61 290	36 774	99 534	74 652	62 208	37 326
	4	99 525	74 643	62 202	37 323	101 019	75 765	63 138	37 881
	5	101 025	75 768	63 141	37 884	102 540	76 905	64 089	38 454
2	1	102 534	76 902	64 083	38 451	104 073	78 054	65 046	39 027
	2	104 092	78 063	65 052	39 030	105 642	79 233	66 027	39 615
	3	105 639	79 230	66 024	39 615	107 223	80 418	67 014	40 209
	4	107 226	80 421	67 017	40 209	108 834	81 627	68 022	40 812
	5	108 837	81 627	68 022	40 815	110 469	82 851	69 042	41 427
	6	110 466	82 851	69 042	41 424	112 122	84 093	70 077	42 045
	7	112 125	84 093	70 077	42 048	113 806	85 356	71 130	42 678
	8	113 802	85 353	71 127	42 675	115 509	86 631	72 192	43 317
	9	115 515	86 637	72 198	43 317	117 249	87 936	73 281	43 968
	10	117 249	87 936	73 281	43 968	119 007	89 256	74 379	44 628
	11	119 007	89 256	74 379	44 628	120 792	90 594	75 495	45 297
	12	120 780	90 585	75 489	45 294	122 592	91 944	76 620	45 972
3	1	122 595	91 947	76 623	45 972	124 434	93 327	77 772	46 662
	2	124 437	93 327	77 772	46 665	126 303	94 728	78 939	47 364
	3	126 306	94 731	78 942	47 364	128 202	96 153	80 127	48 075
	4	128 193	96 144	80 121	48 072	130 116	97 597	81 324	48 795
	5	130 126	97 593	81 327	48 798	132 078	99 060	82 548	49 530
	6	132 072	99 054	82 545	49 527	134 052	100 539	83 784	50 271
	7	134 052	100 539	83 784	50 271	136 062	102 048	85 038	51 024
	8	136 065	102 048	85 041	51 024	138 105	103 578	86 316	51 789
	9	138 099	103 575	86 313	51 786	140 169	105 126	87 606	52 563
	10	140 178	105 135	87 612	52 566	142 281	106 710	88 926	53 355
	11	142 293	106 719	88 932	53 361	144 426	108 321	90 267	54 159
	12	144 411	108 309	90 258	54 153	146 577	109 932	91 611	54 966
4	1	146 581	109 950	91 615	54 966	148 759	111 565	92 926	55 786
	2	148 759	111 558	92 166	55 299	149 676	112 257	93 549	56 130
	3	149 673	112 254	93 546	56 127	151 917	113 937	94 947	56 970
	4	151 923	113 943	94 953	56 970	154 203	115 653	96 378	57 825
	5	154 194	115 647	96 372	57 822	156 507	117 381	97 816	58 689
	6	156 519	117 390	97 824	58 695	158 868	119 151	99 294	59 577
	7	158 871	119 154	99 294	59 577	161 253	120 939	100 782	60 471
	8	161 247	120 936	100 779	60 468	163 665	122 748	102 291	61 374
	9	163 666	122 742	102 285	61 371	166 110	124 584	103 818	62 292
	10	166 116	124 587	103 824	62 295	168 609	126 456	105 381	63 228
	11	168 612	126 459	105 384	63 231	171 141	128 355	106 962	64 179
	12	171 138	128 355	106 962	64 176	173 706	130 281	108 567	65 139

		Salary notch/TCE package: 1 April 2019 (Rpa)				Salary notch/TCE package: 1 July 2021 (Rpa)			
		Full-time notch	Part-time notch			Full-time notch	Part-time notch		
			6/8th	5/8th	3/8th		6/8th	5/8th	3/8th
5	1	173 703	130 278	108 564	65 139	176 310	132 234	110 193	66 117
	2	176 298	132 225	110 187	66 111	178 941	134 205	111 837	67 104
	3	178 965	134 223	111 852	67 113	181 650	136 239	113 532	68 118
	4	181 641	136 230	113 526	68 115	184 365	138 273	115 227	69 138
	5	184 359	138 270	115 224	69 135	187 125	140 343	116 952	70 173
	6	187 116	140 337	116 949	70 170	189 924	142 443	118 704	71 223
	7	189 936	142 452	118 710	71 226	192 786	144 591	120 492	72 294
	8	192 774	144 582	120 483	72 291	195 666	146 751	122 292	73 374
	9	195 675	146 757	122 298	73 377	198 609	148 956	124 131	74 478
	10	198 612	148 959	124 134	74 481	201 591	151 194	125 994	75 597
	11	201 597	151 197	125 997	75 600	204 621	153 465	127 887	76 734
	12	204 612	153 459	127 884	76 731	207 681	155 760	129 801	77 880
6	1	208 584	156 438	130 365	78 219	211 713	158 784	132 321	79 392
	2	211 716	158 787	132 324	79 395	214 893	161 169	134 307	80 586
	3	214 884	161 163	134 304	80 583	218 106	163 581	136 317	81 789
	4	218 109	163 581	136 317	81 792	221 382	166 038	138 363	83 019
	5	221 382	166 038	138 363	83 019	224 703	168 528	140 439	84 264
	6	224 703	168 528	140 439	84 264	228 075	171 057	142 548	85 527
	7	228 078	171 060	142 548	85 530	231 498	173 625	144 687	86 811
	8	231 495	173 622	144 684	86 811	234 966	176 226	146 853	88 113
	9	234 960	176 220	146 850	88 110	238 485	178 863	149 052	89 433
	10	238 491	178 869	149 058	89 433	242 067	181 551	151 293	90 774
	11	242 079	181 560	151 299	90 780	245 709	184 281	153 567	92 142
	12	245 694	184 272	153 558	92 136	249 378	187 035	155 862	93 516
7	1	257 508	193 131	160 944	96 567	261 372	196 029	163 359	98 016
	2	261 372	196 029	163 359	98 016	265 293	198 969	165 807	99 486
	3	265 302	198 978	165 813	99 489	269 283	201 963	168 303	100 980
	4	269 277	201 957	168 297	100 980	273 315	204 987	170 823	102 492
	5	273 312	204 984	170 820	102 492	277 413	208 059	173 382	104 031
	6	277 410	208 059	173 382	104 028	281 571	211 179	175 983	105 588
	7	281 568	211 176	175 980	105 588	285 792	214 344	178 620	107 172
	8	285 801	214 350	178 626	107 175	290 088	217 566	181 305	108 783
	9	290 079	217 560	181 289	108 780	294 429	220 821	184 017	110 412
	10	294 432	220 824	184 020	110 412	298 848	224 136	186 780	112 068
	11	298 848	224 136	186 780	112 068	303 330	227 499	189 582	113 748
	12	303 339	227 505	189 588	113 751	307 890	230 919	192 432	115 458
8	1	316 791	237 594	197 994	118 797	321 543	241 158	200 964	120 579
	2	321 655	241 167	200 973	120 582	326 379	244 785	203 988	122 391
	3	326 376	244 782	203 985	122 391	331 272	248 454	207 045	124 227
	4	331 269	248 451	207 042	124 227	336 237	252 177	210 147	126 090
	5	336 243	252 183	210 153	126 090	341 286	255 966	213 303	127 983
	6	341 280	255 960	213 300	127 980	346 398	259 800	216 498	129 900
	7	346 395	259 797	216 498	129 897	351 591	263 694	219 744	131 847
	8	351 594	263 697	219 747	131 847	356 868	267 651	223 044	133 827
	9	356 874	267 657	223 047	133 827	362 226	271 671	226 392	135 834
	10	362 223	271 668	226 389	135 834	367 656	275 742	229 785	137 871
	11	367 656	275 742	229 785	137 871	373 170	279 879	233 232	139 938
	12	373 167	279 876	233 229	139 938	378 765	284 073	236 727	142 038

		Salary notch/TCE package: 1 April 2019 (Rpa)				Salary notch/TCE package: 1 July 2021 (Rpa)			
		Full-time notch	Part-time notch			Full-time notch	Part-time notch		
			6/8th	5/8th	3/8th		6/8th	5/8th	3/8th
9	1	376 596	282 447	235 374	141 225	382 245	286 683	238 902	143 343
	2	382 236	286 677	238 899	143 340	387 969	290 976	242 481	145 488
	3	387 966	290 976	242 478	145 488	393 786	295 341	246 117	147 669
	4	393 783	295 338	246 114	147 669	399 690	299 769	249 807	149 883
	5	399 693	299 769	249 807	149 886	405 687	304 266	253 554	152 133
	6	405 699	304 275	253 563	152 136	411 783	308 838	257 364	154 419
	7	411 771	308 829	257 356	154 413	417 948	313 461	261 219	156 732
	8	417 948	313 461	261 219	156 732	424 218	318 165	265 137	159 081
	9	424 221	318 165	265 137	159 084	430 584	322 938	269 115	161 469
	10	430 587	322 941	269 118	161 469	437 046	327 786	273 153	163 893
	11	437 043	327 783	273 153	163 890	443 598	332 700	277 248	166 350
	12	443 601	332 700	277 251	166 350	450 255	337 692	281 409	168 846
	P	454 920	341 190	284 325	170 595	461 745	346 308	288 591	173 154
10	1	470 040	352 530	293 775	176 265	477 090	357 819	298 182	178 908
	2	477 081	357 810	298 176	178 905	484 236	363 177	302 649	181 590
	3	484 242	363 183	302 652	181 590	491 505	368 628	307 191	184 314
	4	491 505	368 628	307 191	184 314	498 879	374 160	311 799	187 080
	5	498 873	374 154	311 796	187 077	506 355	379 767	316 473	189 882
	6	506 361	379 770	316 476	189 885	513 957	385 467	321 222	192 735
	7	513 954	385 467	321 222	192 732	521 664	391 248	326 040	195 624
	8	521 664	391 248	326 040	195 624	529 488	397 116	330 930	198 558
	9	529 491	397 119	330 933	198 558	537 432	403 074	335 895	201 537
	10	537 432	403 074	335 895	201 537	545 493	409 119	340 932	204 561
	11	545 493	409 119	340 932	204 561	553 674	415 257	346 047	207 627
	12	553 677	415 257	346 047	207 630	561 981	421 485	351 237	210 744
	11								
		Full-time TCE package	Part-time TCE package			Full-time TCE package	Part-time TCE package		
			6/8th	5/8th	3/8th		6/8th	5/8th	3/8th
1		733 257	549 942	458 286	274 971	744 255	558 192	465 159	279 096
2		744 255	558 192	465 159	279 096	755 418	566 565	472 137	283 281
3		755 418	566 565	472 137	283 281	766 749	575 061	479 217	287 532
4		766 764	575 073	479 229	287 538	778 266	583 701	486 417	291 849
5		778 257	583 692	486 411	291 846	789 930	592 449	493 707	296 223
6		789 936	592 452	493 710	296 226	801 786	601 341	501 117	300 669
7		801 774	601 332	501 108	300 666	813 801	610 350	508 626	305 175
8		813 807	610 356	508 629	305 178	826 014	619 512	516 258	309 756
9		826 011	619 509	516 258	309 753	838 401	628 800	524 001	314 400
10		838 404	628 803	524 004	314 403	850 980	638 235	531 864	319 119
11	850 980	638 235	531 864	319 119	863 745	647 808	539 841	323 904	
12	863 748	647 811	539 844	323 907	876 705	657 528	547 941	328 764	
12	1	869 007	651 756	543 129	325 878	882 042	661 533	551 277	330 765
	2	882 048	661 536	551 280	330 768	895 278	671 460	559 548	335 730
	3	895 272	671 454	559 545	335 727	908 700	681 525	567 939	340 764
	4	908 694	681 522	567 933	340 761	922 323	691 743	576 453	345 870
	5	922 335	691 752	576 459	345 876	936 171	702 129	585 108	351 063
	6	936 177	702 132	585 111	351 066	950 220	712 665	593 889	356 334
	7	950 211	712 659	593 883	356 328	964 464	723 348	602 790	361 674
	8	964 470	723 354	602 793	361 677	978 936	734 202	611 835	367 101
	9	978 924	734 193	611 829	367 098	993 609	745 206	621 006	372 603
	10	993 615	745 212	621 009	372 606	1 008 519	756 390	630 324	378 195
	11	1 008 519	756 390	630 324	378 195	1 023 648	767 736	639 780	383 868
	12	1 023 645	767 733	639 777	383 868	1 038 999	779 250	649 374	389 625



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

Private Bag X916, PRETORIA, 0001. Tel: (012) 336 1000, Fax: (012) 326 7802
Private Bag X9148, CAPE TOWN, 8000. Tel: (021) 467 5120, Fax: (021) 467 5484

Enquiries : Mr D v/d Westhuizen
Tel No. : 012-336 1295
File : 17/6/R

TO ALL HEADS OF DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

Circular No 07 of 2020

STATE OF DISASTER: GUIDELINES FOR THE CONTAINMENT/MANAGEMENT OF THE CORONA VIRUS (COVID 19) IN THE PUBLIC SERVICE

1. INTRODUCTION

- 1.1. With the first cases of the coronavirus (COVID-19) now confirmed in South Africa, the President of the Republic has declared a national State of Disaster. COVID-19 will undoubtedly impact on the public service in various ways. To mitigate the impact on the health of the citizens we serve, our employees and service delivery, it is important to have a common approach in the manner departments may deal with cases linked to the virus.
- 1.2. **KEEPING UP TO DATE:** Knowledge about the virus is continuing to unfold. For updates and the latest information, refer to the following resources:
 - i. National Department of Health: <https://www.health.gov.za>
 - ii. National Institute for Communicable Diseases: <https://www.nicd.ac.za>
 - iii. National Institute of Occupational Health: <https://www.nioh.ac.za>
 - iv. National Health Laboratory Service: <https://www.nhls.ac.za>
 - v. World Health Organisation: <https://www.who.int>
 - vi. Coronavirus Hotline Number: 0800 02 99 99

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Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

Private Bag X916, PRETORIA, 0001. Tel: (012) 336 1000, Fax: (012) 326 7802
Private Bag X9148, CAPE TOWN, 8000. Tel: (021) 467 5120, Fax: (021) 467 5484

Enquiries : Mr D vld Westhuizen
Tel No. : 012-336 1295
File : 17/6/R

TO ALL HEADS OF DEPARTMENTS AND PROVINCIAL ADMINISTRATIONS

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 - iii. National Institute of Occupational Health: <https://www.nioh.ac.za>
 - iv. National Health Laboratory Service: <https://www.nhls.ac.za>
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 - vi. Coronavirus Hotline Number: 0800 02 99 99

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- 1.3. To strengthen communication and to discourage the spreading of fake news the National Department of Health (NDoH) has also developed a service via WhatsApp where the latest information on COVID-19 can be obtained and accessed on +27 600 123 456. Departments are encouraged to communicate this service to their employees to ensure they are in receipt of the latest information and combat the spreading of fake news that has the potential to disrupt service delivery, undo containment measures and lead to panic.

2. GUIDANCE FOR DEPARTMENTS TO PREPARE FOR THE CONTAINMENT/MANAGEMENT OF COVID-19.

- 2.1. The public service as the largest employer in the country must support the national agenda in combating COVID-19.
- 2.2. Heads of Department must immediately act on confirmed cases of COVID-19.
- 2.3. Departments have a legal obligation in accordance with Section 8, of the Occupational Health and Safety Act (OHSA), 1993, as amended to, where reasonably practicable, provide and maintain a safe, healthy work environment that is without risk to employees.
- 2.4. Regulation 53 provides that a head of department shall establish and maintain a safe and healthy work environment for employees of the department and a safe and healthy service delivery environment for members of the public service regulations.
- 2.5. *Departments responsible for employment in the services and education are advised to issue similar guidance.*
- 2.6. To comply with the OSHA in the light of the COVID-19 threat, Departments must take as a minimum, the following steps to manage /contain the spread of the virus:
 - 2.6.1. Conduct a **risk assessment** to identify the risks of a COVID-19 outbreak in the department. Identify areas in the department where provisions against COVID-19 are still inadequate and processes to immediately/urgently correct these.
 - 2.6.2. Revise existing **health and safety** provisions in the department.
 - 2.6.3. Establish a departmental **steering committee** including Organised Labour to deal with all issues concerning COVID-19 reporting directly to the Head of Department.
 - 2.6.4. Focus on **communicating** and consider a dedicated email address where all cases involving COVID-19 must be reported.
 - 2.6.5. Develop **guidelines, action plans and protocols** to manage any confirmed cases of COVID-19 among staff or in your buildings. Protocols issued by the NDoH **must** be taken into consideration when drafting guidelines and action plans. Departments must ensure that these protocols are aligned to national directives and advice.
 - 2.6.6. Departments must classify their services in terms of Direct, Indirect, Back End and Transversal and inform citizens of which key services they will make available during the three (3) month period that is:

- 2.6.6.1. Has the department decided to limit some of its services to better manage crowds and gatherings;
- 2.6.6.2. Where online services are provided citizens must be encouraged to use these services;
- 2.6.6.3. Departments must ensure that all visitors entering and leaving the department must be recorded.
- 2.6.6.4. Departments must identify a facility/sickbay for isolation purposes. The facility should be well ventilated and be regularly cleaned.
- 2.6.7. Conduct **awareness programmes** on the prevention and control of COVID-19.
- 2.6.8. Establish a **communication protocol for the reporting** of all COVID-19 cases by employees.
- 2.6.9. Ensure regular communication in the department regarding the measures in place as well as the response of the department to the pandemic.
- 2.6.10. Draft and distribute the contact **details of departmental representatives** tasked with dealing with COVID-19 for the different business units, offices and buildings.
- 2.6.11. **Keep up to date** with NDoH and World Health Organisation (WHO) advice, updates and communicate these to employees regularly.
- 2.6.12. Ensure **budget reprioritisation** to facilitate funding to deal with COVID-19.
- 2.6.13. Suspend all **non-essential domestic travelling**. Essential travel must be regarded as travel that is absolutely necessary and required in the interest of service delivery.
- 2.6.14. Suspend all **non-essential/non-critical meetings** inside or outside the department.
- 2.6.15. Utilise **teleconferences and video conferencing** as options to face to face meetings where applicable.
- 2.6.16. Keep the number of participants to **meetings** within the minimum advised by the NDoH and provide the necessary **precautionary measures**.
- 2.6.17. Postpone or cancel all **mass gatherings/events** requiring a congregation of large numbers of employees and/or the public.
- 2.6.18. In instances where applicable, consideration should be given to those occupations that allow employees to **work from home** as a means to **minimise travel and possible exposure** to COVID-19. It is incumbent on a department to ensure that the necessary infrastructure and IT requirements to facilitate remote working are in place. Such requests must be approved by the Head of Department. A register of employees must be kept and sent to the DPSA.
- 2.6.19. It is incumbent on departments to procure sufficient **hand sanitisers, soap, gloves, masks, tissues and when possible temperature scanners** for use to **monitor employee's** possible exposure in terms of the COVID-19 symptoms. The procurement of such equipment must be defrayed from departments existing budget allocations. Such screening must be done by personnel with the requisite expertise.

2.6.20. In line with Regulation 53 of the Public Service Regulations, 2016 the protocols to be developed to deal with COVID-19 must provide for when possible the **screening of employees on a daily basis** in the morning to ascertain their state of health and whether or not they display symptoms of COVID-19. Employees displaying such symptoms must be requested to seek medical treatment from a medical professional in line with NDoH guidelines.

2.6.21. **Gatherings** of more than 100 people is prohibited. Where gatherings consist of less than 100 people stringent measures as developed by NDOH must be put in place in order to facilitate the prevention and control of COVID-19. If the required measures are not put in place such gatherings must be postponed.

3. PRECAUTIONARY MEASURES EMPLOYEES MUST BE ENCOURAGED TO ADOPT

- 3.1. In order to remain healthy, it is important not to be exposed to the COVID-19 virus. Employees can protect themselves and others by doing the following:
- 3.1.1. Washing their hands frequently. Hands must be washed often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing their nose, coughing, or sneezing. If soap and water are not readily available, an alcohol-based hand sanitiser with at least 60% alcohol can be used.
 - 3.1.2. Avoiding close contact with people who are sick. At least one (1) meter distance between yourself and anyone who is coughing or sneezing must be maintained.
 - 3.1.3. Avoiding touching their eyes, nose, and mouth.
 - 3.1.4. Covering their cough or sneeze with a tissue, and disposing of the tissue safely afterwards.
 - 3.1.5. Cleaning and disinfecting frequently-touched objects and surfaces.
 - 3.1.6. Wearing of masks is not necessary unless taking care of an infected person. It is recommended that only infected people wear masks to prevent the spread of the virus.
 - 3.1.7. Employees who have a fever, cough and have difficulty breathing must seek medical attention immediately. Follow the directions of the NDoH when seeking medical attention.

4. MANAGEMENT OF FRONTLINE EMPLOYEES AND MEMBERS OF THE PUBLIC

It is incumbent on departments to develop internal protocols and communication strategies for the management of frontline staff and members of the public to ensure the continuation of service delivery in their respective sectors in line with protocols on the management of COVID-19, issued by the NDoH and the World Health Organisation.

Departments, such as those in the Security sector, Correctional Services, Home Affairs amongst others that have to deliver front line services and engage with the public should issue guidelines

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for their offices.

4.1. FRONTLINE EMPLOYEES

Front line employees come in direct contact with the public in executing their responsibilities and as such are most at risk of contracting COVID-19. To ensure the health and safety of frontline employees it is important that the following precautions be taken:

- 4.1.1. Provide frontline employees with the necessary protective equipment, e.g. latex gloves, etc. in handling documents and assisting citizens.
- 4.1.2. Provide frontline employees with sufficient training to assist them to identify the risks and mitigating it sufficiently.
- 4.1.3. Ensure the workspace of frontline employees have sufficient facilities for them to wash their hands.
- 4.1.4. Ensure the cleaning of the hard surfaces e.g. workstations, countertops, and doorknobs on an hourly basis. The cleaning of the surfaces must be recorded on a two (2) hourly basis
- 4.1.5. Ensure frontline employees are conversant with the protocols pertaining to COVID-19 in order to respond timeously to identify risks.
- 4.1.6. Prevention of close or physical contact in the workplace, such as shaking hands.

4.2. MEMBERS OF THE PUBLIC VISITING FRONTLINE OFFICES

Regulation 53 of the Public Service Regulations 2016 bestows the onus on the Head of Department to establish a safe and secure service delivery environment for members of the public. In this regard it is important that the following steps must be implemented as a minimum to adhere to the aforementioned provisions:

- 4.2.1. Ensure cleaning of the waiting area for members of the public on a two (2) hourly basis.
- 4.2.2. Provision of hand sanitisers at strategic places for members of the public. Ensure the numbers of members of the public allowed in the venue is consistent with the protocols and guidelines of the department and management of crowds in waiting areas or/and queues.
- 4.2.3. Installation of scanners and ensure each and every member of the public is checked before entering the facility.
- 4.2.4. Guide and direct members of the public displaying symptoms consistent with COVID-19 to a medical professional.
- 4.2.5. Avail awareness material on COVID-19 to members of the public advising on the necessity for adherence to the protocols for COVID-19
- 4.2.6. Ensure posters on COVID-19 are placed in strategic locations where members of the public can be informed.

5. GUIDELINE ON TRAVEL

- 5.1. In line with the declared national state of disaster all non-essential international and domestic travel is prohibited. Departments must keep up to date with the regular travel alerts which will be issued by government as the situation evolves. It is incumbent on departments to establish guidelines that will define essential travel internationally and domestically that is to be considered.
- 5.2. With regard to personal travel it is incumbent on the employee to disclose to the employer whether high/medium or low risk countries were visited during such travels. National protocols regarding travel must be followed.
- 5.3. Where applicable departments must develop a process to manage employees who return from official travel and national protocols must be followed.

6. GUIDANCE ON HOW TO MANAGE COVID-19 CASES

- 6.1. Given the ability to rapidly spread, the management of confirmed and suspected COVID-19 cases is of paramount importance. In this regard to what must be done by the Head of Department for the following scenarios, the following guidelines must be observed as a minimum:
 - A) An employee **tested positive** for COVID-19 the Head of Department should formally grant approval for sick leave in accordance with the Determination and Directive on Leave of Absence in the Public Service or incapacity leave in accordance with the Policy and Procedure on Incapacity Leave and Ill-health Retirement processes if the employee has exhausted his/her normal sick leave.
 - B) The Head of Department should formally grant approval in accordance with Public Service Regulation 51 for all employees who worked closely with the affected employee to self-quarantine for a period of 14 days to ensure the infection does not spread. This must be done in consultation with the relevant authorities and NDoH protocols. Such employees should be requested to work remotely. A list of such employees must be kept and submitted to the DPSA.
 - C) The cleaning/disinfection of the affected workspaces must be facilitated. Contact must be maintained with such employees as a means of monitoring and evaluation.
 - D) Report the cases in the required format to the DPSA via the dedicated email address COVID-19@dpsa.gov.za

6.1.1. An employee was **exposed to a confirmed** case of COVID-19:

- A) In terms of the NDoH's guidelines all those employee who were in contact with the infected person are required to self-quarantine at home for a period of 14 days or for a duration as prescribed by the NDoH while being monitored for symptoms.
- B) The Head of Department should formally grant approval in accordance with Public Service Regulation 51 for the employee to self-quarantine for a period of 14 days or as prescribed by NDoH to ensure the infection does not spread. This must be done in consultation with the relevant authorities. Such employees can be requested to work remotely.
- C) The HoD must ensure that the affected workspace/s are cleaned/disinfected.
- D) Contact must be maintained with such employee as a means of monitoring and evaluation.
- E) Report the cases in the required format to the DPSA via the dedicated email address COVID-19@dpsa.gov.za

6.1.2. An employee was exposed to an unconfirmed case of COVID-19:

- A) If an employee has been in contact with a person who has not yet been confirmed as infected by COVID-19 while laboratory test results for COVID-19 are awaited. Until the outcome of test results is known the Head of Department can decide, informed and guided by NDoH, Legal Services and Human Resources if restrictions or special control measures need to be applied until the results are known.
- B) Once the results are known, protocols by NDOH are effected, if applicable.
- C) Report the case to the DPSA via the dedicated email address, COVID-19@dpsa.gov.za

6.1.3. An employee appears ill and reports for duty displaying symptoms associated with COVID-19:

- A) If an employee presents themselves at work with similar symptoms consistent with COVID-19; being high fever, respiratory distress, dry cough, etc. they must be advised to contact the hotline, consult a medical professional and follow the NDoH protocols for COVID-19.
- B) The employee should be temporarily isolated in a sickbay or room identified for temporary isolation while arrangements are made for them to be transported to a medical facility. Employees must be encouraged to seek medical attention if they display flu like symptoms and to not report for duty.
- C) Further action should be taken once confirmation of diagnosis of a medical professional has been confirmed.
- D) Report the cases in the required format to the DPSA via the dedicated email address COVID-19@dpsa.gov.za.

6.1.4. Closure of a unit/component/office /department if an employee tested positive for COVID-19.

- A) Report the exposure and incident to the NDoH
- B) The department must contact the relevant public health officials to discuss the case, identify people who have been exposed and advise on any actions or precautions that should be taken.
- C) An assessment of the unit/component/office will be conducted by the public health officials and advice on the management of the occurrence based on this assessment.
- D) The assessment decision to close a unit/component/office in the department is the prerogative of the Head of Department and will be based on the advice of the public health officials.
- E) The closure of a unit/component/office must be considered with due regard to the extent of the exposure and its implications on health and safety including service delivery needs of the department.
- F) Report the actions to the DPSA via the dedicated email address, COVID-19@dpsa.gov.za

6.1.5. An employee or employees refuse to report for duty based on the fear of being infected by COVID-19.

- A) The employment relationship is the legal link between employers and employees and stipulate that a person (employee) will perform work or a service under certain conditions in return for remuneration (employer).
- B) The onus is on the employee/s to demonstrate that the workplace is a risk and unsafe in relation to the virus.
- C) Refusal to report for duty, contrary to the instructions of the supervisor or HoD means that such absence is unpaid and should be dealt with in terms of the Disciplinary Code.

7. MANAGING OF ABSENCES OF EMPLOYEES DUE TO EXPOSURE TO COVID-19

7.1. The Determination and Directive on Leave of Absence in the Public Service specifically paragraph 14.8.3 provides for sick leave if an employee must be quarantined or isolated for a period of at least ten (10) days:

7.1.1. Working hours. -Subject to any collective agreements and the *Code of Good Practice on Arrangement of Working Time* issued in terms of section 87 of the *Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)*, a head of department shall determine:

- (a) the work week and daily hours of work for employees; and

- (b) the opening and closing times of places of work of the department, taking into account-
 - i. the needs of the public with due regard to the department's service delivery improvement plan; and
 - ii. the needs and circumstances of employees, including family obligations and transport arrangements
- 7.2. If an employee contracted COVID-19 and compulsory quarantine/isolation is advised by a *medical practitioner* **sick leave** may be granted for the duration of the period the employee needs to be quarantined or isolated. The terms and conditions attached to the granting of sick leave as stipulated in the Determination and Directive on Leave of Absence in the Public Service must be adhered to. If the employee's sick leave is exhausted he/she may apply for incapacity leave.
- 7.3. If an employee has been in **close contact with a confirmed case** of coronavirus and *quarantine/isolation is advised by a medical practitioner* **sick leave** may be granted for the duration of the period the employee needs to be quarantined or isolated. The terms and conditions attached to the granting of sick leave as stipulated in the Determination and Directive on Leave of Absence in the Public Service must be adhered to. If the employee's sick leave is exhausted he/she may apply for incapacity leave.
- 7.4. If an employer requires an **employee to self-quarantine/isolate** at home as a precautionary measure in the public interest and the safety of other employees the absence may be dealt with in terms of *Public Service Regulation 51 of the Public Service Regulations, 2016* as amended by re-determining the work week and daily hours of work of the employee. Such employees may be requested to work from home or remotely. The decision to re-determine an employee's working time rests with the Head of Department and must be approved within the parameters defined in the Public Service Regulations, the Basic Conditions of Employment Act, Determination on Working Time, applicable PSCBC and Sectoral Bargaining Councils' collective agreements and, where applicable, departmental policies, based on the needs of the public with due regard to the department's service delivery needs.
- 7.5. If an employee decides to self-quarantine/isolate after their perceived contact with COVID-19 **without medical intervention** or requested request from the employer such isolation must be construed as a leave of **absence** and be covered by the employee's available **annual leave and thereafter unpaid leave** if insufficient annual leave credits are available. The employee must be informed of this process. Disciplinary measures in terms of the Disciplinary Code must be invoked if abuse of leave provisions are identified during the containment of the COVID-19.
- 7.6. If an employee needs to attend to his/her child, spouse or life partner who is/are either in *quarantine or isolation* he/she may be granted **family responsibility leave** in accordance with the provisions as outlined in the *Determination and Directive on Leave of Absence in the Public Service*. The terms and conditions attached to the granting of family responsibility leave as stipulated in the Determination and Directive on Leave of Absence in the Public Service must be

adhered to. An employee who has used all their family responsibility leave may, subject to the approval of the Head of department, apply to use available annual leave or use up to 184 calendar days of unpaid leave.

8. MANAGEMENT OF HUMAN RESOURCES

8.1. The nature of the declared national state of disaster will place a significant strain on the human resources of departments

8.2. ACQUISITION OF ADDITIONAL HUMAN RESOURCES TO SUPPORT THE DEPARTMENT TO CONTAIN COVID-19.

8.2.1. Where departments require additional human resources in relation to the management of the spread of COVID-19, such temporary employment should be done in terms of Regulation 57 (2)(b). It is incumbent on departments to inform the DPSA of such occurrences.

8.3. MANAGEMENT OF OVERTIME IN RELATION TO COVID-19.

8.3.1. Governments' response to COVID-19 will result in departments requiring employees to work significantly more than their normal hours to deal with the pandemic. I, have therefore authorised, as delegated, a deviation in terms of Regulation 4 from the provisions of Regulation 49(1)(c) of the Public Service Regulations, 2016 in respect of approved overtime compensation that exceeds the 30 percent (30%) threshold of the employee's monthly salary due to exceptional circumstances.

8.3.2. This deviation is an emergency response and is only applicable to the following departments:

- (a) Department of Home Affairs; and
- (b) National and Provincial Departments of Health.
- (c) Department of Transport

9. REPORTING AND STATISTICAL DATA

- 9.1. To ensure statistical data as it pertains to the manifestation of COVID-19 in the public service is available, all cases must be immediately reported to the DPSA.
- 9.2. In terms of reporting National departments must aggregate the total number of cases and submit to the DPSA. No statistics from regional offices of national departments will be accepted.
- 9.3. With regard to the Provinces the Office of the Premier will be responsible to collate the statistics for the province and submit to the DPSA. The template for reporting is attached as **Annexure A** to this circular.

- 9.4. Cases must be reported to the following dedicated email address: COVID-19@dpsa.gov.za. Kindly note that the aforementioned email address is exclusively for the submission of statistics of COVID-19 and should not be utilised for any other purpose.

10. CONTACT DETAILS

- 10.1. Enquiries regarding the management and containment of COVID-19 from a health and wellness perspective must be directed to Employee Health and Wellness for attention Mr Robert Foromo at WEMCOVID-19@dpsa.gov.za.
- 10.2. Enquiries as it relates to the implementation and application of conditions of service pertaining to COVID-19 in the public service must be directed to Employee Benefits for attention Mr Desmond w/d Westhuizen at COSECOVID-19@dpsa.gov.za.
11. We continue to call for calm and cooperation from Public Service employees during this period. Our collective and joint actions to support the national efforts to contain and manage COVID-19 is every public servants' responsibility. Public Service employees are also requested to share these messages with their families and their communities.
12. To enhance the guidance provided a list of frequently asked questions with appropriate responses is available at:
<http://www.health.gov.za/index.php/component/phocadownload/category/607#>; and
<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.
13. In dealing with the response to COVID-19 Heads of Department must seek advice and use discretion in dealing with matters not covered in this circular.



Ms Yoliswa Makhasi
Director-General: DPSA

Date: 16/03/2020



health


Department:
Health
REPUBLIC OF SOUTH AFRICA

Reference No:
Enquiries: Dr Barry Kistnasamy
Office No: MBOD/CCOD
Telephone: 011 356 5602
Date: 25 March 2020

FROM THE OFFICE OF THE ACTING DIRECTOR GENERAL

TO	:	ALL COLLEAGUES, VISITORS AND CONTRACTORS
FROM	:	DR T PILLAY
DATE	:	25 MARCH 2020
SUBJECT	:	SCREENING AND ACCESS MEASURES AT NDOH FACILITIES- COVID-19

1. The earlier policy circular refers on our commitment to the health and safety of all of us, visitors and contractors at NDOH facilities.
2. With effect from Monday, 30 March 2020, the following access and screening interventions will take place at NDOH facilities.
 - a. Access to NDOH facilities are only possible from 0800 to 1600 on weekdays for all colleagues, visitors and contractors.
 - b. All persons entering the buildings will be screened using a questionnaire and a temperature assessment in selected persons by trained health professionals. The questionnaire covers symptoms of fever, cough, sore throat, headache and shortness of breath; recent travel in an airplane and recent contact with anyone with the aforementioned symptoms, a flu or a person confirmed with COVID -19.
 - c. Any person suspected of having symptoms or contact with a positive person will be referred to the designated health facility in the area or advised to see their medical practitioner or advised on self-isolation for 14 days.
 - d. Certain persons will need notification to the NICD for contact tracing and follow up.
 - e. No access is possible if found on screening to have exposure or symptoms.
3. All of us should cooperate with the designated health officials at the entrances.
4. In the event of queries call Thulani Ntshani on ~~066 973 10~~ 064 870 85 12
5. I thank you for your understanding and support.
6. You will be informed of any changes to the screening and access procedure.



 Dr T PILLAY
 ACTING DIRECTOR-GENERAL
 DATE: 26/03/2020

REPUBLIC OF SOUTH AFRICA

ENQUIRIES:	DR BARRY KISTNASAMY	DEPARTMENT OF HEALTH
TEL:	(011) 356-5602	PRIVATE BAG X828
CLUSTER:	MBOD/CCOD	PRETORIA
DIRECTORATE:	MBOD/CCOD	0001

TO: ALL STAFF MEMBERS, VISITORS AND CONTRACTORS

COVID-19 WORKPLACE POLICY

1. PURPOSE AND OBJECTIVE

- 1.1. The Coronavirus (COVID-19) outbreak has been labelled a global pandemic by the World Health Organization (WHO).
- 1.2. On the 15th of March 2020, President Cyril Ramaphosa declared a National State of Disaster in terms of the Disaster Management Act. The President has called on all South Africans, including business to put adequate response measures in place to protect employees.
- 1.3. The purpose of this policy is to address workplace measures and practices put into place to mitigate the risk of exposure to the virus during the COVID-19 outbreak.

2. POLICY STATEMENT

- 2.1. The National Department of Health (hereinafter refer to as the NDOH) places the highest priority on the health, safety and wellbeing of the employees, while protecting the continuity of programs and essential functions.
- 2.2. These policies will be revisited regularly, and employees should continue to check the Rihanyo Mail for updates.
- 2.3. The priorities in setting these workplace policies are to:

- 2.3.1 Maintain a safe and healthy workplace, including minimizing the transmission of contagious disease.
- 2.3.2 Sustain operational continuity
- 2.3.3 Encourage an ethos of fairness, open communication and concern for the wellbeing of our employees, visitors and contractors.
- 2.3.4 To implement the guidelines issued by the DPSA, NICD, WHO and NDOH in response to COVID 19

3. SCOPE

- 3.1 This policy applies to the NDOH and all its satellite facilities and offices and includes employees, contractors and visitors.

4. RELEVANT LEGISLATIVE FRAMEWORK

- 4.1. This policy is based on the following legislations:
- 4.2. Disaster Management Act 57 of 2002
- 4.3. Occupational Health & Safety Act, 1993
- 4.4. Compensation for Occupational Injuries and Diseases Act 130 of 1993

5. WHAT IS THE CORONAVIRUS (COVID-19)

- 5.1. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).
- 5.2. Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans.
- 5.3. Common signs of infection include fever and respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

6. HOW DOES THE COVID-19 DISEASE SPREAD?

- 6.1. People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person.
- 6.2. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

7. EMPLOYEE PROTECTION AND PREVENTIVE MEASURES

- 7.1. The NDOH will ensure that employees / contractors will have the necessary personal protective equipment after a health risk assessment, also noting the provisions of the DPSA Circular 07/2020 and the Occupational Health and Safety Act and regulations.
- 7.2. All employees are urged to take basic preventive measures to avoid exposure to or infection by the virus causing COVID-19.
- 7.3. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
- 7.4. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- 7.5. Avoid touching your face, nose, eyes, etc.
- 7.6. Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)
- 7.7. To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.

7.8. Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

7.9. Avoid all non-essential travel including plane trips, and especially avoid embarking on cruise ships.

8. MANAGEMENT OF LEAVE AND ABSENCE FROM WORK (PLEASE REFER TO THE SEPARATE CIRCULAR FROM HUMAN RESOURCES)

9. ORGANISING MEETINGS OR EVENTS

9.1. Meetings should only be held if necessary, as most meetings can be held via tele-conference.

9.2. No official gathering, workshop, or any other NDOH event will be allowed where there would be more than 100 people in attendance.

10. INTERNATIONAL TRAVEL

10.1 All NDOH-related international travel is prohibited until further notice, and all personal international travel is strongly discouraged.

10.2 In terms of domestic travel, employees should exercise extreme caution and judgment for all domestic travel.

10.3 Anyone who has been in an area of high concern for COVID-19 must inform your manager at least 24 hours before your return/arrival to the workplace and in consultation with the occupational health team will make a decision on your return or alternatives.

11. TOTAL LOCK-DOWN

11.1 If departments, offices or operations are closed by public health authorities due to COVID-19, the NDOH Human Resources section will provide guidelines.

12. PERSONAL CONTACT DETAILS

12.1. Employees with computer/internet access are asked to make sure that personal and emergency contact information is up to date on the HR system.

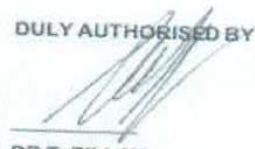
13. NICD HOTLINE

13.1. If an employee has any concern related to COVID-19, the NICD hotline 0800 029 999 should be contacted.

14. IMPLEMENTATION AND EFFECT

14.1. This policy will come into effect on the date of signature of the Acting Director-General and shall remain in effect until it is reviewed by the NDOH. The NDOH shall be entitled to amend or change the policy at its sole discretion.

DULY AUTHORISED BY



DR T. PILLAY
ACTING DIRECTOR-GENERAL

DATE: 26/03/2020