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THEORETICAL AND PRACTICAL PERSPECTIVES OF EMPLOYEE WELLNESS PROGRAMMES AT A SELECTED SOUTH AFRICAN UNIVERSITY

by

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Thesis submitted in fulfilment of the requirements for the degree

Doctor of Technology in Human Resource Management

in the Faculty of Business and Management Sciences

at the Cape Peninsula University of Technology

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Date submitted: July 2017

DECLARATION

I, Liiza Gie, declare that the contents of this thesis represent my own unaided work, and that the thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

17 July 2017

Signed   **Date**

ABSTRACT

In attempting to contribute to social transformation, South African Higher Education has undergone considerable changes, taking on greater student enrollment, increasing curriculum responsiveness, and prioritising pass- and graduation rates, all of which have put universities' resources, specifically their human resources, under considerable pressure and stress (Rensburg, 2013: 5). Paradoxically, there has been no meaningful attempt to address the negative effects of these pressures and stress on the wellness of those who are expected to cope with the enormous changes. In addition, Higher Education Institutions' (HEIs') mergers, although honourable in intention, have resulted in negative, unintended consequences for staff. Previous research studies have highlighted the growing occupational stressors experienced by HEIs' staff; however, limited sustainable solutions have been forthcoming. It is on this premise that this research study aimed to develop a holistic employee wellness programme model that would provide a support system for university staff. This model would alleviate the impact of challenges experienced in staff daily work and on their personal lives, and ultimately aid in promoting quality of work life and balance within the institution. The intention was to prevent university staff from experiencing job burnout and health-related problems, thereby promoting their optimal wellness and performance at work.

A mixed methods research design was adopted involving a case study and a quasi-experimental research design. Purposive sampling was applied within the case study unit which included both academic and non-academic staff, as they shared similar attributes and wellness experiences within a university. Triangulation mixed methods that was applied combined, with equal importance, both quantitative and qualitative data which were brought together for comparison.

This research study identified thirteen employee wellness factors that formed the foundation of a holistic employee wellness programme. Each employee wellness factor was allocated according to three types of interventions, namely primary – prevention, secondary – reduction, and tertiary – treatment, in order to promote employee-organisational health and wellness. The prevention intervention firstly promotes quality of work life and balance through a number of wellness factors, namely, Wellness working environment, Organisational intervention expectations, Organisational wellness support, Organisational culture, Human relations, and Social support; and, secondly, workplace health is promoted through the wellness factors, Physical health and wellness, and Lifestyle. The reduction intervention builds psychological capital through Psychological health and wellness, Resourcefulness, Resilience, and Basic work life skills. The treatment intervention focuses

on Employee Assistance Programmes (EAP). The ultimate indicator of employees' wellness status is Engagement.

The major output of this study is the development of a holistic employee wellness programme (HEWP) model and a new definition of holistic employee wellness that aims to contribute towards the development of the Employee Wellness Standard within the HR professional body, South African Board for People Practices (SABPP) HR Management System Application Standards (Meyer, 2013a: 23). Furthermore, it proposes closer collaboration between the HR profession and other related disciplines and professions to create synergy for the implementation and maintenance of holistic employee wellness management within organisations. It is possible for other HEIs and/or businesses to consider customising the HEWP model for adaptation and implementation into its management of employee wellness in order to foster job engagement and promote employee-organisational health and wellness.

ACKNOWLEDGEMENTS

DEDICATION

This thesis is dedicated to my following loved ones who passed away during this journey:

- To my dad, Albert Edward Frank Gie (24 April 1939 – 20 January 2009), who will have to watch graduation from heaven.
- To my mentor, Mr Rodney Thomas Palmer (14 March 1944 – 28 April 2015), who inspired me to become an academic and prepared me for the role of head of department.
- To my beloved and faithful companion, Clous (December 2000 – September 2015) whom I loved dearly and miss every day.

"Your body is your vehicle for life. As long as you are here, live in it. Love, honour, respect and cherish it, treat it well, and it will serve you in kind." Suzy Prudden

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ABBREVIATIONS

CDL	Chronic Disease of Lifestyle
CHE	Council on Higher Education
DCS	Demand-Control-Support
EAP	Employee Assistance Programme
EWP	Employee Wellness Programme
GAS	General Adaptation Syndrome
HEI	Higher Education Institution
HE	Higher Education
HEQC	Higher Education Quality Committee
HEWP	Holistic Employee Wellness Programme
HR	Human Resources
HRD	Human Resource Development
JD-R	Job Demands-Resources
P-E Fit	Person-Environment Fit Theory
PMS	Performance Management System
QWL	Quality of Work Life
QWLB	Quality of Work Life and Balance
SA	South Africa
SABPP	South African Board for People Practices
SAIMS	Southern African Institute of Management Scientists
SMT	Stress Management Training
SoTL	Scholarship of Teaching and Learning
TDP	Teaching Development Programme
URF	University Research Fund
VDT	Video Display Terminal
WHO	World Health Organisation
WHP	Workplace Health Promotion
WLB	Work Life Balance

CHAPTER ONE
INTRODUCTION AND BACKGROUND TO THE RESEARCH STUDY

1.1 Introduction and background of the research

This research study embarked on an investigation regarding the theoretical and practical perspectives of Employee Wellness Programmes (EWPs) at a selected South African university. Various social sciences disciplines such as Occupational Health Psychology, Industrial and Organisational Psychology, Human Resource Management, Employee Assistance Professionals Association, and Alliance for Work/Life Progress share similar yet distinctive concepts, interpretations and approaches to employee wellness within organisations. In the past, researchers have focused on different aspects of employee wellness, ranging from occupational stressors (Barkhuizen, 2005: 84) and burnout (Maslach, 2003: 189; Rothmann & Barkhuizen, 2008: 450-451), to chronic diseases of lifestyle (Van der Merwe, n.d.) and psychoneuroimmunology (Walls, 2008: 1350; Ho, Neo, Chua, Cheak & Mak, 2010: 191); however, a common approach to managing employee wellness was still missing. Interestingly, Els and De La Rey (2006: 46-56) developed the first Holistic Wellness Model in South Africa which detailed the various elements comprising wellness and concluded that "wellness is an integrated construct that cannot be researched in bits and pieces at any particular time". This notion substantiated the advice given by Murphy (1995: 44-47) and Herlihy (as cited in Mulvihill, 2003: 13) for collaboration and integration amongst the various disciplines.

Research conducted by Sieberhagen, Pienaar and Els (2011: 1, 10) reported that a universal definition of employee wellness was absent, which hampers the development of good practices for employee wellness. In addition, their research study revealed that various authors use different constructs to address the same issues, such as "employee well-being" (Noblet & Rodwell, 2007: 2), "wellness at work" (Hillier, Fewell, Cann & Shepard, 2005: 1), "workplace wellness" (Wojcik, 2007: 120), and "work related well-being" (Launis & Pihlaja, 2007: 604; Lindfors, Meretoja, Toyry, Luukkonen, Elovainio & Leino, 2007: 816). A further complication was that 'health' and 'wellness' were viewed as the same concept (Merina, 1992: 4; DeMoranville, Schoenbachler & Przytulski, 1998: 14-24; Porter, 2005: 49-54). The World Health Organisation (WHO) has updated its definition of health from a "positive state of complete physical, mental and social well-being" (WHO, 1986) to a "complete state of physical, mental and social well-being and not just the absence of disease (WHO, 2002: 2, as cited in Sieberhagen, Rothmann & Pienaar, 2009: 2). The *Oxford Advanced Learner's Dictionary* defines health as "(1) the condition of a person's body or mind, (2) the state of being physically and mentally healthy" (*Oxford Advanced Learner's Dictionary*, 2004: 551). Interestingly, the same dictionary defines wellness as "the state of being healthy" (*Oxford*

Advanced Learner's Dictionary, 2004: 1357). Therefore, it is not surprising that health and wellness are viewed as the same and the terminologies are used interchangeably.

In South Africa (SA), employers may reduce the importance of employees' health and wellness issues to mere compliance with the following labour legislation, the Occupational Health and Safety Act (OHSA) No. 85 of 1993 (South Africa, 1993a), Compensation for Occupational Injuries and Diseases Act (COIDA) No. 130 of 1993 (South Africa, 1993b), Basic Conditions of Employment Act No. 75 of 1997 (South Africa, 1997), and Skills Development Act No. 97 of 1998 (South Africa, 1998). Sieberhagen et al. (2009: 6) cautions, however, that currently SA labour legislation does not explicitly regulate employee wellness, resulting in many organisations' lack of commitment and implementation thereof. This highlights the need for a "management standard" as a "set of principles agreed on by organisations in consensus in order to enhance health and wellness" (Sieberhagen et al., 2009: 6) in the SA workplace. Ground-breaking research and collaboration between the Human Resources (HR) professional body, the South African Board for People Practices (SABPP) and industry HR Directors resulted in the compilation of the *HR Management System Application Standards* which was accepted as the "national benchmark of [HR] good practice" (Meyer, 2013a: 23). Employee wellness was identified as one of the thirteen HR Standard elements which aim to bring all safety, health and wellness-related activities together under one comprehensive wellness strategy and approach (SABPP, 2013: 36-37). This research study aims to contribute towards the development of the Employee Wellness HR Standard.

The new democracy catapulted South African (SA) Higher Education (HE) into a state of metamorphosis. New governmental directives, such as the White Paper on the Transformation of Higher Education (South Africa, DoE, 1997), which was followed by the Higher Education Act (South Africa, DoE, 1997, 1999, 2000 & 2001), provided the framework for transformation and social justice. However, the transformation of SA HE was experiencing a paradox: on the one hand, social change; and on the other hand, economic growth. Singh (2012: 3) was of the opinion that the focus of transformation was being shifted or "thinned down" from social accountability and social responsiveness to economic market responsiveness. This viewpoint is in line with the research of Currie and Newson (1998) who stated that globalisation, both in "economic imperatives as well as an ideology", has resulted in a dramatic change of social life, including changing the "traditional understandings of the identity of higher education". McKenna (2012: 16) was furthermore of the opinion that universities have ever-changing, dynamic relationships with society and the State, both of which are both influenced by globalisation. She notes that each university is being "conceptualised in terms of its relationship to the economy", where many view the role of HE

as "primarily a servant for economic growth". As the globalised purpose of HE is to produce "work-ready graduates and patent-ready research" (McKenna, 2012: 16), it is not surprising that authors such as Shore (2010: 15-29) and Parker and Jary (2005: 319-338) propose that this new conceptualisation of a university, now known as the "McUniversity", amalgamates social reform and academic values with "money-making initiatives".

The correlation between Higher Education Institutions (HEIs) and business organisations' economic market responsiveness agenda lends itself to similarities in employee wellness needs and challenges. Therefore, it could be assumed that, in business organisations and HEIs, the theoretical and practical perspectives of EWP are similar.

Dhobale (2009: 39) argues that 21st century jobs have become more knowledge-demanding which may result in work overload, work pressure and job insecurity (Donaldson, 1993: 155-177). In an attempt to retain their jobs, employees are spending more hours at work and on work-related activities as new technological devices such as laptops, BlackBerry, IPhone and Smart Phones blur the boundaries between work and personal life (Fittogether, 2004). According to MIND (2005), employees who work harder and longer hours are prone to exhaustion, decreased job performance, and increased feelings of anxiety, all of which result in loss of energy, emotional exhaustion, poor sleeping habits, and increases in risk behaviours, such as increased alcohol consumption, smoking, eating and spending. Crawford (2005) is, furthermore, of the opinion that the above problems are difficult to manage by leaders and management teams, as they too are experiencing similar job problems and stress-related symptoms owing to an unwell organisational climate and culture (Hillier et al., 2005: 419, 422). In reality, the modern day employee has limited time for health and wellness pursuits while being expected to be top performers at work (Fittogether, 2004).

Similarly, the higher education working environment, which is driven by scientific knowledge production, has experienced increased control over academics in the past twenty years since HE started to reform (Leibowitz & Holgate, 2012: 165-166). The collective research findings of Baty (2012), Jones (2007: 209-222), Sparks (2007: 521-550), McLean (2006) and D'Andrea and Gosling (2005) confirm that "the rise of managerialism and performativity" within the HE sector aims to exercise more control over academics and staff to ensure that they are "accountable and responsive" to the HEIs' competitive advantage. In SA specifically, the transformation agenda included mergers of HEIs to promote effectiveness and efficiency of the higher education sector to meet the economic market demands. Maree and Eiselen (2004: 483, 501) investigated one such case of a SA HEI's merger and found

that staff felt betrayed by the top management and viewed the manner of the merger facilitation as insensitive to staff members.

HE reform is not without its consequences: various research studies have found that HEIs' staff experience work overload, increased work pressure and reduced job autonomy, to name a few, which negatively impact on their health and wellness. Bezuidenhout and Cilliers (2010: Art#872:1) reported that, in SA universities, academics are under considerable pressure to increase their national and international research publications, improve and increase postgraduate student supervision, while lecturing larger classes than before. Tettey (2006: 31) argues that this increase in workload is not accompanied by financial rewards; instead, academics are reminded of their performance indicators, adding more pressure to their already overloaded workload. The Association of University Teachers (2003) revealed that work overload and poor quality of work-life balance have been reported as academics' two biggest stressors. A further alarming factor is that academics suffer poor psychological well-being as a result of work overload and poor quality of work-life balance (Daniels & Guppy, 1994: 135-144; Winefield, Gillespie, Stough, Dua & Hapuararchi, 2002; Kinman & Jones, 2003: 21-38). In addition, various research studies have found that academic and non-academic staff share similar occupational stressors and burnout factors, including, but not limited to the following: "work overload, time constraints, lack of promotion opportunities, inadequate recognition, inadequate salaries, changing job roles, inadequate management, inadequate resources and funding, and student interaction" (Armour, Caffarella, Fuhrmann & Wergin, 1987: 3-11; Blix, Cruise, Mitchel & Blix, 1994: 157-169; Gillespie, Walsh, Winefield, Dua & Stough, 2001: 53-72; Winefield & Jarrett, 2001: 285-298).

Research studies conducted by Barkhuizen et al. (2004); Bellamy, Morley and Watty (2003); and Gillespie et al. (2001: 53-72) agree that the academic profession is considered to be "one of the most stressful careers" (Pienaar & Bester, 2009: 376). It is therefore not surprising that Barkhuizen (2005: 84) revealed that HEIs are referred to as "stress factories".

A literature search conducted by Hubball and West (2008: 1-2) revealed that workplace wellness has been researched for many years, and includes recent studies on academics' occupational stress. However, they elucidate that "very few research studies have focussed on the importance of faculty wellness strategies, individually or collectively, as a critical foundation for the scholarship of teaching and learning". In SA, Barkhuizen (2005: 159-160) tested a model of work wellness, the ASSET model (Cartwrïght & Cooper, 2002) on academic staff members in HEIs. Their research study recommended further research on occupational stress that is "more intervention-driven" to inform a holistic approach to well-being at work, and in doing so, help to prevent, reduce and treat the symptoms and

consequences of chronic stress. It is on the basis of this premise that this research study set out to design a holistic EWP that would provide a wellness support system to university staff and promote quality work life balance. In so doing, it would help to prevent university staff from experiencing job burnout and health-related problems, and so promote optimal wellness and performance at work.

1.2 Research problem statement

If left untreated, stress may result in job burnout, with associated health and wellness related problems that can have negative impacts on both the individual and the organisation. As the individual employee suffers from ill health and poor work-life balance, the organisation experiences increased absenteeism, reduced quality and quantity of work, poor communication, increased conflict and higher labour turnover (Michie, 2002: 68; Kazmi, Amjad & Khan, 2008: 135-138). Empirical evidence has confirmed an inverse relationship between job stress and job performance, that is, that high job stress will result in low job performance (Kazmi et al., 2008: 135-138), which produces negative consequences for both the employee and the organisation.

The paradox of SA HE transformation, with its increasing student enrollments, demands for higher curriculum responsiveness, and increasing pass and graduation rates, puts universities' resources, specifically the human resources, under considerable pressure and stress (Rensburg, 2013: 5). In addition, HEI mergers, although honourable in its quest, has resulted in negative, unintended consequences for staff.

The main problem identified in this research study was that SA HEIs offer limited – and, in some selected universities, no – employee wellness programmes (EWP) to help staff alleviate their everyday work and personal stressors. One particular university (the largest in its province) that underwent a merger was experiencing high labour turnover with a hostile and negative institutional culture and climate and a range of merger-related challenges (University X, 2010: 275). This selected university staff's wellness results revealed typical symptoms of stress which were fast developing into chronic diseases of lifestyle (Laloo, 2010: 1-12).

In the absence of a EWP at this selected university, the following sub-problems emerged:
- University staff were experiencing high levels of job stress, and yet continued to ignore this. The consequences of this were likely to have a negative impact on their job performance and service delivery to students.

- The lack of employee wellness interventions was turning employee stress-related health problems into chronic diseases of lifestyle.

- The university was meeting its economic market responsiveness agenda at the expense of its employees' health and wellness.

1.3 Key questions pertaining to the research study

In order to address the main research problem and related sub- problems, the following key research questions were posed in this research study:

1. What employee wellness challenges did staff experience at the selected SA university?

2. How did these university staff manage their daily work and personal stressors?

3. To what extent did chronic stress impact on the job performance of university staff and their service delivery to students?

4. What support systems did the university staff need to alleviate their professional and personal challenges at the institution?

5. How does a university provide a working environment that promotes employee wellness?

6. What recommendations could be proposed to a university in order to improve its employee-organisational health and wellness status?

Given the above mentioned, this study aims to provide a EWP for consideration and to be applied (when deemed necessary) within the HE workplace.

1.4 Research objectives

Previous research studies have highlighted the growing occupational stressors experienced by HEIs' staff; however, limited sustainable solutions have been forthcoming. It is on this premise that the objectives of this research study were formulated as follows:

1. To investigate which employee wellness dimensions address the challenges of staff at a selected SA university.

2. To investigate what coping strategies university staff utilised at work and home in order to manage their daily stressors.

3. To investigate the impact of chronic stress on staff job performance and service delivery to students at a university.

4. To investigate what employee wellness expectations staff had of a university.

5. To determine how a university's resources could be better utilised to create a wellness working environment for its staff.

6. To propose a holistic EWP model that meets the needs and expectations of staff at a SA university.

The purpose of this research study was to develop a holistic employee wellness programme model that would provide a support system to university staff to alleviate the impact of their daily work and personal challenges. It was thus aimed at promoting quality of work life and balance within the institution, prevent university staff from experiencing job burnout and health-related problems; thereby promoting optimal wellness and performance at work.

1.5 Delimitation of the research

This research study was limited to South African Public Higher Education Institutions (HEIs) where the mode of delivery is contact between staff and students. Owing to the low national questionnaire response rate, the focus of this research study is a case study design of a selected SA university. The targeted research population included both academics and non-academic (or administrative) staff to comprise a university staff complement.

1.6 Research methodology

The interpretive or phenomenological approach to social science research was applied in this research study in order to propose a holistic EWP to prevent, reduce and treat the symptoms and consequences of both work-related and life-related stress. Owing to the complexities of human consciousness, the researcher selected a mixed methods research design approach where both "quantitative and qualitative methods complement each other and allow for a more complete and in-depth understanding and analysis of a complex research problem" (Alasuutari et al., 2008: 15; De Vos, Strydom, Fouché & Delport, 2013: 66). This research study mixed together a case study - typically a qualitative research design - and quasi-experimental - typically a quantitative research design - in order to investigate employee wellness within a university.

1.6.1   Literature review

The plethora of literature across various social disciplines regarding stress, burnout and well-being at work presented the opportunity for a multidisciplinary literature survey in order to

contextualise employee wellness.   The literature search included consulting relevant books, academic journals, legislation and policy directives, conference papers, previous research and the Internet. This multidisciplinary literature approach served a dual purpose: firstly, to familiarise the researcher with the current body of knowledge regarding employee wellness; and, secondly, to extract normative criteria from the literature that could be used as relevant standards against which current practices of EWP could be measured.

1.6.2   Conceptual framework of employee wellness

The plethora of employee wellness literature, combined with the multidisciplinary literature survey approach, revealed the need for a conceptual framework for employee wellness in order to contextualise the theoretical and practical perspectives thereof. For the purpose of this research study, the following conceptual framework for employee wellness was constructed.

A theoretical framework for Employee Wellness
- Development of the Human Resources function as a profession in South Africa
- The 21st century work environment:
  - The changing nature of the world of work
  - The evolution of the psychological contract
- Stress – Burnout as the origin of employee wellness research:
  - Contemporary interactional work-related stress theories: P-E Fit and Iso Strain Model
  - Various types and typical symptoms of stress
  - Understanding burnout
  - Individual and organisational stress management interventions

The landscape of South African Public Higher Education
- Transformation of SA Higher Education:
  - Historical overview of SA HE
  - Legislative imperatives
  - Current discourse of HE in SA
- The case study: University X
  - Overview of the selected university and its employee wellness status
- The concept of wellness in HE:
  - Challenges facing HEIs' staff wellness
  - Common themes in HEIs' staff stress and burnout
  - Stress prevention and coping strategies for HEIs' staff

Practical perspectives of Employee Wellness Programmes
- Wellbeing at work
- Quality of Work Life and Balance:
  - Quality of Work Life
  - Work Life Balance
  - Quality of work life and balance within HEIs
- Employee Assistance Programmes
- Employee Wellness Programmes:
  - Rationale for EWP
  - Contextualisation of EWP
  - The future of EWP

Figure 1.1 Conceptual framework of employee wellness

1.6.3   Empirical survey

The empirical research was conducted as a field study within the case study unit of University X. The quasi-experimental research design was suitable for this research study, owing to the fact that research participants could not have been randomly selected for the experimental and control groups (Welman, Kruger & Mitchell, 2009: 88; De Vos et al., 2013: 149). The comparison group's pre-test and post-test design was selected as the specific quasi-experimental design, as both the experimental and control groups received the pre-test and post-test as the same time (De Vos et al., 2013: 150).

Purposive sampling was applied in this research study owing to the fact that all public HEIs with contract mode of delivery employ similar staff, including academic and non-academic, who possess similar attributes and shared similar wellness experiences that best serve the purposes of this current research study (Monette et al., 2005: 148; Grinnell & Unrau, 2008: 153; De Vos et al., 2013: 232).

Teddlie and Tashokkori (2009: 164) averred that flexibility and creativity are necessary when developing mixed methods as there is no one best design or method that will suit all research studies and these normally evolve during the research study.   This research study applied two mixed methods designs. Firstly, the exploratory mixed methods design was applied as a pilot focus group discussion at the Southern African Institute of Management Scientists' (SAIMS) September 2010 conference, where qualitative themes were identified and combined with other simple wellness self-tests to compile the employee wellness questionnaire for this research study. Secondly, the triangulation mixed methods design was implemented during the quasi-experimental field study, as it enabled this research to implement both quantitative and qualitative data collection methods concurrently (Ivankova, Creswell & Plano Clark, 2007: 266).

Five wellness activities were selected for inclusion in the employee wellness intervention, namely, health lunch, yoga, physiotherapy, support groups and wellness reflection journaling. The first data collection instrument for this research study was the employee wellness questionnaire that provided the quantitative data. The second data collection instrument was focus group discussions, which provided qualitative data.   The third data collection instrument was the wellness reflection journal summaries produced by both the experimental and control group participants. Personal documents were an additional source of qualitative data, which allowed the research participants to reflect on their five-week wellness journey.

1.6.4   Statistical analysis, interpretation and articulation of the findings

The triangulation mixed methods applied in this research study combined both quantitative and qualitative data with equal importance and were brought together for comparison in order to interpret the phenomenon that is employee wellness (De Vos et al., 2013: 442).

For the purpose of this research study, the pre- and post-measurements of the employee wellness questionnaires of both the experimental and control groups constituted the quantitative data; and the focus or support group discussions and wellness reflection journal summaries or personal documents constituted the qualitative data.   The questionnaire data was imported into SAS (statistical analysis software) through the SAS ACCESS module, where descriptive statistics were used to summarise the data and inferential statistics were used to interpret univariate and multivariate sample findings.   The analysis of variance (ANOVA) was used to measure the statistically significant differences (Welman et al., 2009: 231) between the pre- and post-measurement means between the experimental and control groups.   The same 13 factors identified during the exploratory factor analysis in the employee wellness questionnaire served as the qualitative themes which facilitated the descriptive coding for the qualitative text.   The focus or support group discussions and wellness reflection journal summaries were visually represented via network displays.

1.6.5   Construction of a normative model

The Model of Holistic Employee Wellness Programme for the South African Higher Education sector was designed following the General Systems Theory (Von Bertalanffy, 1950: 134-264).   Finding a sustainable solution to employee wellness required a Gestalt approach to understanding employee wellness within a university, thereby understanding the cause and effect of the problem.   General systems theory supported the multidisciplinary approach to employee wellness without losing any features of the problem.

1.7 Clarification of key concepts

Various social disciplines have contextualised the following key concepts in similar ways, yet with distinctively different interpretations and applications thereof.   For the purpose of this research study, each of these key concepts is clarified in terms of its relation to employee wellness.

1.7.1   Employee Assistance Programmes (EAPs)

> According to the Employee Assistance Professionals Association (EAPA), EAP is defined as "a workplace program designed to assist: (1) work organizations in

addressing productivity issues, and (2) *employee clients* in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance" (EAPA, 2010: 6).

1.7.2   Quality of Work Life (QWL)

Shamir and Salomon (1985: 455-464) offer the most comprehensive description of QWL as "an individual's job related well-being and the extent to which work experiences are rewarding, fulfilling and devoid of stress and other negative personal consequences" (Rose et al., 2006: 61).

1.7.3   Work Life Balance (WLB)

Lockwood (*HR Magazine*, 2003) offers a simple definition of WLB as "a state of equilibrium in which the demands of both a person's job and personal life are equal" (The Word Spy, 2002).

1.7.4   Employee Wellness Programmes (EWPs)

"Employee wellness is a strategic approach, short-term and workplace based programme aimed at improving the quality of life of employees and their families be providing a supportive system that alleviates the impact of everyday work and personal challenges. EWP recognises that short-term personal and psychological related problems may adversely affect an employee's well-being and ability to function on the job" (Free State Department of Education, 2005).

In addition to the Holistic Employee Wellness Programme Model designed in this research study, a new definition for holistic employee wellness was also constructed.

1.8 Significance and contribution of the research study

The proposed holistic EWP developed in this research study offers a sustainable wellness support system to university staff, specifically the selected university which was still experiencing merger-related issues and a hostile institutional culture and climate. The holistic EWP addresses the quality of work life and balance challenges experienced by university staff and aims at preventing job burnout and health-related problems. The main contribution of this research study is to promote optimal employee wellness, which in turn results in optimal job performance at a selected SA university.

The multidisciplinary approach applied during the literature survey revealed a plethora of health and wellness theoretical knowledge from various social disciplines which may not necessarily be included in the HR body of knowledge. This research study collated the theoretical framework and practical perspectives of employee wellness and its related programmes as a coherent piece of employee wellness literature that contributes to the HR body of knowledge and future reference for HR scholars.

Owing to the absence of a common approach to employee wellness management within SA organisations, this research study aimed to contribute towards the development of the Employee Wellness HR Standard within its professional body, SABPP *HR Management System Application Standards* (Meyer, 2013a: 23). The proposed holistic EWP may serve as the starting point for developing good practices for employee wellness in South Africa.

1.9 Summary and Chapterisation

This research study's main purpose was to develop a holistic employee wellness programme model that would provide a support system to university staff to alleviate the impact of their daily work and personal challenges and, in doing so, promote quality of work life and balance within the institution. The transformation of SA HEIs lends itself to similarities with business organisations economic market responsiveness agenda and its related side effects on employees' wellbeing at work. This current study adopted a Gestalt approach to employee wellness at a selected SA university and, in doing so, accepted that both academic and non-academic or administrative staff share similar employee wellness experiences and challenges.

This chapter has elucidated the introduction and background of this research study, followed by the research problem statement, key questions and objectives of this study. An overview of the research methodology that was followed during this research investigation was provided and the delimitation of this study was posited. Key concepts pertaining to employee wellness were clarified and Chapter one concludes with the significance and contribution of this research study.

Owing to the volume of this research report, the researcher now provides readers with the following outline of the thesis chapters to facilitate understanding of the flow of the research project.

In the first literature chapter, Chapter two, a theoretical framework for employee wellness is presented to familiarise the reader with the past and current topical issues regarding employee health and wellness. The framework commences with the 21st century work

environment which is detailed with its effects on the psychological contract between the employer and employee. Secondly, the development of the Human Resource (HR) profession, specifically in SA, and an acknowledgement of the importance of employee wellness as a key standard for HR strategy to ensure the achievement of organisational goals and objectives. Thirdly, stress and burnout are expounded upon as the origin of employee wellness research, where stress is defined with empirical theories in order to contextualise the various types of stress, its symptoms, and in some cases, resulting in burnout. This chapter concludes by outlining possible individual and organisational interventions for managing stress via EWP.

In the second literature chapter, Chapter three, the changing landscape of Higher Education (HE) in South African (SA) is contextualised with its effects on university staff. This chapter commences with the transformation of SA HE, elaborating on the historical overview, legislative imperatives driving transformation, and the current discourse of HE in SA. This is followed by an in-depth look into the selected SA University that participated in this research study and its employee wellness status. The chapter concludes with the concept of wellness in HE by discussing, firstly, the challenges facing Higher Education Institutions' (HEIs') staff wellness; secondly, the common themes in HEIs' staff stress and burnout; and lastly, stress prevention and coping strategies for HEIs' staff.

In the last literature chapter, Chapter four, the practical perspectives of employee wellness programmes (EWP) are distilled as the literature survey draws towards closure. The distillation commences with well-being at work and the multidisciplinary approaches which underpin health and wellness practices in the workplace. This is followed by the most frequently used HR initiatives for employee wellness, namely Quality of Work Life (QWL), Work Life Balance (WLB), and Employee Assistance Programmes (EAP). Owing to the overlapping of concepts and offerings between QWL and WLB, the researcher proposes a new construct, namely Quality Work Life and Balance (QWLB), which is illustrated by two examples of international HEIs. This chapter concludes with an understanding of the rationale for EWP, contextualising EWP and the future thereof.

The research methodology applied during this research study is expounded upon in Chapter five. A detailed discussion of the research design and motivation for the mixed methods approach is presented. This is followed by an elucidation of the research universe, population and sampling techniques. The mixed methods approach is demarcated by the data collection methods, data collection instruments, data collection procedures and data collection analysis, with consideration of ethical research practices.

In Chapter six, the research results are presented, with quantitative and qualitative data separately, before data integration. The original survey's employee wellness questionnaire results are summarized via visual pie and bar charts. This is followed by the factor analysis which produced thirteen employee wellness factors. The focus / support group discussions and field study participants' wellness reflection journal summaries are visually presented via network displays in order to illustrate participants' wellness journey. The same thirteen employee wellness factors are applied as theme identification in order to facilitate the data integration between the quantitative and qualitative research results.

In Chapter seven, the research results are discussed according to the thirteen employee wellness factors. The discussion commences with salient employee wellness experiences and challenges from the original data set, followed by the employee wellness results from the quasi-experimental study. The latter highlight the statistically significant differences combined with narrative reflections to infer the successes of the employee wellness intervention field study. Each employee wellness factor discussion is linked back to the literature review in order to correlate the current research finding with previous research studies.

Recommendations for the selected SA University, University X, are structured in Chapter eight according to the prevention, reduction and treatment of employee stress-related symptoms in order to promote a healthy employee-organisational wellness climate and culture. Each of the thirteen employee wellness factors was allocated according to its definitions and identified items for improvement, as per the research results discussion.

The normative model of Holistic Employee Wellness Programme (HEWP) for the South African Higher Education sector is presented and discussed in Chapter nine.

In Chapter ten, this research study is concluded with a summary of the achievement of the research objectives and contribution to the HR body of knowledge. Furthermore, the study limitations, implications and suggestions for future research are addressed.

CHAPTER TWO
A THEORETICAL FRAMEWORK FOR EMPLOYEE WELLNESS

2.1 Introduction

The previous chapter provides the framework for this research study. Chapters two, three and four outline the literature survey which will familiarise the readers with the past and current body of knowledge regarding the following: Human Resource Management (HRM), stress, burnout, South African Higher Education (HE), Quality of Work Life and Balance (QWLB), Employee Assistance Programmes (EAP), and Employee Wellness Programmes (EWP). In this chapter, the researcher uses extracted normative criteria from the literature to determine the current employee wellness status of HE staff at a selected South African (SA) university, proposes interventions to alleviate their everyday work and personal stressors and develops a model for holistic EWP that meets the needs and expectations of HE staff.

The researcher firstly describes the 21st century work environment and its effects on the psychological contract between the employer and employee. Secondly, the development of the Human Resource (HR) profession, specifically in SA, in relation to how it has responded to the changing nature of work and acknowledged the importance of employee wellness as a key standard for HR strategy to ensure the achievement of organisational goals and objectives. Thirdly, stress and burnout are expounded upon as the origin of research into employee wellness. Stress is defined from the perspective of empirical theories in order to contextualise the various types of stress, its symptoms and, in some cases, resultant burnout. This chapter concludes by outlining possible individual and organisational interventions for managing stress via EWP.

2.2 The 21st century work environment

Over time, globalisation and technological advancement have changed the nature of work. These changes have influenced – and continue to influence – the psychological contract between employees and the organisations that employ them. This literature survey commences by setting out various opinions, both internationally and nationally, regarding the modern day workplace.

2.2.1 Mismatch between the 21st century world of work and employee wellness

The changing nature of the world of work and the growing demands on employees are negatively impacting their wellness. Aikins (2010: 16) is of the opinion that "…recession-

driven downsizing, employer demands, job disenchantment, and modern communications technologies that keep employees plugged into their jobs both day and night" are contributing to employee turnover. In support of his view, he draws on research conducted by Pollster Gallup that indicated that 80% of British employees lack job commitment and 25% of them are "actively disengaged from their workplaces". He adds that this is a world-wide problem, as it is recorded in France that 12% of employees are "engaged", implying that 88% are disengaged; and in Singapore 17% are "actively disengaged". Aikins (2010: 16) cautions that disengaged employees "…pull down productivity; increase churn, and darken the morale of the people around them". He estimates the economic cost of the above for the United Kingdom as 64 billion US dollars; for France, 100 billion euros; for Singapore 6 billion US dollars; and for the United States of America, 350 billion US dollars.

Research conducted by Sparks, Faragher and Cooper (2001: 489-509) reports four main areas of concern regarding employees' well-being in the 21st century workplace. Firstly, the lack of job security, owing to the volatile economic conditions, has negative effects on employees in terms of their health; and on organisations in terms of high absenteeism rates, low employee commitment and morale. This concurs with Aikins's (2010: 16) opinion of "recession-driven downsizing" which leads to employee disengagement. Secondly, long work days, including overtime, increases employees' risks of developing poor sleeping habits, poor lifestyle choices (substance abuse, poor diet and exercise), fatigue, heart problems, high blood pressure and chronic headaches. Thirdly, the degree to which an employee has job control is closely related to his/her well-being and job performance. It is suggested that high levels of job control result in decreased anxiety and fewer psychosomatic health complaints, while increasing job performance. Lastly, managerial style impacts on employees' well-being at work. Employees who are bullied by their managers report experiencing ill health, psychosomatic stress symptoms, muscular-skeletal symptoms, anxiety and depression. Lack of managerial support, poor communication and limited feedback is also closely linked to increased employee stress levels and feelings of depression and disengagement (Sparks et al., 2001: 489-509).

Aikins (2010: 16) offers possible solutions for an "exhausted and demoralised workforce": firstly, by assisting employees to manage information overload; secondly, by equipping employees with the right tools to complete their job tasks in the most effective and efficient manner; thirdly, by redesigning jobs and working conditions to ensure that jobs are interesting and challenging, with opportunities for growth and development; fourthly, ensuring that key talented employees "are effectively developed and well deployed"; and, lastly, and probably the most "…crucial and often overlooked [as a] source of disengagement", is workplace relationships. He adds that "workplace toxicity" has a greater influence on

employee morale and performance than one might think, which concurs with Sparks et al. (2001: 489-509) research finding that managerial style impacts on employees' well-being at work. He underpins these suggested solutions with improved talent management strategies, commencing with management who are responsible for planning, organising, leading and controlling the workforce. The management team, from lower to top management, should have a "retention mind set" that will enable them to keep their staff engaged, allow talented employees to grow and motivate the "deadwood". He is of the opinion that employees don't leave organisations, but rather leave their managers, which correspond with views of HR experts who state "…that of all the abuses, employees find humiliation the most intolerable". When an employee is humiliated for the first time (s)he might not leave, but the seed is planted; the second humiliation incident will strengthen it; and by the third incident, the employee is looking for another job (Aikins, 2010: 16). This notion is supported by Sparks et al. (2001: 489-509) and Jaye (2010: 43) that negative managerial behaviours, such as bullying, increases employees' health problems and stress levels, and may prompt them to leave the manager and organisation.

Jaye (2010: 43) cautions that negative thoughts and feelings trigger one to experience fear, insecurity, anxiety, depression, worthlessness and rage which, in turn, activate the body's stress responses of fight or flight. Anger is a powerful emotion and if the employee cannot express his/her anger, for whatever reason, it could lead to "passive aggression". Aikins (2010: 16) cautions that this passive aggressive behaviour manifests itself in reduced motivation, withholding crucial information, and generally slowing down in doing their job. In the South African context, this is referred to as a 'go-slow' and / or 'work-to-rule' (not going the extra mile anymore) which are both forms of industrial action. Aikins (2010: 16) is furthermore of the opinion that:

> "…different managers can stress out employees in different ways – sometimes by being too controlling, too suspicious, too pushy, too critical, but the underlying error is that managers forget that employees are essentially volunteers. Talented employees will vote with their feet and leave, deadwood tends to stay".

In conclusion, his views are in accordance with those of Sparks et al. (2001: 489-509), who contend that the future of the workplace is one where management improves their talent management and retention strategies to include "…open, two-way communication; interesting and challenging work; and opportunities for growth and development" (Aikins, 2010: 16).

Owing to Aikins (2010: 16) and Sparks et al.'s (2001: 489-509) explanations of how the nature of modern workplaces is changing, it is imperative for this research study that there be an understanding of how employees are affected by these changes and what employees' perceptions of these changes are. The *Sunday Times* 'Money & Careers' (Anon, 2011b: 5)

comments on an article published in *The Daily Telegraph* entitled: "Stress: how much more can we take?" where a London City analyst who was recently diagnosed with chronic fatigue syndrome was interviewed. The analyst explains that people assume a work day commences once the employee is at his/her desk but, in fact, the work day commences the moment the BlackBerry or iPhone signals a new e-mail or text message from work. Then it is travelling to work, attending meetings, conducting research, attending to briefings, catching up on what was not done yesterday…; and so it continues until, one morning, the person cannot get out of bed. This notion is supported by Jaye (2010: 43) who clarifies job stress as arising from minor events such as a faulty computer, slow network or non-stop ringing of telephones, to major events such as office politics, work overload, job insecurity or bullying from managers. She cautions that consistent job stress, without a recovery period, causes chronic stress, resulting in burnout which could then become a debilitating disorder.

A further feature of the *Daily Telegraph* article posits everyday stress symptoms and eventually burnout in any "…random profession or sector of society – whether it's civil servants, students, mothers, children or business [people]". This is a result of the dismal economy in which people will do anything to keep their employers' happy and so keep their jobs. Could it be assumed that a booming economy will eliminate stress and burnout; paradoxically, it will not. This paradox was first investigated in 1869 by George Miller Beard who researched the correlation between new diseases and exhaustion of the central nervous system. At the time, he argued "that the impact of the telegraph, railroads and steam power had caused an increase in neurasthenia, neuralgia, nervous dyspepsia, early tooth decay and premature boldness" (Beard, 1881). Subsequently, modern day geneticists confirmed that chronic stress shortens the DNA telomeres which may cause "wrinkled skin, greying hair, sagging muscles, impaired eyesight and hearing, and lower life expectancy". It was concluded that society, regardless of the time, has imbedded the "pressure to work harder, longer and quicker" in order to sustain itself. Referring back to the London City analyst, it was noted that the effects of modern workplace stress are manifesting itself in various ways, one of which, among many, is chronic fatigue syndrome. This echoes Sparks et al. (2001: 489-509) and Jaye's (2010: 43) previous notions. In the modern workplace, employees are "permanently switched on" with little or no time for health and wellness to relax and calm down. The article concludes with a piece for thought, that this "…turbocharged lifestyle… is as addictive as it is alienating… we are in too deep for us to back out now" (Anon, 2011b: 5).

In addition to the above United Kingdom example, the *Weekend Argus* 'Saturday/Sunday Workplace' (Anon, 2011a: 16) comments on an article published in *The New Zealand Herald* entitled, "Mass exodus [of employees] if stress soars". A New Zealand recruitment firm, Hudson, conducted a survey of approximately 2394 respondents. Forty-four per cent of the

survey respondents said that their level of morale at work was decreasing; and 32% of respondents agreed with the following survey statement: "Management thinks it doesn't have to reward and recognise our work anymore because we should feel lucky to have a job right now". Forty-two per cent of respondents felt less job security, although this did not imply that they wanted to remain with their current employer. Forty-seven per cent of respondents were looking for new jobs; while 56% reported they would accept a job which they previously would have turned down. The major concern for Burrage, Executive General Manager at Hudson, was that 74% of the 247 employers interviewed for this survey were unaware of how their employees felt. New Zealand employers were facing "…prolonged local recession and the impacts of the global crisis" and responding with "…slashing workforce-related costs through restructures and redundancies". While employers believed productivity had increased, employees argued that they were working longer hours, so "discontent is brewing". A third of the survey respondents said they were motivated by fear of losing their jobs in the economic recession. Managers were also feeling the pressure, as their employees' workloads had increased and communication was starting to break down within the business. Burrage, confirming findings of Aikins (2010: 16) and Sparks et al. (2001: 489-509), stated that managers required leadership coaching in order to better lead their teams during economic uncertainty. He cautioned employers to take note of what their employees were saying, otherwise these employees would leave for 'greener pastures', hence the concept of "mass exodus" (Anon, 2011a: 16).

It is evident, internationally, that the changing nature of modern workplaces is affecting employees' stress levels, but a closer look into the South African context is required for the purpose of this research study. Moodley (2010: 5) reports back on "The Stress in the Workplace Survey" conducted by Buck Consultants. This survey was conducted in the Republic of South Africa (RSA) at the *World-at-Work Total Rewards Conference* in May 2010, where there were approximately 250 conference delegates representing "more than 200 organisations of various sizes and industries". Moodley (2010: 5) found that employers are realising that their workforce is "stressed-out" and this has increased their health care costs. Eighty-two per cent of survey respondents indicated that their healthcare costs were affected by workforce stress; 79% of respondents indicated that absenteeism was significantly impacted by employee stress; and 77% of respondents reported that their workplace safety was affected by employee stress. The same respondents acknowledged that their organisations had implemented measures to manage and alleviate workplace stress. Sixty-six per cent of respondents had at least four stress reduction programmes available to their employees; and 22% of respondents had eight or more programmes available to reduce employee stress. Interestingly, 7% of respondents admitted that they had no "stress reduction strategies" available to their employees. The most frequently used

stress-intervention (78%) was Employee Assistance Programme (EAP), which assists employees to manage and alleviate their personal problems that could negatively affect their job performance and general well-being. The second most popular stress reduction strategy (63%) was flexible working arrangements. Other interventions included were:

> "…work-life balance represents 46%; leadership training regarding employee stress 45%; online health lifestyle programmes 45%; on-site fitness centres 43%; physical activity programmes 38%; stress awareness campaigns 35%; financial management workshops 30%; [and lastly] personal health-lifestyle management coaching 29%".

It is surprising that with all the above stress reduction interventions already in place in most organisations, workforce stress continues to increase employers' costs, while productivity remains low (Moodley, 2010: 5).

Research conducted by Gizard (2009: 15) addresses the issue of lifestyle diseases for South Africans under forty year old in her article entitled, "Living to work, working to die". She investigated why in a so-called "age of corporate wellness programmes" so many younger employees were experiencing lifestyle diseases that were typically observed among older people. Her investigation commenced on a personal level when one of her friends resigned from a company after a colleague had collapsed from a heart attack and died at his desk while preparing for a performance review. Her friend described the company's performance reviews "like going into slaughter". Office staff who was present recalled that, in preparation for his review, the deceased employee survived on coffee and takeaways for a number of days. As he was about to commence with the review meeting, he suffered a heart attack and died at his desk. To aggravate the situation, management sent a female executive to address the staff after the incident. Her message was simple: Stop the speculation as to the cause of his death. He was overweight, unfit and smoked. Anything could have killed him. Her suggested solution was that everyone in the office should go to the gym. This left staff members horrified, not only at her lack of empathy, but "…they wondered when on God's good earth they would find the time to go to the gym!" Thereafter, Gizard's friend resigned.

Gizard (2009: 15) was curious if the above incident was a once-off, or if these lifestyle diseases are becoming a pattern of behaviour. She researched insurance claims statistics that proved this is not a once-off incident in South Africa, but a behavioural pattern which commenced in 2004. She reports that 35% of Liberty Life claims from 2004 to 2008 were for cardiac-related dread diseases. These claims were divided into the following age groups: 3% in the 21-30 age group; 20% in the 31-40 age group; and 39% into the 41-50 age group. She (2009: 15) noted that, in 2007, "Liberty Life paid out over 36 million Rand to people between the ages of 21 to 40 years for claims directly related to heart trouble".

The above investigation was expanded to local hospitals around Johannesburg, where Gizard (2009: 15) interviewed casualty nurses who confirmed that more and more young people were suffering and being treated for anxiety and panic disorders. One Clinic Unit Manager concurred that younger people were being treated for stress-related problems. Even if the patient did not elaborate on their circumstances, the family members told the medical practitioners how their loved one worked under stress, usually for long hours and pushed by their managers. This confirms the research findings of Sparks et al. (2001: 489-509). The Unit Manager warned that "…working for long hours, under stressful conditions… [Implies] you don't eat well, don't sleep well, become irritable and could eventually lead to a nervous breakdown" (Gizard, 2009: 15). This medical view is supported by Jaye (2010: 43), who explains that, when an individual is experiencing a stressful event, the body secretes adrenaline which helps one to cope with stress. Any stressful event should be followed by a relaxation period in order for the body to recover. If this does not occur, the stress hormone cortisol builds up in large quantities which, in turn, erodes the body's immune system and makes one vulnerable to illnesses. In today's fast-paced lifestyle with increasing work demands, this relaxation period is often neglected, or the timing too little to allow for real recovery, which results in a state of chronic stress. In keeping with the viewpoints of Sparks et al. (2001: 489-509), *The Daily Telegraph* (Anon, 2011b: 5) and Gizard (2009: 15), stress triggers chronic fatigue, cardiovascular disease, high blood pressure, anxiety and depression; and, as Jaye (2010: 43) found, 90% of doctor visits are related to stress ailments.

Gizard (2009: 15) was still not satisfied with her investigation and wanted to determine if the same lifestyle diseases were prevalent in another country closely linked to South African in terms of history and culture, namely the United Kingdom (UK). She found reports published by that country's Trade Union Congress (TUC), wherein it became apparent that stress-related problems in the workplace were common across countries and had become a concern for trade unions. TUC reported that 12-14 hour work days were becoming the norm, with one out of eight employees working a 60-hour week. The majority of these employees were under the age of 35 years. TUC's *Hazards* magazine warned their members by explaining that,

> "…people who suffer stress for at least half their working lives are 25% more likely to suffer a fatal heart attack and have a 50% greater chance of dying from stroke… [What makes matter worse is how] workers deal with stress by smoking, drinking and 'slobbing out".

Gizard (2009: 15) is puzzled that all the emphasis on corporate wellness programmes had no effect on companies' decisions to reduce its staff by half and then expecting the remaining staff to complete double work. She acknowledges that many companies offer healthy meal options, free counselling via EAP and even the "odd 15-minute massage", but questions if

these interventions are really alleviating the staff members' stress levels. She advises companies to take an in-depth look at the root causes of their employees' stress and suggests that they employ adequate staff numbers to do the work, introduce flexi-work arrangements, and respect a 5 p.m. workday "cut-off". The latter is supported by Sonnentag (2003: 518-528) who found that daily-level recovery after each work day improved employees' work engagement the next day. Gizard surmised that working 12-14 hour days is not only detrimental to one's health, but also affects work engagement for the following day. She concluded her investigation by echoing a TUC statement that a disorganised workplace results in employees working longer hours than needed, resulting in higher stress levels, which in turn negatively affects their productivity levels. This becomes a self-perpetuating cycle of work overload, increased stress levels, poor performance, low productivity and, in some cases, death (Gizard, 2009: 15).

2.2.2 The evolution of the psychological contract

Owing to the changing nature of work environments around the world, it is necessary to understand how this change has affected the psychological contract between the employer and employee. Authors such as Mullins (1999: 24) and Schien (1988) are of the opinion that the official contract of employment between the employer and employee is not the only determinant of their employment relationship. The concept of the psychological contract, which is an unwritten "…series of mutual expectations and satisfaction of needs arising from the people-organisation relationship", influences how people behave within the organisational environment. Mullins (1999: 25) acknowledges that the psychological contract is dynamic and changes over time; he also notes that employees' expectations may vary, as well as the employers 'ability and willingness' to meet these expectations. He proposes the following examples of employees' expectations of the employer:

- Provide a healthy and safe working environment;
- Provide [as far as possible] job stability and security;
- Provide satisfying and challenging job tasks;
- Implement fair and equitable Human Resource policies and procedures;
- Commitment to employee participation in decision-making which affects their immediate working environment;
- Promote employees' skills development and career progression;
- Manage all employees with dignity and respect; and
- Handle employees' personal problems with empathy and consideration
  (Mullins, 1999: 25).

It is important to note that employee expectations for a healthy and safe working environment, and the handling of their personal problems with empathy, could be considered

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part of employee wellness programmes offered by employers. Thus, employees expect their employer to acknowledge and assist with their wellness issues.

Mullins (1999: 25) continues to explain the psychological contract by proposing the following expectations that employers have from of their employees, namely that employees will:

- Accept the organisational ideology, vision and mission;
- Work at optimal level of performance in order to achieve organisational goals and objectives;
- Promote the organisation's identity and not bring it into disrepute;
- Respect management and not abuse their goodwill and trust;
- Act in good faith and show loyalty to the organisation; and
- Comply with the code of conduct, specifically regarding appearance and behaviour, to demonstrate professionalism
  (Mullins, 1999: 25).

Mullins (1999: 26) deduces that the extent to which both employees' and employer's expectations are met and satisfied will affect the employees' commitment to the organisation and the employer's strategies regarding retention and rewards. He adds that the changing nature of the world of work places more emphasis on how the human resources (HR) function is being implemented, as HR should find new ways to achieve both expectations within the psychological contract.

Nel, Werner, Poisat, Sono, Du Plessis and Ngalo (2011: 12) provide a more recent explanation of the psychological contract as "…a set of obligations, responsibilities and conditions, over and above the usual formal contract of employment". They draw on the research of Rosethorn and Bernard Hodes Group (2009: 41) to reveal that the traditional psychological contract has evolved over the last 10 to 15 years into the "ideological contract". This ideological contract places emphasis on the "shared social responsibility" of modern society. Rosethorn et al. (2009: 41) describe a mutually beneficial focus, whereby employees are committed and willing to participate in the organisation's activities, permitted that this organisation is credible and contributing to a "valued cause". This change in psychological contract concurs with the triple bottom-line strategies of South African organisations, where the economies (profits) are equally important to the society (social responsibility to communities) and environmental factors (green environmental focus). For this reason, employees will perform at an optimal level to achieve organisational profits as long as this organisation is committed to and contributing to the welfare of society and the environment, and not at the expense thereof.

Nel et al. (2011: 14) are furthermore of the opinion that the traditional psychological contract has developed a more contemporary nature, owing to the new generation of employees

entering a working environment currently experiencing an economic recession. Their opinion is supported by Brewster, Dowling, Grobler, Holland and Warnich (2008: 8) and Miller (2010: 22) who state that the economic recession, as well as its by-products such as retrenchments, redundancies, short time, lack of salary increases and bonus payments, have impacted on the employees' expectations of job stability and security. This is not because the employer is not willing to meet their expectations, but rather owing to the volatile economic environment in which organisations operate. This has also changed the expectations of the employer who seeks highly skilled and high performing employees, while cutting organisational expenditure.

The researcher deduces from the above that there is a growing gap between employees' and employer's expectations in the contemporary psychological contract. On the one hand, employees are expecting job security and career progression, while on the other hand, employers are expected to reduce organisational costs and improve productivity to achieve organisational goals of profit maximisation for their shareholders. It is evident that Gizard's (2009: 15) article entitled, "Living to work, working to die" is becoming a reality where employees are working harder to save their jobs, even if it is at the expense of their health and eventually their life. This situation raises Mullins's (1999: 26) concern about how the HR function is finding new ways to meet and satisfy both employees' and employers' expectations within the psychological contract. This concurs with the current research study aim of attempting to narrow the gap in the contemporary psychological contract with a view to promoting employees' wellness, resulting in optimal performance levels in order to achieve the organisational goals and objectives.

2.3 The development of the Human Resources (HR) function as a Profession in South Africa

The human resources (HR) function is responsible for procurement, maintenance and development of the employer's intangible asset, their employees. It is paramount to understand where HR comes from and how it has evolved in order to respond to the changing nature of work and the contemporary psychological contract. Authors such as Sparks et al. (2001: 489-509), Gizard (2009: 15), Moodley (2010: 5) and Jaye (2010: 43) indicate that the 21st century work environment and lifestyle has negative consequences on employees' physical and psychological health, resulting in high absenteeism, low morale, poor performance and low productivity, which in turn negatively affects the organisation's bottom line. The following section will elaborate on how the HR profession, specifically in South Africa (SA), has responded to the above, as well as how it has acknowledged employee wellness as a key standard element for HR strategy to ensure the achievement of organisational goals and objectives.

2.3.1 Historical overview of HR

The previous chief executive officer (CEO) of the South African Board for People Practices (SABPP), Janse van Rensburg, conducted her Master of Philosophy research in the development of *Human Resource Management as a profession in South Africa*. Janse van Rensburg (2009: 122) provides a historical overview of how the early personnel function has evolved into modern day human resource management (HRM). She cites a keynote address from the HR Institute of New Zealand Conference (2006), as presented in Table 2.1 below.

Table 2.1: Historic evolution of HR

The Period	The Issue	The Result
The 1920's	Fair labour treatment.	Bureaucratic controls and rules.
The 1930's – 1950's	Policy development and implementation.	Personnel function.
The 1960's – 1980's	Workforce welfare, regulation and reporting requirements.	Human Resources (HR) function emerges.
The 1990's	Consulting and administrative effectiveness.	HR as business partner and leader.
The new millennium	Transactional and strategic services are essential to business success.	The HR role bifurcates (Human Capital).

Source: Keynote address by Bob Schuetz from Mercer at the HR Institute of New Zealand Conference 2006 (Janse van Rensburg, 2009: 122)

The author of this above 'Historic evolution of HR', Bob Schuetz (2006), addressed conference delegates regarding the origin of HR and where it is going in the future. Table 2.1 is interpreted in the following manner: HRM originated in the industrial era which placed emphasis on "fair labour treatment" as more and more people became employed by small, medium and large organisations. This emphasis resulted in the establishment of trade unions. Soon, issues of consistency relating to fair labour treatment required formal "policy development and implementation" and so the Personnel function was constituted. As more time and effort was being invested in employees, the "workforce welfare, regulation and reporting requirements" resulted in a change from the Personnel function to the Human Resources (HR) function. This change implied that the workforce should be taken care of, governed by rules to ensure fairness, and that organisational structure and span of control should impact on the workforce. Workers were not mere labourers, but were viewed as human resources, similar to financial and physical resources. In short, workers had become an asset. As an organisational asset, HR inevitably became a business partner who needs

to contribute to overall organisational effectiveness. The new millennium expanded HR into "transactional and strategic services". Transactional services imply that the employer and employee engage in an employment transaction, whereby both parties are mutually dependent. The employer cannot run a business without its employees, and employees cannot be employed without the employer. HR should ensure that employees are retained, especially in the age of 'the war for talent'. Strategic services imply that not only should HR be a business partner, but ensure that all HR policies and procedures are strategically aligned to ensure that the organisation's vision, mission and objectives are achieved.

Janse van Rensburg (2009: 120) introduces another historical perspective by Ungerer, Herholdt and Uys (2006: 13) to support Schuetz's (2006) descripton of the historical evolution of HR. Ungerer et al. (2006: 13) contextualise the history of HR in a

> "…broader socio-economic context [with] three distinctive eras, namely the first wave of the Agricultural Era (8000 BC - 1650), the second wave of the Industrial Era (1650 – 1955), and the third wave of the Information Era (1955 – 2030)".

Janse van Rensburg (2009: 121) deduces that, "…unlike medicine, law, engineering and accountancy which already existed in the first [Agricultural] era, human resources developed in the late Industrial era and now lies squarely in the Information era". She points out that Ungerer et al. (2006: 17) describe the Industrial era as synonymous with practices such as "standardisation, specialisation, synchronisation, maximisation and centralisation which led to the rise of bureaucracy". Janse van Rensburg continues to strengthen her claim by adding Maynard and Mehrtens' (1996: 38) view of the Industrial era as "the biggest, most rigid, most powerful bureaucratic organisations the world has ever seen, leaving the individual [employee]… [feeling] oppressed and overpowered". She summarises that the above evolution of HR; and Ungerer et al. (2006: 17) identify side-effects of "stress, power plays at the office … time-compressed lifestyle" that resulted in the growing importance of HR in the modern day workplace (Janse van Rensburg, 2009: 121). Long gone are the days of HR being a personnel administrative function; instead, HR has evolved into a profession with research and scientific sophistication (Ulrich, Brockbank, Johnson, Sandholtz and Younger, 2008: 3).

2.3.2 Developments of HR areas of specialisation

A content analysis study of the *Sunday Times* HR employment opportunities, from January to December 2006, was conducted by Meyer (2006: 2). He categorised the results according to (1) number and percentages of positions per month; (2) areas of specialisation; and (3) availability of jobs in the private and public sectors. For the purpose of this research study, only categories two and three will be elaborated on. Meyer's (2006: 3) results indicate a

significant shift from previously dominating HR Generalists to ten emerging HR areas of specialisation. From the content analysis of HR job advertisements, only 27% were for HR Generalist positions, while 73% were divided into the following ten HR areas of specialisation:

1. Human Resource Development (Education, Training & Development) – 27%
2. Employment (Labour) Relations – 14%
3. HR Administration – 10%
4. Organisational Development – 8%
5. Employee Wellness – 4%
6. Recruitment and Selection – 4%
7. Performance Management – 2%
8. Compensation / Remuneration -2%
9. Career Management – 1%
10. HR Information System – 1%
    (Meyer, 2006: 3).

It is important to note that Employee Wellness has emerged as a HR area of specialisation and, in Meyer's results, ranked fifth in demand and equal to Recruitment and Selection. The researcher deduces from this that South African organisations are acknowledging the importance of employee wellness and that it constitutes a job title and key performance area which is separate from other HR positions.

The last category of Meyer's (2006: 5) content analysis identifies a significantly higher "demand for HR positions in the public sector with 69%, than in the private sector with 31%". He explains that the public sector HR employment opportunities were identified in the "central, provincial and local government, as well as agencies of the State and public higher education institutions". The identification of employee wellness as a HR area of specialisation, along with the demand in the public sector for it, correlates with the current research study's investigation of Employee Wellness Programmes (EWP) at a selected SA public higher education institution (university).

The American Society for Training and Development (ASTD) Global Network South Africa (ASTD's local SA chapter), in association with the SABPP, published the *8th Annual ASTD State of the South African Learning and Development Industry Report* in 2010. This research required collaboration between the HR professional body (SABPP) and researchers in public higher education institutions, as the study included 472 organisations from both private and public sectors. These participants responded to annual electronic survey questionnaires to determine the state of skills development in South African workplaces. For the purpose of this current research study, only the results of the "importance of different types of training programmes" will be discussed.

Meyer, Bushney, Mey, Joubert and Van der Merwe (2010: 31) identify, as presented in Table 2.2 below, which training programmes were being conducted in SA organisations from 2007-2010, indicating their importance and future direction.

Table 2.2: Importance of different types of training programmes

Training Programmes	2007	2008	2009	2010	Future direction
Employee Induction	4.4	4.4	4.4	4.5	⤊
Customer Service	4.2	4.2	4.3	4.3	⤊
Leadership / Management	4.3	4.2	4.2	4.2	-
[Health and] Safety	**4**	**4.1**	**4.2**	**4.2**	⤊
Product Knowledge	4.2	4.1	4	4.2	-
Performance Management	4.2	4.1	4.2	4.1	-
New Equipment Operation	3.9	3.9	4	4	⤊
Learnerships	4.1	4	4	4	-
Strategic Planning	4.1	4	3.9	4	-
Process / Quality Improvement	3.9	4	4	3.9	-
[HIV] Aids Awareness	4	4	3.9	3.9	⤋
Recruitment & Selection	3.9	3.9	3.9	3.9	-
[Employee] Wellness	**3.7**	**3.7**	**3.8**	**3.9**	⤊
Mentoring / Coaching	3.8	3.9	3.9	3.8	-
Teamwork	3.8	3.8	3.8	3.8	-
Computer / IT Skills	3.9	3.9	3.8	3.8	⤋
Project Management	3.9	3.9	3.8	3.8	⤋
Change Management	3.7	3.7	3.7	3.8	-
Problem Solving & Decision	3.8	3.6	3.7	3.8	-
Ethics	3.8	3.8	3.3	3.8	-
Financial Skills	3.7	3.6	3.8	3.7	-
Professional Development	3.8	3.8	3.7	3.7	⤋
Diversity	3.7	3.6	3.7	3.7	-
Adult Basic Education & Training (ABET)	3.9	3.7	3.6	3.7	-
Time Management	3.5	3.5	3.7	3.6	-
Train the trainer	3.7	3.6	3.7	3.6	-
Team Building	3.6	3.5	3.6	3.6	-
Sexual Harassment	3.3	3.4	3.5	3.5	⤊
Presentation Skills	3.5	3.5	3.6	3.4	-
Creativity	3.3	3.1	3.4	3.4	⤊
Self-Directed Learning Skills	3.3	3.3	3.4	3.4	⤊
Business / Technical Writing	3.4	3.4	3.3	3.4	-
Basic Life / Work Skills	**3.4**	**3.3**	**3.3**	**3.2**	**-**
Outplacement / Retirement	2.7	3	2.9	3.1	-
Foreign / Other Languages	2.4	2.3	2.2	2.4	-
Other [miscellaneous]	4.6	4	4.3	4	-

Source: 8th Annual ASTD State of the South African Training Industry Report (2010: 32-33)

The entire table is extracted because, in Chapters three and four of this research study, various employee wellness programmes, some of which might overlap with the above identified training programmes, will be discussed.

Meyer et al. (2010: 32-33) extrapolate that employee wellness training programmes have steadily increased from 2007-2010 and are moving into the future. Other components of employee wellness are *health and safety* programmes, which also show an increase for the time period; but unfortunately *basic life / work skills* training has stagnated. This forward and

upwards movement of employee wellness concurs with Meyer's (2006: 1-5) content analysis study which identifies the demand for employee wellness job opportunities as a HR area of specialisation. Meyer et al. (2010: 34) support the need for staff development that focuses on performance and productivity in the workplace, particularly employee wellness. This recommendation is aligned with this current study's research intention to promote optimal wellness and performance at work, more specifically in a public higher education institution.

2.3.3 Launching the SABPP HR System Standards Model

The *HR Future* is a South African (SA) publication featuring both national and international HR gurus who are authors of topical and current issues and challenges in the modern workplace. The purpose of this publication is to offer information support to CEOs, Managing Directors, HR Executives, HR Directors, HR Generalists and HR Specialist practitioners and all employees who are committed to creating human strategy for organisations. Owing to this supportive role, the SABPP partnered with the HR Future to co-host the "National HR Standards Roll Out" across the country.

Meyer (2013a: 23), the current CEO for the HR professional and quality assurance body for SA, the South African Board for People Practices (SABPP), recently launched a national project "to generate human resource (HR) management system standards and metrics for SA". In his first notification and invitation to participate in this national project, published in the HR Future in January 2013, Meyer (2013a: 23) explains,

> "The purpose of the project is to lead and assist HR Managers in generating integrated standards and metrics for the HR function which are aligned to business strategy. HR management system standards are needed to set a national benchmark of good practice and provide a consistent way of managing HR functions and people in organisations. HR metrics refer to tangible measures that show the impact of HR on the bottom-line of the business."

He adds that the SABPP aims to "…generate HR functional standards… tangible HR metrics, and standards for integrated reporting" which, in his opinion, are aligned to the current King III Code on Governance for SA. Furthermore, he aspires to have HR integrated into the future King IV Governance Code for SA, as there is sufficient research and scientific evidence that sound human resource management "drives business performance and good governance" (Meyer, 2013a: 25).

In a follow-up article, Meyer (2013b: 26) provides feedback to the *HR Future* community regarding the HR Standards Development Summit hosted on 21 May 2013, which included HR Directors and representatives from HR professional bodies and associations. This Summit produced the "first formal HR Standards for South Africa", which according to Robbins, from the *Investors in People Standard in the UK,* was leading the development of

HR Standards globally (Meyer, 2013b: 26). The HR Standards were constructed into a model, as illustrated in figure 2.1 below, entitled the SABPP HR System Standards Model. This model comprises of three main components, namely (1) to align HR to the business strategy, (2) to implement the "functional and cross functional HR Value Chain", and (3) to review, measure and improve HR practices. Thirteen HR Standard elements were allocated across the main components according to its purpose.
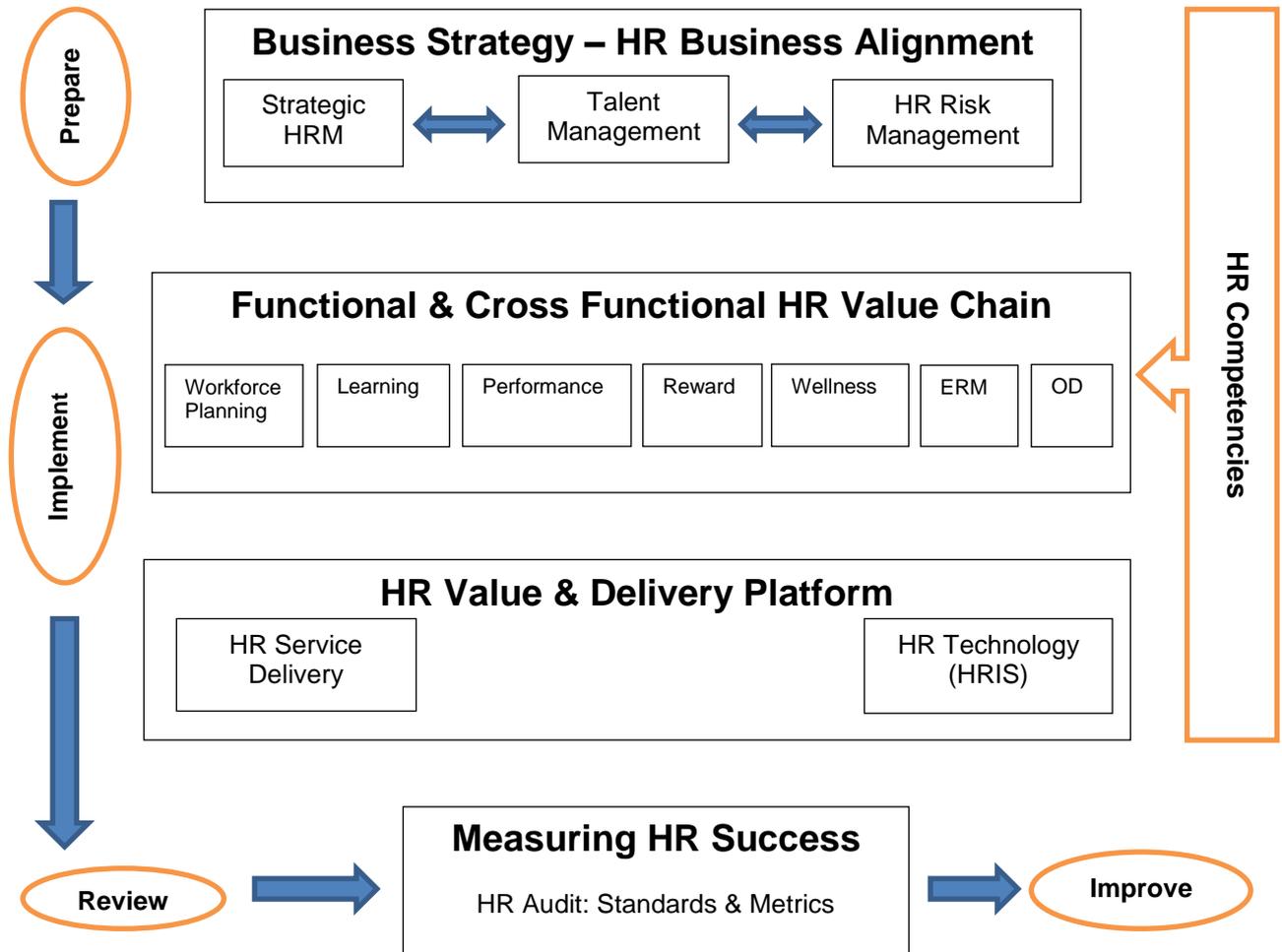
Figure 2.1: SABPP HR System Standards Model
Source: Meyer (2013a: 24)

Interestingly, the SABPP HR System Standards received mixed responses from the broader HR community, regardless of the involvement of HR Directors and professional bodies and associations. In order to respond to the mixed views, Dikgale-Freeman (2013: 18-19) wrote to the *HR Future* community to eliminate the myths about why HR Standards were being constructed and to promote buy-in from stakeholders in all sectors and industries across SA. She cautioned readers against the myths about the standards, which were viewed as reducing HR flexibility and innovation, ignoring sector and industry differences, and not being empirically based. Moreover, she argued the benefits for HR Standards, which aims to

provide a framework for HR practice with objectives, scope and parameters that will reduce and eliminate inconsistencies, and in doing so, improves the quality of HR service delivery (Dikgale-Freeman, 2013: 18).

Meyer follows up the SABPP HR System Standards Model (Meyer, 2013a: 24) with specific definitions for the 13 HR Standards which was constructed during the Summit. In addition, each HR Standard definition will be expanded on with clear objectives and implementation guidelines that will be converted "into a Practice Guide for workplace application" (Meyer, 2013c: 16, 18).

Table 2.3: HR Standards Definitions

HR Standard	Definition
Strategic HR Management	A systematic approach to developing and implementing long-term HRM strategies, policies and plans that enable the organisation to achieve its objectives.
Talent Management	The proactive design and implementation of a talent-driven business strategy directed to attracting, deploying, retaining and optimising the appropriate talent requirements as identified in the workforce plan.
HR Risk Management	A systematic approach of identifying and addressing people risks (uncertainties and opportunities) that can either have a positive or negative effect on the realisation of the objectives of an organisation.
Workforce Planning	The systematic identification and analysis of organisational workforce needs culminating in the workforce plan to ensure sustainable organisational capability in pursuit of the achievement of its strategic and operational objectives.
Learning and Development	The practice of providing occupationally directed and other learning activities that enable and enhance the knowledge, practical skills and workplace experience and behaviour of individuals and teams based on current and future occupational requirements for optimal organisational performance and sustainability.
Performance Management	A planned process of directing, supporting, aligning and improving individual and team performance in enabling the sustained achievement of organisational objectives.
Reward	A strategy and system that enables organisation to offer fair and appropriate levels of reward in recognition for their contribution to the achievement of agreed deliverables in line with organisational objectives and values.
Employee Wellness	A strategy to ensure that a safe and healthy work environment is created and maintained, together with individual wellness commitment that enables employees to perform optimally while meeting all health and safety legislative requirements and other relevant wellness good practices in support of the achievement of organisational objectives.
Employment Relations	The management of individual and collective relationships in an organisation through the implementation of good practices that enable the achievement of organisational objectives compliant with the legislative framework and appropriate to socio-economic conditions.

Organisational Development	A planned systemic change process to continually improve an organisation's effectiveness and efficiency by utilising diagnostic data, and designing and implementing appropriate solutions and interventions to measurably enable the organisation to optimise its purpose and strategy.
HR Service Delivery	The adequate provision of HR services meeting the needs of the organisation and its employees which enables delivery of organisational goals and targets.
HR Technology	The effective utilisation of relevant technological applications and platforms that provide accessible and accurate data, information, knowledge and intelligence that enables more effective decision-making in enabling employees towards the implementation of organisational strategy.
HR Measurement	A continuous process of gathering, analysing, interpreting and presenting quantitative and qualitative data to measure and align the impact of HR practices on organisational objectives, including facilitating internal and external auditing of HR policies, processes, practices and outcomes.

Source: Meyer (2013c: 16)

Meyer's (2013c: 18) main aim for the SABPP HR System Standards is to create a "national audit framework for HR practice" which will facilitate "an integrated benchmarking service for HR metrics".

The researcher is elated that these HR Standards have been launched just in time for inclusion into the theoretical framework for employee wellness. It is evident from the changing nature of the world of work that employee wellness is, in some cases, not acknowledged as important; and in others, not properly understood, maintained or implemented in the workplace. Finally, the time has arrived for employers to acknowledge that employee wellness should be part of HR strategy and that legislative requirements should be adhered to with regard to health, safety and wellness. Employee wellness programmes support and alleviate employees' work and personal stressors, which in turn improves their performance, productivity and the achievement of organisational goals and objectives.

2.4 Stress – Burnout as the origin of Employee Wellness research

Employee Wellness is recognised as a HR Standard and included in HR strategy to ensure a safe and healthy work environment that promotes employees' commitment to their wellness. The underlying purpose of this is to achieve optimal levels of performance and thereby achieve organisational goals and objectives (Meyer, 2013c: 16). Before HR practitioners start designing and implementing Employee Wellness Programmes (EWP), a closer look should be taken at the root causes of the problem, namely, stress and burnout.

2.4.1 Defining stress with empirical theories

Andrews (2005: 7) surmises that stress is a common phenomenon in modern society. In Europe, one might overhear a conversation about 'le stress', 'lo stress', 'el stress', or 'der stress'. In Japan, stress has become linked with a new term, "karoushi", which translates as "death by overwork". Andrews provides a chronological account of the evolution of stress research, commencing with the Yerkes-Dodson Law, developed by psychologists Robert Yerkes and John Dodson in 1908 (see Figure 2.2):
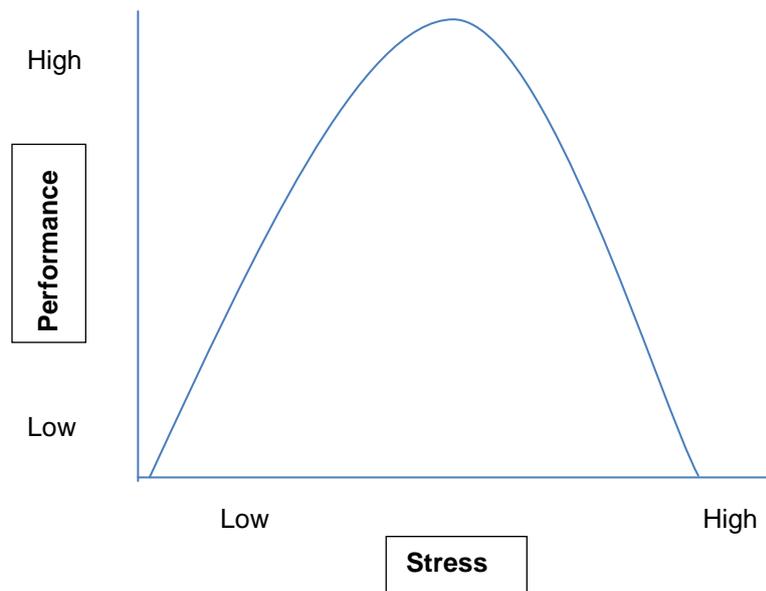
Figure 2.2: Yerkes-Dodson Law (1908)
Source: Andrews (2005: 7)

The above figure illustrates that low arousal or stress could result in low or poor performance. This implies that a certain amount of physical and mental arousal (stress) could energise and motivate one into action. This, as with everything in life, has a peak or optimal level, at which point arousal / stress could result in peak performance levels. However, after the optimal level of arousal / stress has been achieved, and the arousal or stress continues, this will have a negative effect on performance, which starts to decline. The higher the arousal / stress level, the lower the performance (Yerkes & Dodson, 1908: 459-482; Dubrin, 1994: 177; Dubrin, 2004: 315).

The second contributor to stress research was Cannon in 1929 with his "fight or flight response". Andrews (2005:8) deduces from Cannon's research that stress is the "…body's natural, protective response to a perceived threat". The brain identifies the threat / stress and activates the body into a high state of alertness where the muscles become tense in

preparation for either defence or avoidance, from which the term "fight or flight" is derived. In the process of activating the body, glucose is released from cellular storage to fuel the fight or flight response. The brain sends impulses to increase the heart rate, blood pressure and breathing which in turn delivers fuel (glucose and oxygen) quicker to the muscles for action. The mind is at a maximum level of alertness for survival, the immune system heightened in preparation for injury while pain receptors are blunted in case of being wounded. In this bodily state of emergency, fuel to other functions such as "digestion, growth and reproduction are suppressed" in order to conserve energy (Andrews, 2005: 8).

The researcher is of the view that the aspects of anatomy and physiology need to be examined closely so as to better contextualise the physiological, psychological and behavioural symptoms of stress, which will be discussed later on in this chapter. Andrews (2005: 9-10) sums up the two communication systems which are activated in the body when a threat is perceived. The first is the sympathetic-adrenal-medullary (SAM) pathway, which is the "body's first line of defence in an emergency". SAM follows the sympathetic nervous system pathway in order to activate the body's energy resources. This sympathetic nervous system releases two hormones, namely norepinephrine or noradrenaline, which increase the heart rate, blood pressure and glucose levels; and epinephrine or adrenaline which immediately activates the body's rapid-response system. The second communication system is the hypothalamic-pituitary-adrenal (HPA) pathway that controls the body's nervous and hormonal systems. HPA is based in the hypothalamus of the brain and secretes corticotrophin-releasing factor (CRF) that travels to the base of the brain, specifically the pituitary gland in order to trigger the release of adrenocorticotropic hormone (ACTH). Once ACTH is released into the bloodstream, it travels to the adrenal glands, specifically the adrenal cortex in order to activate the release of the hormone, cortisol. Cortisol works over a period of time, commencing with fuelling the muscles of glucose, and later, supports the body in the stress recovery period (Andrews, 2005: 10).

The afore-mentioned summary of the anatomy and its stress symptoms is known as the field of psychoneuroimmunology which examines the relationship between stress, the immune system and health outcomes (Walls, 2008: 1350; Ho, Neo, Chua, Cheak & Mak, 2010: 191). According to Kendall-Tackett (2009: 35-48),

> "…stress may reduce one's coping ability and negatively impact neuroendocrine responses and ultimately, impair the immune function. Traumatic events may [deregulate] the hypothalamic-pituitary-adrenal (HPA) axis and sympathetic nervous system (SNS), leading to higher rates of serious and life-threatening illness including cardiovascular diseases. Specifically, traumatic life events prime the inflammatory response system to that it reacts more rapidly to subsequent life stressors and the elevated inflammation has an aetiological role in many chronic diseases."

Ho et al. (2010: 195) report that, if an individual learns proper coping skills thereby preventing and/or managing their stress levels, it could enhance their immune system and reduce the psychosocial risk for cardiac conditions.

The third contributor to stress research, also known as the "founding father of stress research", is Selye (1950, 1956) who, by accident, discovered the harmful long-lasting effects of stress on rats. His General Adaptation Syndrome (GAS) theory, which will be discussed later on in this chapter, surmised the two most frequently used stress terms, namely "eustress" and "distress". Eustress was considered to be the good, helpful stress; whereas, distress was considered to be bad and harmful to the body (Andrews, 2005: 7, 10-11). These terms confirm the discovery in the Yerkes-Dodson Law (1908: 459-482) that eustress could result in peak performance, while distress results in poor performance.

Occupational health psychology researchers and academics Cox and Griffiths (2010: 32) infer that there have been four notable developments of work-related stress theories over the last three decades. Firstly, they recognise Karasek's (1979: 285-306) job Demand-Control theory of stress; secondly, Siegrist's (1996: 27-43) Effort-Reward Imbalance theory; and thirdly, the translation and development of various work-related stress theories into a holistic model, thereby identifying stressors as hazardous and harmful that negatively affect employees and threaten their health, safety and wellness. Lastly, they concur with the concerns raised by Griffiths (1999: 589-596) and Cox, Karanika-Murray, Griffiths and Houdmont (2007: 348-362) regarding how the evaluation of stress management interventions employed by individuals and organisations at large are being conducted. Owing to the above research developments, it is imperative for the researcher to position this study in relation the appropriate theories of stress, and thereafter, to develop a comprehensive understanding of stress before proposing an employee wellness programme for a selected South African university.

A rich taxonomy of stress theories have been researched by a variety of disciplines, all of which have a common aim: firstly, to understand what stress is and what causes it; and, secondly, how to prevent, manage and alleviate it. Cox and Griffiths (2010: 35) provide guidance regarding the taxonomy of stress theories by commencing with the "early response based theories – or physiological models" of which Cannon (1929) and Selye (1950, 1956) were the most important contributors. Cannon (1929) identified that animals respond to a threat or stressful event with the activation of the sympathetic nervous system which prompts them either to fight with defensive aggression, or to attempt flight with an escape plan (Cox & Griffiths, 2010: 36). Selye (1950) on the other hand, investigated mammals' "neuro-endocrine mechanisms involved in the physiological and behavioural response to…

environmental stressors". He focused on the adrenal glands, specifically the medulla cortex, describing a stress response which unfolded over time. In 1956, Selye constructed the General Adaptation Syndrome (GAS) which consisted of three stages of the stress response. Firstly, when a mammal perceives a threat, it responds with "an alarm or emergency reaction". This is an acute from of stress and corresponds with Cannon's theory of fight or flight response. Secondly, after the threat has passed, the mammal will enter a "recovery or resistance stage": it calms down, repairs itself and restores energy. Thirdly, if the threat is ongoing, the mammal experiences "exhaustion", popularly known as "burnout", which, in extreme circumstances could result in death as a last attempt of the emergency response. Cox and Griffiths (2010: 35) caution that the typical symptoms of burnout, such as loss of energy and limited emotional responsiveness, to name a few, often overlap with illnesses such as depression and chronic fatigue syndrome.

Selye (1956) did not end his research there: he continued to investigate the "diseases of adaptation" and translated it into conditions of physical ill-health. This sparked other researchers such as Cox, Thirlaway, Gotts and Cox (1983: 353-359) and Cox and Cox (1985) to investigate the "anterior pituitary-adrenal cortical system and the sympathetic-adrenal medullary system" which raised interest in medical conditions, such as cancer, where research evidence was linking it to work-related stress (Cox and Mackay, 1982: 381-396, Cox & Griffiths, 2010: 36).

A caveat is provided by Cox and Griffiths (2010: 36) whose concern is that some of Selye's (1950, 1956) ideas of stress being internal have been "misinterpreted and misapplied" by some researchers. This notion is supported by Le Fevre, Matheny and Kolt (2003: 726-744), who revealed that this misinterpretation had resulted in some individuals concluding that there is an optimal level of stress (eustress) that is required for optimal performance. They explain that this misinterpretation is further blurred with the "confusion between stress and challenge". This confusion originated with the overgeneralisation of the Yerkes-Dodson Law (1908: 459-482), as previously explained. Yerkes and Dodson (1908: 459-482) originally tested the "relationship between strength of electric shock and task performance on mice". This developed a school of thought that believes an optimal level of work-related stress is good for an employee to achieve peak performance, which has resulted in stress management interventions that only focus on employees' responses, but that neglect the work environment as a contributor to the work-related stress.

The contemporary work-related stress theories emphasise two elements which the early response–physiological model theories did not elaborate on: firstly, "the interaction between the individual and their environment"; and secondly, "the [individuals]… psychological

processes such as perception, cognition and emotion" (Cox & Griffiths, 2010: 37). Focus is placed on the individual's experiences and responses to stressful events, their coping strategies, and its effect on their physical, psychological and social behaviour. Therefore, contemporary work-related stress theories view stressful events as negative, unpleasant and distressing, which typically occurs when the individual perceives him- or herself to be in an excessively demanding situation with which (s)he is struggling to cope. The early response based theories of fight or flight and GAS still hold true, as the physiological body activities may increase the risk of both physical and psychological ill-health and behavioural problems (Cox & Griffiths, 2010: 37).

Cox and Griffiths (2010: 37) classify contemporary work-related stress theories as either interactional (or structural) and transactional (or process-driven) in nature. They are of the opinion that interactional work-related stress theories emphasise "the architecture of the situation that gives rise to the experience of stress", compared to the transactional theories which focus more on the individual's "cognitive appraisal and coping [strategies]" of the stressful event. Considering the main research problem of this current study, namely that South African Public Higher Education Institutions (as the environment) offer limited, or in some cases, no employee wellness programmes to help staff alleviate their everyday work and personal stressors, the researcher positions this study in the contemporary interaction work-related theories of stress.

The current research study draws on two contemporary interactional work-related stress theories namely, the "Person-Environmental Fit" theory and the "Iso-Strain Model".

(a) The Person-Environmental Fit theory

The Person-Environmental Fit (P-E Fit) model is derived from a collaboration of studies conducted by French and Caplan (1972), Van Harrison (1978), Caplan (1983), and Edwards, Caplan and Van Harrison (1998) (Cox & Griffiths, 2010: 38). This theory posits two important distinctions:

- (i) "The interaction between the individual and their environment in shaping their response to work situations and events; [and]
- (ii) The individual's perception of the environment, themselves, and the interaction between them"
  (Cox & Griffiths, 2010: 38).

The P-E Fit theory also differentiates between the person / individual and the environment plus the extent to which they "fit" together. Firstly, focus is placed on the individual and the extent to which the environmental demands fit with the individual's needs, followed by the extent to which the environmental resources fit together with the individual's ability to cope. The second "fit" is more in favour of the organisational

environment and considers to what extent the individual's knowledge, skills, attitude and abilities meet the job demands, followed by the extent to which the job environment meets the individual's needs in terms of job autonomy (Cox & Griffiths, 2010: 38). The researcher deduces that this is similar to the psychological contract between the employer and employee as previously discussed.

Owing to the above "fit" expectations, the P-E Fit theory argues that a lack of fit or misfit could give rise to stress in the workplace. Edwards et al. (1998) identified three possible misfits:

- The work environment demands exceed the employee's ability to cope.
- The consistent failure of the work environment to meet the needs of the employee.
- A combination of the above: where the employee's ability to cope is being overstretched, while their needs are not being met by the work environment.

Edwards et al. (1998) concur with previous early response-based theories that a "misfit" or perceived threat results in both psychological and physiological symptoms of stress. They provide examples of psychological symptoms such as sleep disturbances, anxiety, panic attacks, dysphoria and restlessness; and physiological symptoms such as raised blood pressure, increased cholesterol and weakened immunity to stress (Cox & Griffiths, 2010: 38).

(b) The Iso-Strain Model theory

The Iso-Strain model, also known as the job Demand-Control-Support (DCS) model, found its origins in Karasek's (1979: 285-306) job Demand-Control Theory. The core of his theory are two work environment characteristics, namely, job demand and job control. Further research conducted by Karasek and Theorell (1990) and Stansfeld and Candy (2006: 443-462) produced a simplistic outline of four types of jobs:

(i) *High strain jobs* which consist of high job demands with low job control (most risky to health).

(ii) *Active jobs* which consist of high job demands with high job control (less risky to health, although average levels of job strain are expected).

(iii) *Low strain jobs* which consist of low job demands with high job control (below average levels of job strain are expected).

(iv) *Passive jobs* which consist of low job demands with low job control (expected to be demotivating in nature and which could increase the average levels of job strain) (Cox & Griffiths, 2010: 39).

These above distinctions in job types might help to explain how Higher Education Institution (HEI) staff view their job and if there is a significant difference between academic and administrative jobs with regards to job demand and job control. Only once all the current research data have been analysed will the researcher be able to deduce what types of jobs exist within HEI and what employee wellness interventions could assist HEI staff to alleviate their everyday work stressors.

Although there are various criticisms of this job Demand-Control theory of stress, it prompted Johnson and Hall (1988: 1336-1342) to expand on this theory by including a third factor of social support within the work environment: the job Demand-Control-Support or Iso-Strain model. This theory suggests that a lack of social support in the work environment might contribute to work-related stress. Thus, interaction between the individual and the work environment is affected by the level of job demand, job control and social support structures. An assumption can be made that a stressful work environment consists of high job demand, low job control with low or limited social support from colleagues.

However, there are conflicting views and research evidence about the Iso-Strain model. Peeters and Le Blanc (2001: 53-72) found that social support from colleagues in the work environment was not more effective compared to the support from individual's family and friends outside of work. The family and friends' support for the individual was more of a buffer for workplace stress. In contradiction, Rosen and Moghadam (1990: 193-204) and Leather, Lawrence, Beale and Cox (1998: 161-178) found that social support from colleagues was a more effective buffer against the effects of workplace stressors, compared to family and friends. Since this research study aims to provide an employee wellness programme to manage and alleviate HEI staff work and personal stressors, an open mind should be kept as to the best source of an individuals' social support. This research study will consider that social support from colleagues and managers could be a buffer for workplace stressors.

2.4.2 Various types of stress

Owing to the rich taxonomy of stress theories, many people view stress in different ways. As previously discussed, there is a school of thought that a certain amount of stress (eustress) is good for an individual's performance levels (Andrews, 2005: 7; Dubrin, 2004: 315 and Dubrin, 1994; 177). Contrary to this school of thought, Le Fevre, Matheny and Kolt (2003: 726-744) consider that this is a misinterpretation and overgeneralisation of the Yerkes-

Dodson Law (1908: 459-482) and concur with the contemporary work-related stress theories which view stress as negative, unpleasant distress (Cox & Griffiths, 2010: 37). For the purpose of this research study, stress is defined as the body's psychological (mental) and physiological (physical) response when an individual's resources (knowledge, skills and capabilities) are insufficient to cope with, and do not match, the demands and pressures of a situation, either work-related and/or life-related (Michie, 2002: 67; Park, 2007: 5; Kazmi, Amjad & Khan, 2008: 135).

Andrews (2005: 15-16) points out that psychologists acknowledge the importance of stress, whether it is a perceived threat or a real one, but raise concerns regarding the frequency of stress and for how long it lasts. Stress is categorised into three types, namely acute stress, episodic stress and chronic stress. Firstly, *acute stress* is the most common form of stress which arises from a current situation/event or perhaps one expected in the near future, in addition, Steptoe and Brydon (2005) also includes intense anger as a trigger. Acute stress results in short-term symptoms such as "emotional distress, tension-related aches and pains, and an upset stomach" which, if the stress does not become too frequent or long-lasting is not usually harmful. Secondly, *episodic stress* refers to more frequent occurrences of acute stress. This stress could occur if an individual has too many tasks, responsibilities and obligations that become conflicting demands. The same symptoms from acute stress are experienced, but now, as the frequency increases (episodic stress), these symptoms become more serious health problems and eventually chronic symptoms. Lastly, *chronic stress* is the constant occurrence of stress and pressures, which after a while, becomes a "normal" feeling. This could occur in individuals with no job satisfaction, unhappy personal life, societal outcasts or past trauma. Steptoe and Brydon (2005) believe that "chronic psychological stress is caused by low socioeconomic status, work stress, chronic strain, social isolation, depression, anxiety and hostility" (Ho et al., 2010: 191). Chronic stress becomes the silent killer in the form of "…heart attacks, strokes, substance abuse, suicide and possibly cancer" (Andrews, 2005: 16). Ho et al. (2010: 195) found that chronic psychological stress could result in destructive "health behaviours such as cigarette smoking, alcohol abuse, unhealthy diet and reduced physical activity". Dimsdale (2008: 1238) goes further and says that there is no clear time line between when acute stress becomes episodic stress which results in chronic stress. In his study he found that acute stress lasted less than one week, while chronic stress was linked to prolonged adverse stressors and chronic low level of daily aggravators. He cautions that acute stress may last for a long period of time, especially if the individual continues "brooding" over the stressful event. Ho et al. (2010: 195) caution that chronic stress with its associated psychological responses may activate the body's defence systems, hence the psychoneuroimmunology relationship.

Dhobale (2009: 39) attributes modern day stress to globalisation and technological advancement which has changed the workplace atmosphere. 21st century jobs have become knowledge-based, demanding more from employees and blurring the lines between work-time and personal time. This concurs with comments by *The Daily Telegraph* author (Anon, 2011b: 5), who explains that a work day commences the moment the BlackBerry of iPhone signals a new message from work, instead of the conventional view where work commences once the employee enters the office. Dhobale (2009: 39) is also of the opinion that stress has a variety of sources, including but not limited to demands and pressures from superiors, target-orientated performance, poor or lack of interpersonal relationships with colleagues and superiors, little or a lack of personal/family time, partner/spouse stress, children stress, to name a few. Modern day stress, irrespective of the source, results in physiological and psychological ailments which negatively affect employees' performance and productivity.

2.4.2.1 Work-related stress

The World Health Organisation (n.d.) provides the following definition of a healthy job:

> "… one where the pressures on the employees are appropriate in relation to their abilities and resources, to the amount of control they have over their work, and to the support they receive from people who matter to them" (World Health Organisation, n.d.).

It is deduced that the definition of a healthy job strongly correlates with the Person-Environment Fit and the Iso-Strain Model theories discussed previously. These two contemporary interactional work-related stress theories underpin a healthy working environment.

In addition, the WHO (World Health Organisation, n.d.) elaborates on what work-related stress is and some confusions that managers may have about stress. Firstly, work-related stress occurs when employees experience work or job demands and pressure which exceed their knowledge, skills and abilities to cope. This work-related stress is increased if employees receive little or no support from their colleagues and superiors. This feeling of stress is also increased when the employee has low job control over their work processes. Secondly, the WHO cautions that many managers confuse job challenge with job pressure (or stress), as some believe that a certain amount of stress (eustress) is necessary for good performance. From the previous discussions regarding stress (Cox & Griffiths, 2010: 36), it is evident that the Yerkes-Dodson Law (1908: 459-482) has indeed been overgeneralised to create this confusion.

The WHO (World Health Organisation, n.d.) draws attention to the employee's immediate job environment as the source of work-related stress by identifying job design, job control, the management style of the superior and level of support from colleagues and superiors as contributing factors (World Health Organisation, n.d.). Following this view on work-related stress, the WHO continues to identity "stress-related hazards at work" as *work content* and *work context,* which concurs with research conducted by Cooper and Marshall (1976: 11-28) and Michie (2002: 68). *Work content* is intrinsic to the job and includes, but is not limited to, these: job content; workload and pace; working hours; job control; and participation in decision-making which affects the immediate working environment. *Work context* includes but is not limited to these: the employee's career development and promotion opportunities; job status and compensation package; job role in the organisation; interpersonal relationships; organisational structure; climate and culture; and the extent to which work-life balance is promoted and respected in the workplace (World Health Organisation, n.d.).

Creelman (2010: 13) points out that an individual may try to avoid job stress by looking for a 'nice' profession in a 'nice' workplace. There is an incorrect assumption that 'nice' people doing 'nice' jobs in a 'nice' organisation would treat each other 'nicely' and avoid work-related stress. He observed "bitter pettiness" in a religious studies department within a university, where one would assume that all staff would treat each other 'nicely' and 'be good'. He elaborates by noting that there are two frequent mistakes made by people looking for a 'nice' workplace. Firstly, the *fundamental attribution error* which assumes that "behaviour is driven by personality rather than by the situation". He provides an example of a sales representative wanting to entertain clients for more business, but the accountant has a directive to minimise expenses. When they argue about the expense item, people assume it is because one person is not being 'nice'. In reality, both employees are doing their jobs, but the company's financial constraints are creating a situation for conflict. Organisational conflict arises because of the situation, not necessarily because of staff personalities. The second mistake is a dislike of organisational structures, rules and procedures that many staff view as "annoying bureaucratic practices" (Cooper & Marshall, 1976: 11-28; Michie, 2002: 68). The assumption is that staff only notice when these structures, rules and procedures create problems from them, when they view it as being wrong and unnecessary. Staff seldom notice when these same structures, rules and procedures are helping them and systems are operating smoothly. These two frequent mistakes lead people to assume incorrectly that 'niceness' could create organisational harmony and reduce work-related stress.

Dubrin (1994: 180-184), Greenberg and Baron (1995: 249) and Dubrin (2004: 318-320) introduce a further view, namely that managers need to understand the 'human side of work'

before attempting to manage their staff. The following examples of work-related causes of stress need to be considered by both managers and employees in order to promote the person-environment fit with the necessary social support.

(a) Role ambiguity: This is one of the most common causes of job stress, as the employee is uncertain about his/her scope of responsibilities, receives poorly defined job expectations and struggles to divide his/her work time between various job tasks (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 249; Michie, 2002: 68; Dubrin, 2004: 318-320).

(b) Work overload: Owing to the economic recession, organisations are restructuring the work processes and employees are required to do more work than in the past. Work overload is distinguished in two ways, firstly, quantitative overload which requires employees to complete more job tasks than there is time for in a typical work day and work week (and thus employees simply do not have sufficient time to complete all the job tasks given to them). Secondly, qualitative overload is the employee's perception that (s)he does not have all the required knowledge, skills and abilities to complete the job tasks (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250; Michie, 2002: 68; Dubrin 2004: 318-320).

(c) Work under load: Although work under load may be difficult to imagine in this booming economy, not having sufficient and stimulating work could be stressful. Similar to overload, work under load is also distinguished in quantitative and qualitative under load. Firstly, quantitative work under load results when the employee does not have sufficient job tasks to complete in a work day or work week and the employee becomes bored. Secondly, qualitative under load is experienced by an employee who is engaged in routine, repetitive job tasks that do not provide mental stimulation and job challenge (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250).

(d) Video Display Terminal (VDT) stress: Dhobale (2009: 39) and *The Daily Telegraph* author (Anon, 2011b: 5) acknowledge that the modern workplace has a strong reliance on technology such as laptops, desk computers, BlackBerry, iPhones and SmartPhones that blur the lines between work-time and personal/family-time. Individuals are using technology to stay in constant communication: with work while they are at home; and with family while they are at work. Reynolds (1989: 56) and Dubrin (1994: 184) caution that the Information Era (1955-2030) (Ungerer et al., 2006: 13) could be adding a new source of job stress, namely video display terminal

(VDT) stress: "VDT stress is an adverse physical and psychological reaction to prolonged work at a video display terminal" (Dubrin, 1994: 184). Unbeknown to him at the time, video display terminals would not only exist at work, but would become a necessity which people carry around with them 24-hours a day, 7-days a week (such as BlackBerry, iPhone, SmartPhones and Tablets), with individuals permanently connected to their video display terminals. Although the design of these video display terminals has improved ergonomically, using them could still put a strain on the hand and wrist muscles and possibly result in repetitive motion disorder. Dubrin (1994: 184), in support of Reynolds (1989: 56), concludes that headaches, neck aches, fatigue, hot, tired, watery eyes and blurred vision are common ailments associated with VDT stress.

(e) Being responsible for other staff members: Greenberg and Baron (1995: 251) suggest that various functional areas within an organisation may experience different levels of work-related stress. This implies that functional areas, such as production (which mainly generates products and goods) and finance (which is mainly concerned with financial recordkeeping and accounting) are less stressful than the human resource function, in which the main focus is providing HR services to all staff within an organisation. They argue that individuals who are responsible for supporting other people in the workplace need to communicate, motivate, reward and discipline them, thus the nature of this type of job is more stressful than working with machinery and financial records (Cooper & Marshall, 1976: 11-28; Michie, 2002: 68). This argument also implies that all levels of management - lower, middle and top managers - experience more stress than their subordinates. Being responsible for other staff involves attending to endless complaints, resolving disputes, while promoting cooperation and exerting leadership which could, in itself, be very demanding and add to the individual's job stress (Greenberg & Baron, 1995: 251).

(f) Lack of social support: Support from colleagues and superiors may be a vital buffer against job stress. If an employee shares his/her job stress with a colleague or superior, that person may help the employee to view the perceived stressor from a different angle, or suggest a possible solution or course of action. The mere fact that the employee has shared the stressor with someone else could help alleviate the initial emergency or alarm reaction (Greenberg & Baron, 1995: 251). This notion is supported by studies conducted by Rosen and Moghadam (1990: 193-204); Leather, Lawrence, Beale and Cox (1998: 161-178); and Michie (2002: 68-69). However, if colleagues and managers become critical, demanding, and unsupportive and start to

humiliate and/or bully an individual, this form of destructive behaviour increases the work-related stress (Michie, 2002: 69; Aikins, 2010: 16).

(g) Organisational change: Research conducted by Cooper and Marshall (1976: 11-28) indicates that organisational structure and climate is a source of stress at work. The manner, in which an organisation and its management team make decisions, disseminate information and recognise staff contribution determines a culture of either inclusivity or exclusivity. If employees are not involved in decision making, rely on the grapevine for information, are subjected to hostile office politics and overlooked for promotion and/or rewards, they could experience job stress and become disengaged. Dhobale (2009: 39) acknowledges that an organisation is dynamic, adapting to globalisation and technological advancement which impacts on both the organisation and its employees. Organisational change is constant as shareholders and management find new ways of maximising profits, sometimes at the expense of their employees. Events such as mergers, relocations, restructuring or 'downsizing', fixed term employment contracts and redundancies are huge organisational changes and a source of job stress (Michie, 2002: 69). Although organisational changes are unavoidable, the manner in which decisions are made and information disseminated affects employees' job stress levels.

(h) Competing work and personal demands: The structure of a typical family has changed as it is more common to find working single parents and sometimes only one breadwinner in a household. This adds more pressure as the individual must work to support the family, but also needs family time to attend to personal matters. This creates role conflict between work and family responsibilities and may add to the individual's job stress. Greenberg and Baron (1995: 248) caution that work-family role conflict has more negative consequences for the individual's work responsibilities, as individuals come to work worrying about their unfinished family responsibilities and do not give their full attention to their job tasks. They also add that if an employee has strong family support, (s)he can better cope with the work demands. Michie (2002: 69) goes further, saying that work trips (working away from home) and taking work home adversely affects family-time and leisure activities. Stress caused in one area of an individual's life, either work- or life-related, spills over into the other, which makes coping with stress more complicated.

2.4.2.2 Life-related stress

According to Greenberg and Baron (1995: 253), work is the most important activity of human life; however, it is not the only one. As stated by the WHO (World Health Organisation, 1986, n.d.), health is a "…positive state of complete physical, mental and social well-being". Having a "life" outside of work is required as an important buffer against work-related stress (Michie, 2002: 70; Sonnentag, 2003: 518-528), hence the term 'work-life balance'. Unfortunately, there are various experiences and circumstances that may cause life-related stress. As work-related stress spills over into family/personal life, it is not surprisingly, that life-related stress may impact on work life (Michie, 2002: 69). Greenberg and Baron (1995: 253) distinguish between two types of life-related stress, namely "stressful life events" and "hassles of daily life".

(a) Stressful life events: Any individual may experience a stressful life event, as life is not expected to be perfect every day, especially when other people such as family members and friends are involved. Research studies conducted by Holmes and Rahe (1967: 213-218), Holmes and Rahe (1971: 210-223) and Bhagat (1983: 660-671) agree that the following life events and changes significantly increases an individual's stress levels: death of a spouse or life partner; divorce or marital separation; incarceration; death of a close family member or close friend; personal injury or illness; pressures in a marriage; unemployment; dismissal from job; retirement; pregnancy; child leaving home; dispute with family in-laws; disputes with boss; change in residence; preparation for vacation; preparation for Christmas; and the consequences of minor violations of the law. It is natural for any of the above life events to be perceived as a threat and trigger the alarm or emergency response.

(b) 'Hassles' of daily life: According to Greenberg and Baron (1995: 256-257), everyday life consists of countless minor irritations, although not considered serious, may accumulate and compact into daily stressors. Research conducted by Lazarus and Folkman (1984) and De Longis, Coyne, Dakof, Folkman and Lazarus (1982: 119-136) suggest that the following examples of daily 'hassles' affect individuals' psychological and, eventually, their physical well-being: household chores (shopping and cooking); time pressures; inner concerns (loneliness, fear of confrontation); environmental concerns (neighbourhood deterioration, noise, crime); and financial concerns (debt, expenses and retirement savings). They concluded that the more daily life 'hassles' an individual experiences, the more psychological and physical symptoms of stress they exhibit.

Although Greenberg and Baron (1995: 257) separate the causes of stress to better understand the origins of stress, the boundaries between work-related and life-related stress are blurred. They agree with research conducted by Bhagat, McQuaid, Lindholm and Segovis (1985: 202-214) that the combination of work-related and life-related stress is a more accurate predictor of low work performance and disengagement which have negative organisational consequences. Michie (2002: 68) and Kazmi et al. (2008: 135-138) support the latter contention by stating that stress has negative consequences for both the individual and the organisation. As the individual suffers from ill health and poor work-life balance, the organisation experiences increased absenteeism owing to the individual's illnesses, reduced quality and quantity of work, poor communication, increased conflict and labour turnover. Kazmi et al. (2008: 135-138) found that high job stress will result in low job performance, therefore confirming the "inverse relationship between job stress and job performance". In order to effectively manage and alleviate stress in the workplace, interventions are required that would reduce both work-related and life-related stress.

2.4.3 Typical symptoms of stress

Andrews (2005: 9) proposes that modern day stress may last for a couple of days, weeks, months or years, as compared to stress experienced by an individual during the early evolution of mankind. If a wild animal threated an individual's life, the fight or flight response would kick in; and once the wild animal was gone, the person could relax and recover from the stressful event. Unfortunately, modern day stressors such as crime, domestic violence, lack of job security and unemployment, do not resolve themselves overnight and the human body is on constant alert, also known as 'chronic stress'. The body suffers 'wear and tear' without having time to relax and recover from stressful events. Over time, the constant fight or flight response, which is meant to protect the body against a threat, becomes an unhealthy reaction with associated physical and psychological ailments (Michie, 2002: 67; Andrews, 2005: 9).

The above-mentioned physical and psychological ailments are popularly referred to as 'chronic diseases of lifestyle' (CDLs). Van der Merwe (Health Stress Management, n.d.) refers to the 2003/2004 South African Health Review report which indicates that CDLs are the second largest killers, responsible for 37% of deaths, only 2% fewer than the number one killer, HIV/Aids with 39% of deaths.

2.4.3.1 Physiological

The following physiological symptoms of stress have become frequent ailments and considered to be chronic diseases of lifestyle.

(a) Cardiovascular disease: Authors such as Sparks et al. (2001: 489-509), Andrews (2005: 11) and Jaye (2010: 43) point out that prolonged, continuous exposure to stress hormones could result in high blood pressure and atherosclerosis, the latter being the narrowing of the arteries as a result of excessive fatty deposits in the vessels. Andrews (2005: 11) continues that chronic stress is also considered to be a causal factor of central body obesity around the abdomen. Van der Merwe (Health Stress Management, n.d.) agrees that these above-mentioned medical ailments increase the individual's risk of suffering a heart attack or stroke and, in some cases, result in death. She cautions that 32% of people suffering from high blood pressure are unaware of it and only realise the condition once they have a heart attack or stroke, which is why cardiovascular disease is known as a 'silent killer' resulting from stress.

(b) Infections and immune disorders: As previously explained, during the fight or flight response, the body is highly alert and the immune system functions are heightened in preparation for defence against the threat. This response is supposed to protect the body's internal functioning; however, over time, the immune system suffers 'wear and tear' and may 'break down' according to Jaye's (2010: 43) findings. Therefore, individuals who suffer from chronic stress have lowered resistance to common colds and infections. Stress is also identified as a trigger for "…auto-immune diseases, conditions such as rheumatoid arthritis, lupus, and psoriasis, in which the immune system mistakenly attacks the body's own tissues and organs" (Andrews, 2005: 11).

(c) Cancer: Although there is limited research directly linking stress to cancer, Andrews (2005: 12) and Jaye (2010: 43) caution that a weakened immune system lowers the body's defence against this disease. Van der Merwe (Health Stress Management, n.d.) agrees that chronic stress and CDLs could be contributing factors to an individual developing cancer.

(d) Diabetes: According to Van der Merwe (Health Stress Management, n.d.), diabetes is another CDL and is increasingly affecting more people. This is confirmed by the Medical Research Council (MRC). Research conducted and disseminated by Wolters Kluwer Health (2009: 1-2) describes diabetes mellitus as

"…a chronic disease in which the pancreas produces little or no insulin and/or the body loses the ability to respond normally to insulin (insulin resistance). Insulin is needed to transport glucose into the cells for use as energy and storage as glycogen (sugar)".

Referring back to the early response-based theories of fight or flight (Cannon, 1929) and GAS (Selye, 1950, 1956), it is important to note that glucose fuels the body's rapid-response system against the perceived threat; and later, in collaboration with cortisol, helps the body to recover from a stressful situation/event. If an individual suffers from diabetes, it affects his/her psychoneuroimmunology. There are two types of diabetes, namely Type 1, which is an insulin dependent form of the disease that normally develops in childhood; and, secondly, Type 2, which is the non-insulin dependent form that normally develops in adulthood. The latter is the most common form of diabetes. Type 2 diabetes is associated with adult obesity, poor diet and exercise and generally poor lifestyle choices. Although diabetes can be managed by maintaining a balance between diet, exercise, medication and blood glucose monitoring, there could be long-term complications for the individual. According to Wolters Kluwer Health (2009:1-2), patients who neglect this balance, or perhaps don't know they have Type 2 diabetes, may suffer from one of these conditions: coronary heart disease (from atherosclerosis); stroke (from high blood pressure); neuropathy (nerve damage of the peripheral nerves that branch from the brain and spinal cord to rest of body); vascular disease (poor circulation in blood vessels of legs and feet, slow healing of wounds and in extreme cases, gangrene which could lead to amputations); eye diseases (blood vessels in eyes are affected and could lead to vision loss or blindness); glaucoma (build-up of fluid in eye and could damage the optic nerve which conducts visual impulses to the brain for sight perception); cataracts (clouding of transparent lens of eye); diabetic retinopathy (arteries that supply blood to the retina becomes blocked); nephropathy (kidney damage); and periodontal disease (gum disease and mouth infections).

(e) Other physical disorders: In addition to the above physiological symptoms, Andrews (2005: 12) cites more examples of physical ailments about which sufferers of chronic stress complain to their medical practitioners, such as muscle tension, tension headaches, backaches and jaw pain. These examples support research conducted by Sparks et al. (2001: 489-509) and Michie (2002: 67). Digestive disorders could be triggered or worsened by chronic stress and include ailments such as heartburn, peptic ulcers and irritable bowel syndrome. Van der Merwe (Health Stress Management, n.d.) posits another group of CDLs, namely lung diseases such as asthma, bronchitis, emphysema and tuberculosis (TB). Andrews (2005: 12) claims that if an individual already suffers from asthma, a stressful event could trigger an

asthma attack. The most common ailments associated with stress include migraines, chest pain, infertility, disturbance of menstrual periods, insomnia, chronic fatigue and lack of sexual desire (Andrews, 2005: 12).

Chronic diseases of lifestyle (CDLs) cannot be ignored by individuals or their employers as the Medical Research Council (MRC) report that from "…1995-2005, 6 million South Africans were diagnosed with hypertension; 5 million high blood cholesterol; 1,5 million diabetes mellitus (high blood sugar) and that there were more than 7 million smokers". The MRC estimated that by 2010, 666 South Africans would be killed daily by CDLs (Van der Merwe, Health Stress Management, n.d.).

2.4.3.2 Psychological

Arguably the most difficult consequences of stress to manage are the wear and tear on the individual's psyche. Andrews (2005: 12) cautions that chronic stress is associated with feelings of irritability, nervousness and generally feeling 'down'. If these symptoms are not treated, they could become habitual over time, resulting in hostility, anxiety and depression (Dubrin, 1994: 174; Michie, 2002: 68). Depression is another CDL, as indicated by Van der Merwe (Health Stress Management, n.d.). Depression robs individuals of feeling joy and happiness, and may in turn increase the risks of suicide, eating disorders, substance abuse and risk-taking behaviours without regard for the consequences.

2.4.3.3 Behavioural

Michie (2002: 67-68) cautions that physiological and psychological symptoms of stress could change an individual's behaviour. If an individual frequently experiences stress (episodic to chronic), their emotions of anxiety, frustration and apathy could adversely affect how they think and behave. Cognition could become impaired, resulting in poor concentration, memory and decision-making, leaving the individual less creative and hypersensitive to criticism. Feelings of apathy influence behaviour, resulting in an increase in workplace accidents and antisocial behaviour such as aggression or withdrawal. Individuals may be more susceptible to using substances such as cigarette smoking, excessive caffeine drinking, binging on large quantities of junk food, consuming alcohol and prescription and illegal drugs to cope with their stress (Dubrin, 1994: 174-175; Michie, 2002: 68). These substances could alter the individual's sleeping patterns, which in turn, could lead to fatigue and irritability.

2.4.4 Understanding burnout

In Selye's (1956) discussion of the General Adaptation Syndrome (GAS), he identifies the third stress response as "exhaustion", popularly known as 'burnout', which is caused by prolonged periods of being exposed to a perceived threat or a stressful event. He adds that, in extreme circumstances, burnout could result in death as the body's final emergency response (Cox & Griffiths, 2010: 35). Greenberg and Baron (1995: 260) draw on the research of Maslach (1982), who is a world renowned expert on burnout research, to elaborate on the burnout syndrome. Maslach (1982) found that burnout manifest itself in various ways. Figure 2.3 here illustrates these:
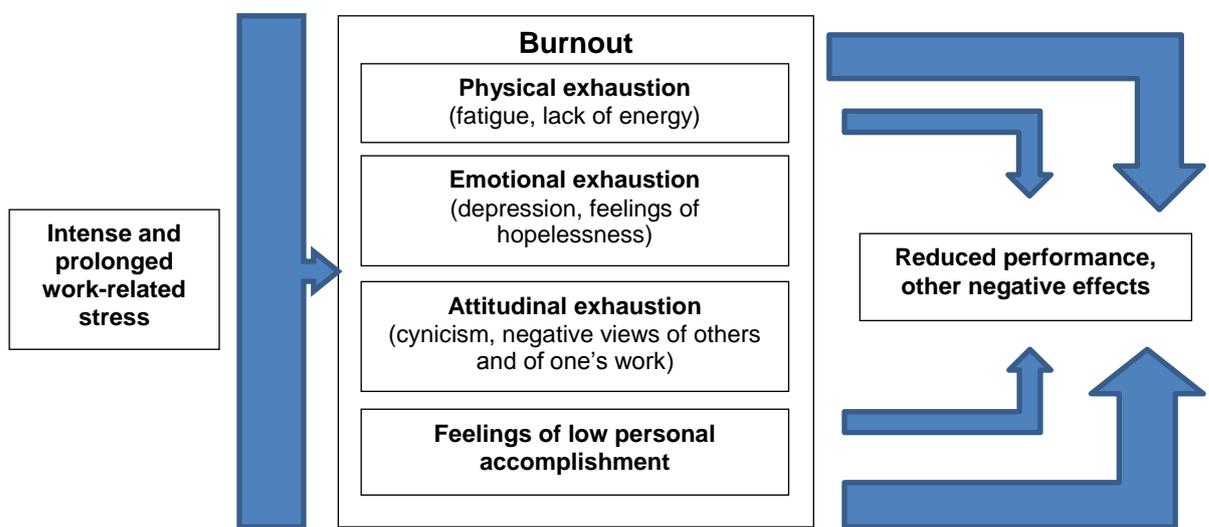
Figure 2.3: Major components of burnout
Source: Maslach 1982 (Greenberg & Baron, 1995: 261)

Thus, firstly, an individual suffering from burnout may experience "physical exhaustion" and reports having frequent headaches, nausea, sleep disturbances and changing eating habits (either eating too little or too much). Secondly, an individual may experience "emotional exhaustion" and report feelings of helplessness, depression and feeling trapped in a situation or job environment. Thirdly, an individual may experience "attitudinal exhaustion" (also known as depersonalisation) and report having negative feelings and attitudes towards other people, treating them as objects, disregarding their feelings and becoming cynical. They do not feel joy and happiness and have a "dark grey" view about themselves, their jobs and organisations. Lastly, an individual may experience "low personal accomplishment" and report not having accomplished anything in the past and they presume their future will not be successful either. Maslach (1982) summarises burnout as a syndrome which results from prolonged chronic stress. Sufferers may experience physical, emotional and mental

exhaustion that leads to feelings of low self-esteem and/or low self-efficacy (Greenberg & Baron, 1995: 260-261).

Almost two decades later, Maslach and Goldberg (1998: 64) and Maslach (2003: 189) updated their views on burnout, describing it as a psychological syndrome owing to prolonged chronic emotional and interpersonal stressors, in turn a result of a misfit between the individual and their job. This corresponds with the contemporary interactional work-related stress theory of Person-Environment Fit (Edwards et al., 1998).

Maslach (2003: 190-191) builds on previous studies conducted by Maslach and Goldberg (1998: 63-74), and Leiter and Maslach (1988: 297-308) who maintain that the various forms of exhaustion may lead employees to distance themselves emotionally and cognitively from their job and work environment, becoming cynical towards both in an effort to cope with their stress: "Exhaustion and cynicism tend to emerge from the presence of work overload and social conflict, whereas a sense of inefficacy arises more clearly from a lack of resources to get the job done." Individuals' reaction to burnout may vary, some could resign from the job and leave the organisation, whereas others might remain but do the bare minimum and not deliver their best job performance. A reduction in quantity and quality of job performance not only affects the employees' performance bonus, but becomes very costly to the organisation in terms of absenteeism, poor performance and low productivity. A withdrawal from the job could also negatively affect interpersonal relationships with colleagues, superiors and customers.

Maslach (2003: 190) introduces a further view, namely that job engagement is on the opposite dimension of job burnout. Job engagement is characterised by energy, involvement and a sense of efficacy. Organisations need to acknowledge that job burnout is not a sign of employee weakness, but rather a symptom of their response to the work situation in which they find themselves. If organisations want their employees to be engaged in their jobs, interventions should be implemented to reduce the risk of exhaustion and promote a sense of efficacy (Maslach, 2003: 190-191).

In the context of the job environment of the current study, it is important to note that Jackson, Schwab and Schuler (1986: 630-640) administered a 'burnout questionnaire' to several hundred teachers. They wanted to determine not only if the teachers were suffering from burnout, but whether they would consider changing their profession. They found that the higher the degree of burnout experienced by these teachers, the higher the likelihood that they would look for another job and possibly changing their profession. Sufferers of burnout would either change their profession, or psychologically withdraw from the job

(disengagement) and wait out their time until retirement. Either way, the teaching profession would lose, and more importantly, the pupils (students) and society at large were being disadvantaged as, without education, society cannot grow and prosper.

According to Maslach and Goldberg (1998: 63),

> "…job burnout has been long recognised as an occupational hazard for various people-orientated professions, such as human services, education and health care…. Burnout is a particularly tragic endpoint for professionals who entered the job with positive expectations, enthusiasm, and dedication to helping people".

An example relevant to the current research is that teachers and/or academics enter education/higher education to work selflessly, and work for long hours to assist, educate, coach and assess their students for the greater good of society. Greenberg and Baron (1995: 251) identify this situation of "…being responsible for other staff members" or people as a cause of work-related stress. Their findings also support the burnout research that Jackson et al. (1986: 630-640) conducted with teachers. These views are highly relevant to this current research study that includes a focus on the following: designing a holistic employee wellness programme that specifically addresses the needs of Higher Education Institution staff; and promoting a work environment in which chronic stress and burnout can be prevented, or, if required, managed effectively.

It may be difficult to imagine that burnout could result in death, but this is fast becoming a reality, as Japanese workers have experienced it and even given it a name, "karoushi". *Karoushi* is translated into "sudden death from overwork". Tubbs (1993: 869-877) researched this phenomenon and found a case where a Japanese employee of a construction company worked 135 hours overtime in a month before he collapsed and died. It was reported that this employee frequently spent the night sleeping at his desk instead of travelling two hours to return to his home. After an investigation, the Nara Labor Standards Inspection Office concluded that this employee's death was a result of overwork, which entitled his family to compensation. Tubbs (1993: 869-877), however, views the above example as a "stress death" which is more than just working long hours, but also falls within the ambit of working with prolonged chronic stress (Greenberg & Baron, 1995: 265). This example supports Gizard's (2009: 15) investigation into the case where a South African employee suffered a heart attack and died at his desk just before commencing with his performance review meeting. Employees and employers can no longer deny the consequences of stress and burnout. The focus should be placed on how to manage and alleviate the impact of everyday work and life stressors.

Maslach (2003: 192) reveals that research regarding burnout interventions is limited, not because of a lack of interest, but rather owing to the difficulties of designing appropriate

burnout prevention and management interventions, finding an opportunity to implement these and the need to conduct longitudinal follow-up studies. She challenges future researchers to find solutions to this research dilemma.

2.4.5 Managing Stress

Owing to the various causes of work-related and life-related stress, it is advisable that both the individual and organisation should be committed to managing and alleviating stress (Michie, 2002: 70). The following interventions are described in the literature:

2.4.5.1 Individual interventions

Michie (2002: 70) advises that the primary aim of individual interventions is to develop the person's coping skills and confidence to manage a stressful situation, not to accept and adapt to the situation.

(a) Reflection journal or diary: As previously mentioned, stress also produces psychological symptoms which can play havoc with an individual's feelings and emotions. Writing about one's thoughts, feelings and emotions could be a way of releasing negativity and hostility from one's mind, body and soul. Jaye (2010: 43) mentions that recording a stressful event and writing about one's reaction could be a coping mechanism. Michie (2002: 70) concurs with the latter, adding that becoming aware of one's stress triggers could help to develop an action plan to minimise these stressors in the future. Once the individual is committed to preventing and/or managing his/her stress symptoms, journaling could also contribute to determining the success or benefits (s)he derives from various stress management interventions. It could help the individual to keep track of his/her progress and focus his/her energy on recovering from the stressful event or past trauma (Andrews, 2005: 38).

(b) Yoga: Yoga is both a physical and mental discipline as, firstly, it employs specific body postures to stretch, strengthen and align the body; and, secondly, it employs deep breathing exercises and meditation (stilling of the mind) to calm and relax the mind and body. This combination approach helps reduces both physiological and psychological symptoms of stress and promotes overall wellness. It is important to note that researchers and medical practitioners agree that yoga helps reduce symptoms related to high blood pressure, heart disease, migraines, arthritis, carpal tunnel syndrome, diabetes, asthma, cancer, body tension, aches and pains (Payne

& Usatine, 2002). Yoga can be practised by any individual, regardless of age, fitness level and body shape (Andrews, 2005: 76, 79).

(c) Nutrition: The fight or flight response activates the body's processes to release glucose from cellular storage and fuel the reaction to the perceived threat (stressful event). Therefore, it is imperative that the glucose released by healthy food fuels the stress response and later helps the body in the recovery phase. Andrews (2005: 93) emphasises that nutrition and exercise or yoga complement one another as effective stress reduction strategies. She highlights that vitamins B is a crucial ingredient that maintains the nervous system and helps the body to respond to threat. She advises a good diet of chicken, fish, bananas, avocados and dark green leafy vegetables to fuel the body with vitamin B. Regardless of the individuals' diet, she promotes the taking of multivitamin mineral supplements, preferably in the morning, along with and regular balanced meals throughout the day. This should be done in collaboration with approximately eight glasses of water per day, limiting caffeine intake to three cups per day. Alcohol should not be consumed on a daily basis, as it interferes with the body's sleep pattern; when consumed, one should not overindulge owing to the side-effects such as headaches, nausea, dehydration, fatigue, all of which may trigger depression. Last but not least, she cautions against the reliance on sugar and sweets for a "quick pick-me-up", as the energy boost is short lived, followed by an "emotional rollercoaster of highs and lows", which results in the individual feeling worse, with possibly more symptoms of stress (Andrews, 2005: 93).

(d) Personal Development: Personal development could be another buffer against work-related stress, as focusing on one's own interests and needs may reduce the psychological symptoms of stress and restore a healthy psyche and self-esteem. Michie (2002: 70) believes that training and development (human resource development) programmes may assist employees to acquire and/or improve their coping techniques. Programmes such as assertiveness, communication skills, time management, problem solving and decision making, effective management and leadership, and basic life/work skills could assist the employee with a more positive and productive response to a stressful situation. Meyer et al. 2010: 31) identify similar training programmes being conducted in SA organisations (Table 2.2: Importance of different types of training programmes, 8th Annual ASTD State of the South African Training Industry Report, 2010: 32-33) although it was packaged separately from employee wellness training. The researcher posits that the above-mentioned training interventions should be properly designed, developed and packaged for promoting employee wellness; and that they should form part of an

employee's Personal Development Plan (PDP) which is a sub-document from the performance appraisal agreement.

Brannon and Feist (2004) argue that health psychologists could assist individuals with preventing and/or managing their stress levels by implementing cognitive therapy, relaxation training and behavioural modifications (Ho et al., 2010: 195). This opinion is in line with Antoni (2003: 173-188) and Folkman's (1997: 1207-1221) research finding that coping strategies such as relaxation, exercise, meditation and social support could enhance the psychosocial functioning, physical health and quality of life of an individual.

2.4.5.2 Organisational interventions

Michie (2002: 70) and others caution that stress management interventions that focus only on changing the individual, without addressing the sources of work-related stress, will produce limited effectiveness. Organisational interventions are equally, if not more, important as it is the organisation that creates the work-related stress (Michie, 2002: 70; Kazmi et al., 2008: 138).

According to WHO (World Health Organisation, 1986), an individual is not necessarily healthy if disease or infirmity are absent, because health also requires a "positive state of complete physical, mental and social well-being". Therefore, a healthy work environment is not merely the absence of health and safety hazards, but rather an environment which promotes physical, mental (psychological) and social well-being. An organisation that wants to provide a healthy, safe and well working environment should offer employee wellness programmes (EWP) that include the following: regular health assessments with appropriate follow-up; training interventions to educate employees and create awareness regarding their physical, psychological and social health; the development, implementation and updating of organisational wellness support structures and practices; and, most important, the incorporation of health and wellness practices into the organisational culture (World Health Organisation, n.d.).

Creelman (2010: 13) offers two suggestions that could contribute to a healthy working environment. Firstly, organisational structures, which include organisational span of control with clear HR policies and procedures, should be present. Michie (2002: 70) proposes that staffing levels, work schedules, physical environment, social support, work control and participation in decision making are additional organisational structural interventions that could create a healthy work environment. As organisations are open systems that are continuously influenced by economic, political and social factors, the organisational structure

should be regularly updated and improved to be effective and responsive to the needs of staff, departments and the organisation at large. The second suggestion for achieving a healthy working environment is achieving positive organisational results: people want to work in and for a company that produces successful results and achieves it goals. Creelman (2010: 13) points out that employees are more tolerant of problems as long as they, their department and organisation are achieving great results. Employees find success and good results highly motivating. This implies that when an individual, a department and/or organisation have achieved successful results, this news should be disseminated and celebrated for all to share in the success. Creelman concludes by challenging HR professionals not to work in silos but rather became involved in organisational success. HR should understand how people and organisations work and know the elements required to ensure a healthy, safe and well working environment.

Research conducted by Eden (2001: 121-146) and Westman and Etzion (2001: 595-606) reveals that rest periods such as annual leave or vacation leave, which is normally away from the workplace and colleagues for more than two consecutive days (that is, longer than a normal weekend), are important for employee well-being as these reduce stress symptoms and burnout. Their research was followed up by Sonnentag (2003: 518-528), who proposes that daily recovery in the evening affects how employees experience the following work day and their level of work engagement. He builds on the works of Demerouti, Bakker, de Jonge, Janssen and Schaufeli (2001: 279-286), who maintain that work engagement is not only important for employees' well-being, but also for positive work behaviour. Sonnentag (2003: 518-528) conducted his research with 147 employees from six public service organisations using questionnaires and daily surveys. He found that daily-level recovery in the evening after each work day resulted in employees experiencing more work engagement the following work day. In turn, this improvement, enabled employees to take initiative and pursue their development goals. In summary, Sonnentag (2003: 515-528) notes that daily rest periods after a work day assist employees in recovering from work-related stress.

As enshrined in South African labour legislation in The Basic Conditions of Employment Act No. 75 (South Africa, 1997), the maximum number of weekly work hours is 45, implying a nine-hour work day from Monday to Friday, or an eight-hour work day from Monday to Saturday (with the latter a half day until 13:00). The same Act also provides for a daily rest period of 12 hours and a weekly rest period of 36 consecutive hours. Unfortunately, this excludes senior managers, travelling sales representatives and people earning in excess of R183 008, 00 per annum (South Africa, 2012: 3). However, it is possible for the staff of Higher Education Institutions to earn above the threshold, which poses a concern for regulating the average university work day, considering that, as in the current research site

(the university and faculty), part time classes are offered at night, commencing at 17:15 with the last class ending at 21:30. Sonnentag's (2003: 515-528) important finding to note in this regard is that work engagement, in turn, enabled employees to take initiative and pursue their development goals. This is imperative in a university engaged in teaching, learning, research and community engagement.

Successful stress prevention and managing interventions is dependent on the organisation's culture. Employees should not be blamed and referred to as 'weak' because they suffer from physiological, psychological and behavioural symptoms of stress. All levels of management from the top should promote a culture of openness and understanding, leading by example in the arena of stress prevention and management and acting as role models, coaches and mentors for all staff (Michie, 2002: 70; Kazmi et al., 2008: 138). According to WHO (World Health Organisation, n.d.), organisations should develop, implement and regularly update their stress prevention and management policy, popularly known as the 'employee wellness policy'. All stakeholders should be consulted when compiling this policy, including trade unions and health and safety committee members, to ensure that all staff has an opportunity to participate, as they, in turn, will become more committed to the organisation. This policy should be promoted throughout the organisation, include an early warning assessment to detect stress symptoms before stress results in burnout. The policy should also provide a variety of interventions to alleviate work-related and life-related stress effectively. Regular evaluations of wellness interventions should be conducted in order to determine their effectiveness with appropriate changes made where necessary (Michie, 2002: 71-72).

2.5 Summary

It is evident from the above in-depth literature review that the 21st century work environment has changed the nature of work. Employees are working longer hours and days, which increases their risk of developing poor sleeping habits, poor lifestyle choices, fatigue, heart problems, high blood pressure and chronic headaches (Sparks et al., 2001: 489-509), all of which negatively impact on the psychological contract between the employer and employee. The Human Resource profession, specifically in SA, has responded to these changes by integrating Employee Wellness as a standard element in the HR Value Chain in order to ensure that both organisational and individual goals and objectives are achieved.

Various research studies have demystified stress, particularly the misinterpretation or "confusion between stress and challenge" (Cox & Griffiths, 2010: 36; Le Fevre et al., 2003: 726-744), which originated with the overgeneralisation of the Yerkes-Dodson Law (1908: 459-482) and later on Selye's (1950, 1956) GAS. This current research study draws on two

contemporary interactional work-related stress theories namely, the Person-Environmental Fit theory (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998) and the Iso-Strain Model (Johnson & Hall, 1088: 1336-1342). These contemporary work-related stress theories view stressful events as negative, unpleasant and distressing, typically occurring when the individual perceives him- or herself in an excessively demanding situation in which he/she is struggling to cope. This study acknowledges that both work-related and life-related stress impacts negatively on employees' job performance and general well-being. Owing to the physiological, psychological and behavioural symptoms of stress, a caveat was provided that prolonged exposure to stressful situations/events could result in burnout, which is the opposite of engagement. Research examples of stress-related deaths, *karoushi,* highlight that both individuals and organisations are negatively impacted by chronic stress. This chapter thus concludes that both employees and the organisation should be equally committed to preventing and managing stress by fostering a workplace wellness culture.

In Chapter three, the changing landscape of SA public Higher Education (HE) will be expounded upon, as the contextual work environment for this research study is a selected SA university. A particular focus will be placed on the selected SA University that was the research site; thereafter, the employee wellness status of the HE staff in this site will be revealed.

CHAPTER THREE

THE LANDSCAPE OF SOUTH AFRICAN PUBLIC HIGHER EDUCATION

3.1 Introduction

The previous chapter expounded on the theoretical framework for employee wellness and provided generic information regarding work wellness and employee stressors. In this chapter, the researcher will contextualise the changing landscape of Higher Education (HE) in South Africa (SA) and its effects on employees. This chapter commences with a discussion of the transformation of SA HE, elaborating with a historical overview and describing legislative imperatives driving transformation. The current discourse of HE in SA will also be discussed. Thereafter, there will be an in-depth examination of the selected SA University which participated in this research study in relation to its employee wellness status. This chapter concludes the concept of wellness in HE by discussing the following: firstly, the challenges facing staff wellness in Higher Education Institutions (HEIs); secondly, the common themes characterising staff stress and burnout in HEIs; and, lastly, stress prevention and coping strategies for HEIs' staff.

3.2 Transformation of South African (SA) Higher Education (HE)

Botman (2012: xiii) believes that "…higher education is not neutral. It is highly political". He states that Universities have an important role to play within society that is relevant to all communities and addresses their needs. The transformation of South African (SA) Higher Education (HE) is experiencing a paradox; on the one hand, economic growth; and on the other hand, social change. In order to understand the changing landscape of SA HE one has to assess how it evolved over time with developments in both the business concept and social reform.

3.2.1 Historical overview of SA HE

Lange (2012: 46) states that SA universities were not "…a sign of the independence of the new country nor as an instrument of the State shaping post-colonial society", as with many other African countries. She is supported by Cloete, Fennel, Maassen, Moja, Perold and Gibbon (2005), Sehoole (2005) and Mamdani (2011), who indicate that previously SA universities had two distinctive features: firstly, the "historically white institutions" that promoted colonial ideology; and, secondly, "historically black universities" that offered HE to African, Coloured and Indian members of society. At the start of democracy in 1994, SA did not have a properly constructed HE system; instead there were 36 Public Higher Education

Institutions (HEIs) which were created by acts of the apartheid government. These 36 HEIs consisted of 21 Universities and 15 Technikons, the latter being HEIs which offered vocational education. The new democracy thus inherited a HE sector which was "divided along racial, ethnic, linguistic and geographical lines" (Lange, 2012: 46).

The new democratic government faced the challenge of broadening the democracy to all citizens of SA and to create a new public and society which encompassed freedom and equality for all. This had to be translated into HE by creating a "single, coordinated and diverse HE system" (Lange, 2012: 47). Botman (2012: xiv) is furthermore of the opinion that public service institutions not only have to eradicate the "… legacy of colonialism and apartheid", but are faced with new challenges of "… public-sector corruption and insufficient service delivery".

Botman (2012: xiv) posits that HE should operate for the public good and therefore universities should create and contribute to the social transformation of the public / society. He acknowledges that SA is "characterised by gross inequality" which has given rise to poverty, crime and unemployment. Universities should respond to the need for human development by leading social change and being more inclusive, rather than exclusive and elitist. According to Singh (1992: 48-60) and Motola (2005), transformation became the supreme objective of the new democratic government; the goal was to transform the country, its institutions, business and society (Lange, 2012: 46-47). The White Paper on the Transformation of Higher Education (South Africa, DoE, 1997) outlines the commencement of such reform.

3.2.2 Legislative imperatives driving transformation

Leibowitz (2012: xxi) extrapolates that all HE-related policy statements and legislation issued by the State of the Republic of South Africa highlight transformation of the HE system. The main aim is to promote and monitor equity in HE, both in terms of participation (access) and governance and so ensure that HE "contributes to the public good and social justice". Lange (2012: 47) concurs with Leibowitz (2012: xxi) and provides a summary of the commencement of such reform via the Higher Education White Paper: A framework for transformation and a programme for transformation (South Africa, DoE, 1997). This White Paper "…proposed four purposes for higher education, eventually assimilated into the Higher Education Act [South Africa, 1997, 1999, 2000, and 2001]", namely:

(1) "To meet the learning needs and aspirations of individuals through the development of their intellectual abilities and aptitudes throughout their lives;
(2) To address the development needs of society and provide the labour market with appropriate high-level skills;

(3) To contribute to the socialisation of enlightened, responsible and constructively critical citizens [via community engagement and service learning];

(4) To contribute to the creating, sharing and evaluation of knowledge"
(South Africa, DoE, 1997: 3: 1.3).

Lange (2012: 48) is furthermore of the opinion that the vision principles of the HE system, such as "…equity and redress, democratisation, development, quality and effectiveness and efficiency", should be considered universal vision principles, as similar challenges are experienced among other large higher education systems.

Since 1994, the start of democracy, the "national political juncture and the macro-economic policy" of the State set out priorities for transformation of HE (Lange, 2012: 49). Authors like Hall, Symes and Luescher (2002) and Cloete and Moja (2005: 693-722) are furthermore of the opinion that the "concept of cooperative governance", as developed by the National Commission on Higher Education (NCHE) which was integrated into the HE White Paper and legislation, transformed HEIs' structures and decision-making processes. Lange (2012: 49) identifies four priorities that constitute this transformation in order to ensure cooperative governance.

The first priority focused on <u>equity and redress</u>, both in terms of increasing student enrolments from all sectors of society and employing diverse academic staff. According to the Council of Higher Education (CHE, 2004, 2009), the demographics of the student population was becoming more representative of society; however, the staffing profile was slower to change and HEIs have experienced difficulties in replacing the current generation of academics. In order to measure the progress HEIs were making with regards to equity and redress, the Higher Education Management Information System (HEMIS) was developed with performance indicators.

The second priority focused on the <u>effectiveness and efficiency </u>of HEIs. The HE White Paper clarified that "…effectiveness was the achievement of the desired outcomes, and efficiency referred to the lack of duplication and waste" (Lange, 2012: 50). These two indicators led to the restructuring of the HE system via mergers and incorporations. This HE restructuring was initiated by the National Working Group that was appointed by the then Minister of Education (CHE, 2000; South Africa, DoE, 2001a; South Africa, DoE, 2001b; Bunting and Cloete, 2004a). McKenna (2012: 21) cautions, however, that where SA HE previously differentiated between "historically advantaged" and "historically disadvantaged" universities, the distinctions have changed to Traditional Universities, Comprehensive Universities and Universities of Technology. Lange (2012: 51) points out that this restructuring of the public HE system "…brought to the fore a variety of specific issues about

funding, infrastructure, capacity, administration, programme offerings and the overall fitness for purpose of institutions".

The third priority saw the Council of Higher Education (CHE) develop a <u>national system of quality assurance</u> via its Higher Education Quality Committee (HEQC). This quality agenda incorporated "tensions between equity, redress and quality" and inferred that it was questionable whether HEIs were "fit for purpose", including their progress towards the national development priorities of transformation (HEQC, 2001).

The fourth and, to this point, final priority of reform focussed on <u>responsiveness and development</u>. According to Kraak and Perold (2003), these concepts originated from HE's ability to "…produce the numbers, type and quality of required graduates" for the labour market (Lange, 2012: 51). Responsiveness was defined as HE's ability to meet the needs of a technology-orientated economy, produce research, develop highly skilled graduates and impart knowledge in order for the graduates to respond to both national and global market needs. Development was defined as HE's ability to contribute to the common good of society (for the public good) through producing, acquiring and applying knowledge and skills; and, with this, building human capacity and providing lifelong learning opportunities (South Africa, DoE, 1997: 1.3 & 1.20). Leibowitz (2012: xxi) and the CHE (2008) are furthermore of the opinion that HE should have an influence beyond SA with regard to social accountability and civic engagement.

3.2.3 Current discourse of HE in South Africa

Singh (2012: 3) addresses the issue of transformation in SA HE by arguing that the focus is being shifted or "thinned down" from social accountability and social responsiveness to economic market responsiveness. Singh (2012: 1) builds on the works of Currie and Newson (1998) who maintain that globalisation, both in "…economic imperatives as well as an ideology", has resulted in a dramatic change of social life, including changing the "…traditional understandings of the identity of higher education". The impact of globalisation and technological advancement was identified by Dhobale (2009: 39) as the changing nature of the 21st century workplace. Therefore, it is not surprising that the HE environment is also undergoing restructuring, placing the focus on "economic costs and benefits of higher education". Singh (2012: 2) is of the opinion that this reorganisation of HE is too focused on using local, regional, national and global economic growth and competitiveness as a benchmark for performance, instead of focusing on the social development priorities of nations or societies.

McKenna (2012: 16) notes that the university is an integral part of society as it is "both affected by and affects the ways in which society constructs itself". She points out that the university has ever changing, dynamic relationships with society and the State, both of which are influenced by globalisation. Therefore, it is not surprising that the university is being "…conceptualised in terms of its relationship to the economy", where many view the role of HE as the "primarily a servant for economic growth". The globalised purpose of HE is to produce "work-ready graduates and patent-ready research" (McKenna, 2012: 16).

McKenna (2012: 17) draws on the work of Drucker (1996) who explained that 'knowledge economy' is a new viewpoint where knowledge has become a product with currency, instead of just theory and practice. Thus, success is founded on one's ability to market one's knowledge, skills and attributes in a non-restricted labour market. The introduction of globalisation, technological advancement and "consumerist culture" has resulted in a change in the way in which knowledge is constructed: it is now regarded as the ability to be innovative and/or add value to an existing product or service in the economy. Thus, knowledge has become a commodity which implies that universities should "produce, package and sell" knowledge as their product and become globally competitive (McKenna, 2012: 17). Certain authors, such as Shore (2010: 15-29) and Parker and Jary (2005: 319-338), propose that this new conceptualisation of a university, now known as the "McUniversity", amalgamates social reform and academic values with "money-making initiatives". McKenna (2012: 17) is furthermore of the opinion that the marketplace becomes a key driver in the success of universities, as it is the marketplace that determines and evaluates the graduates and research produced, packaged and sold by universities. This competitive change to become a McUniversity results in more and more universities competing against each other for the better academically achieving students, better qualified and experienced staff members, and a larger portion of HE funding. McKenna (2012: 17) views these McUniversities as "…multi-national corporations vying against each other for the best raw materials to make the better product". She concludes with a caveat that this "corporatisation of democracy" has changed the identity and role of HE to one of wealth creating, moving away from social justice and disciplinary progression, which is needed to stimulate social reform.

Singh (2012: 2-3) offers a balanced perspective, noting that HE accountability and responsiveness, as explained by Lange (2012: 49-51), are important priorities to ensure that HE is "less wasteful and self-indulgent". As previously stated by Botman (2012: xiv), public sector corruption and poor service delivery become important agenda items in any institution serving the public good. The debates about HE accountability and responsiveness are centred on the social and economic contributions that universities make; and that, in doing

so, they improve the country's competitive edge in the global marketplace. HE transformation is driven by "…fiscal discipline, efficiency and cost benefit optimisation principles" borrowed from the business world, in order to steer HE in the direction of "greater responsiveness to society" (Singh, 2012: 2-3).

Singh (2012: 3) cautions, however, that if a university is run like a business, there is a danger that this approach might stifle creativity and innovation of new ideas and skills, which might not produce immediate income, but may result in future applied benefits. Singh (2012: 2) is furthermore of the opinion that a new "common sense" has emerged where the social importance and value of HE is acknowledged in its role of improving national competitiveness within a globalised knowledge-driven economy. She expounds on this "common sense" that universities are producing new knowledge via research, disseminating knowledge via teaching and applying knowledge and skills for community service and social development, in order to meet the demands for economic productivity.

Leibowitz (2012: xx) draws on the work of Badat (2009: 455-467) who acknowledges that SA HE has transformed to an extent; but Badat identifies that change has been slow with regards to the "decolonisation of knowledge". Authors like Parra-Sandoval, de Carmona and Gonzalez (2010) and De Souza (2007: 135) are furthermore of the opinion that, since SA HE was founded during the "colonial era", it relies on western theories and knowledge. Leibowitz (2012: xx) views this as a result of the "peripheral position of the country" perhaps owing to both the location of SA which is far removed from the west, and the lesser importance of SA knowledge in developed countries. Other contributing factors are the effects of the "brain drain" (Botman, 2011) where skilled individuals leave SA for greener pastures, as well as poor infrastructure (Ondari-Okemwa, 2011: 1447-1469) as SA's knowledge dissemination network is inadequate. Leibowitz (2012: xx) is concerned that SA academics' research is more frequently published in international journals than in in local publications or internationally distributed books. She posits her opinion that SA knowledge practices also require transformation in order to become more recognised in both developing and developed countries.

Singh (2012: 8) further explains that limited research is available regarding the effects of globalisation and its "neo-liberal demands on HE in developing countries, and especially HE in Africa". Research conducted by Rockefeller (2001) generated case studies from African countries that experienced dramatic changes within its HE system, noting increases in the number of fee-paying students, particular emphasis on qualifications in fields of management, commerce and information technology, and HEIs' drive for income- generating initiatives and cost efficiency in restructuring the university (Singh, 2012: 8). Singh (2012: 9)

elaborates that many HEIs approached restructuring with an entrepreneurial point of view, by the following means: firstly, by diversifying their programme qualification mix (PQM); secondly, by expanding their offerings to include distance education to stimulate higher enrolments; thirdly, by outsourcing non-core activities to private companies; and, fourthly, by attempting to "right size" the university via retrenchments. The knowledge practices, as identified by Leibowitz (2012: xx), are also focused more on entrepreneurial endeavours, as more emphasis is placed on "…applications-driven research and research links to industry"; and a popular strategy is to convert programmes, departments and faculties into income-generating cost centres, thereby capitalising on their teaching, research and other service products.

A disjuncture between efficiency and social transformation is noted by Singh (2012: 9) as she is concerned that HEIs are employing entrepreneurial restructuring, while at the same time compiling mission statements to promote social transformation. She acknowledges that the White Paper on Higher Education Transformation (South Africa, DoE, 1997) provides a range of "related purposes for higher education", of which labour market responsiveness is one. Another related purpose for HE is developing and promoting citizenship (South Africa, DoE, 1997: 1.3), which is noted by Lange (2012: 53) as an attribute that should be developed and not assumed as being automatic. According to research conducted by CHE (2010) and HEQC (in their Executive Summary of the institutional audit conducted between 2004 - 2008), HEIs are lacking in curricular and extra-curricular activities in order to prepare students to live and work in a democratic society free of racism and sexism. The CHE (2010) conducted research on institutional culture and access by interviewing students and lecturers from three different HEIs. Both students and lecturers reported "…tacit expectations, misunderstandings, unrealistic expectations, lack of common language, resentment and discomfort" in their institutional relationships. Lange (2012: 55) correctly states that the above research findings show that HE has an important social transformation role in developing citizenship, which should not be separated from its other related purposes.

Singh (2012: 6-7) goes further and says that "…the idea of a higher education institution as a 'social institution' has to be rehabilitated to mediate the impact of the institution conceptualised as a business". She believes that, in societies where there are issues of poverty, inequality and social injustice such as SA, HE has a role to play in reinforcing the principles of democracy and social transformation. HE should provide equal opportunities for talented individuals, regardless of their social background and financial capacity, thereby contributing to a more just and inclusive society. Singh (2012: 10) concludes that policy and decision makers at all levels should negotiate a consensus between the diverse purposes of HE, where on the one hand, economic responsiveness, and on the other hand, social justice

and transformation should not be mutually exclusive but rather integrated into the identified purposes in the HE White Paper.

The researcher has been following debates from various stakeholders regarding the challenges facing higher education in SA. Rensburg (2013: 5) states that he is very excited that thousands of SA matriculants (Grade 12, exiting secondary education) are trying to gain access to any one of SA 23 HEIs. He is elated that so many young South Africans acknowledge that HE is their ticket to a better future, for them, their families and their communities. However, he notes that HEIs are often criticised for not being more accessible, as indicated in priority 1 – equity and redress - in HE transformation. He clarifies that HEIs have limited capacity and resources, adding that entry requirements are important for maintaining academic standards. Govender (2010: 1) supports the latter point by stating that "…high failure rate[s] among first-year university students has prompted several institutions to tighten their admission requirements". Matriculants score points based on their academic results for each subject written in the final Grade 12 national exams. This point scoring system is used to determine which pupils are academically ready for higher education and to gain access for a three-year diploma or degree. Govender (2010: 2) also reports that, in 2008, 799 387 students were enrolled across the 23 HEIs, although only 133 241 students graduated in the same year with a university qualification. Thus, only 17% of students successfully completed their qualifications. Govender (2010: 2) interviewed Eloff, former Chairman of Higher Education South Africa (HESA), regarding these shocking statistics. Eloff explained that 20% of first-year students across SA dropped out owing to financial reasons, or because they were not coping with university life as they were not (academically) properly prepared for tertiary education. Govender (2010: 2) also interviewed Crosley, Deputy Registrar and Foxcroft, Senior Director for HE access, from two different HEIs. Both agreed with Rensburg (2013:5) that admission requirements (points scoring system) is an important tool for limiting student numbers in programmes where there are space, venue and staff shortages, adding that poor pass rates could also be attributed to admission criteria that were "too low".

The debate regarding HE students' high dropout rates, as well as poor pass- and graduation rates, revolves around three strong arguments. The first argument focuses on SA's primary and secondary schooling system. Webster (2011: 12) interviewed Clayton and Habib, both Deputy Vice-chancellors of research, innovation, development and advancement from two different HEIs, regarding their views on the SA schooling system which inevitably prepares students for tertiary education. Clayton acknowledged that there are excellent schools in SA, which constitutes between 10 and 20%; however, the remaining (majority) of schools are under-performing. Habib pointed out that it is impossible for universities to "…make up for

the deficit in 12 years of schooling within the space of a couple of years at university". Rensburg (2013: 5) concurs with Clayton and Habib that the overall quality of students entering HE "reflects deficits in the schooling system". Rensburg (2013: 5) reports that in 2012 only 44% of pupils wrote the Grade 12 examinations from the overall numbers who entered the schooling system that year. He continues to state that of the 624 000 mariculants who wrote the Grade 12 national exams in 2012, "…only 26,6% (with an average pass rate of 50%) qualified for university exemption". Universities, on the other hand, are under considerable pressure to increase the student enrolment numbers (as per priority 1, equity and redress), while at the same time maintaining academic standards (as per priority 3, quality assurance and priority 4, responsiveness and development). Universities invest considerable money and time in academic and socio-psycho support for students. Although, two new universities are being established, one in Mpumalanga and the other in Northern Cape, bringing the total number of HEIs in SA to 25, the university system will be unable to cope with the student numbers and schooling deficit (Rensburg, 2013: 5).

The second argument explaining the high dropout rates and poor pass- and graduation rates focuses on curriculum reform. MacGregor (2013) reports on "Re-envisioning African Higher Education", as presented by Scott in his keynote address at the Annual Teaching and Learning Conference held at the University of KwaZulu-Natal from 25-26 September 2013. Scott is of the opinion that, although there is "excellence in South African higher education", it still does not meet the needs of the majority of students and the majority of SA society. SA universities have made progress with de-racialising HE and it is reported that student numbers have increased by 80%, with an estimated 900 000 students engaged in tertiary education. Although enrolment numbers have increased, graduation numbers are still unacceptably low (Govender, 2010: 2). Scott acknowledges the poor schooling system and speculates that improvements are not forthcoming. He posits that "…student under preparedness is a relative concept", as a student might be prepared for one thing, but not for another. He believes there is a "…mismatch between what students bring with them, and what institutions have traditionally expected". This articulation gap or mismatch between secondary schooling and higher education is both parties' responsibility, as a gap can be closed from either side. MacGregor (2013) reports that Scott is part of a task team conducting high-level investigation into curriculum in order to address and increase graduate outputs. In accordance with the viewpoints of authors such as Leibowitz (2012: xx), Parra-Sandoval et al. (2010), Badat (2009: 455-467) and De Souza (2007: 135), Scott believes that the current SA HE curriculum framework originated from the colonial period, which may have some merits for that era, however not suitable for the current diverse student body. He is of the opinion that SA needs an enabling curriculum framework that is designed by South Africans for South Africans. This framework should be designed "…in terms of our needs as

a country in this part of the world, and in accordance with our own passions". This task team identified "space" or time as a key factor in solving poor student pass rates and low graduation rates. Scott elaborates that academics need more time with students in order to achieve the academic outcomes and standards. This task team proposes a "…flexible and practical curriculum structure that increases the duration of an undergraduate degree or diploma by a year". This implies that students would be given an opportunity to learn at their own pace and complete either a degree or diploma in four years. The four-year qualification should be revised and improved to support learning and develop graduate attributes within the chosen discipline. Scott goes further, saying that this proposal is feasible and affordable and noting it will be more cost-effective than the current system and - more importantly – it will improve graduation rates (MacGregor, 2013).

In addition to increasing the duration of undergraduate degrees or diplomas, Shevel (2011) reports that universities need to adapt their curriculum to meet the demands of the labour market. She indicates that Adcorp, a training and recruitment group, estimate that 600 000 graduates are unemployed, although there are 820 000 vacancies for high-skilled jobs in the SA labour market. Adcorp speculates that these unemployed graduates have degrees in arts, social sciences and humanities and blame the education system for directing them into degrees that are irrelevant in the labour market. As SA is a developing country, it could be compared to other fast-growing countries such as China, Korea and Taiwan, where 50% of students are enrolled for qualifications in engineering, technology and business, whereas in SA that figures is estimated at 20%. Shevel (2011) concurs with McKenna (2012: 17) that universities should adapt their curriculum to reflect the needs of the 'knowledge economy', producing more graduates in business, economics and accounting. Shevel (2011) acknowledges that universities have a broader educational role to transform society, but also notes transformation priority 4 – responsiveness and development – to produce the type and quality of graduates required for the SA labour market (Lange, 2012: 49; Kraak & Perold, 2003).

The third argument explaining high dropout rate and poor pass- and graduation rates focuses on academic staff members. As previously stated, Webster (2011: 12) interviewed Habib regarding challenges facing SA higher education. Habib identified two concerns regarding SA academics: firstly, as the academic community is ageing, the next generation is not entering academia fast enough. Possible reasons are the poor graduation rates, limited postgraduate students and the socio-economic aspect that many graduates need to find work as soon as possible to support their families. Habib cautions HE managers not to compare SA universities with other international universities in respect of scholarship and innovation. He is of the opinion that scholarship and innovation emerge from "well-staffed

higher education systems" which SA is still developing. Secondly, Habib is concerned about the high percentage of academics that do not have doctoral degrees, as he explains there is a correlation between a doctoral degree and innovation and scientific production. Rensburg (2013: 5) adds a third concern, namely academic workloads. Growing student numbers directly impact on increasing academics teaching loads, while reducing academics' time for further studies and research outputs. Habib concurs with Rensburg (2013: 5) and points out that student numbers initially increased to 750 000 (Webster, 2011: 12) and more recently to 900 000 (MacGregor, 2013), whereas full time academic staff have decreased from 45 000 to 39 000. Although part-time staff are appointed, this does not stimulate or contribute to innovation and scholarship (Webster, 2011: 12). Rensburg (2013: 5) concludes that increasing student enrolment, improving curriculum responsiveness and increasing pass- and graduation rates put university resources, both financial and human, under considerable pressure.

3.3 The case study: A selected South African University

Owing to ethical considerations and confidentiality purposes, the name of the selected South African university that is the focus of this research study may not be disclosed. This section will commence with an overview of University X, followed by its employee wellness status.

3.3.1 Overview of the selected university

University X was established on 1 January 2005, arising from a merger between two technikons. As discussed by Lange (2012: 50) in priority 2 of HE, transformation – effectiveness and efficiency – resulted in mergers and the incorporation of various HEIs to eliminate duplication and waste. University X was part of this SA HE system's national transformation process. University X is a University of Technology (UoT), a new institutional type in the SA HE system. Du Pré (2010: 1-2) indicates that UoTs came into existence owing to the "major reconfiguration of the Higher Education landscape". Pre-democracy, the SA HE system consisted of 36 public HEIs, 21 traditional universities and 15 technikons (Lange, 2012: 46; Du Pré, 2010: 1). The national transformation process restructured these HEIs into 11 traditional universities (a result of some universities merging with each other or remaining unmerged), six comprehensive universities (a result of traditional university merging with a technikon), and six universities of technology (a result of some technikons merging with each other and some remaining unmerged) (Du Pré: 2010: 1).

Du Pré (2010: 2) correctly states that UoTs are built on the solid reputation of the technikons which offered career-orientated programmes that, in doing so, prepared their graduates for

the workplace. Former technikons built their reputation via (1) applied research, (2) strong collaboration with industry employers to ensure that their curricula were relevant and up to date, and (3) preparing graduates via work-integrated-learning as productive and socially responsible citizens for the world of work. Du Pré (2010: 2) commends UoTs world-wide for their major contribution to the development of their regional economies and countries at large, not only by producing work-ready graduates, but by identifying societal and business-related problems or needs and offering solutions through applied research. He concludes by emphasising that, in the present SA public HE landscape, all universities have equal status, the only difference being their market-related focus.

The following historical overview of University X was extracted from its homepage: University X is the only UoT in its province and is the "…largest university in the region, boasting more than 30 000 students, [on] several campuses and service points and [offering] more than 70 programmes". University X comes from "humble beginnings in Technikon A and Technikon B, which dates back to the early 1900s" (University X, n.d.).

Technikon A was founded as a Technical College in 1920 after the community petitioned for more than ten years for the consolidation of technical courses offered at various sites. "In the late 1960s this institution had its status changed to a College for Advanced Technical Education… [and] a decade later, the Technikons Act was promulgated and… the institution become known as" Technikon A. During the pre-democracy era, "…all educational institutions were forced to serve a specific race group… [of] white students; however, in 1987 the makeup of the student population changed after the institution applied for and was granted permission to have Government's regulation lifted on the quota for black students". The 1990s marked a new era for Technikon A which launched a new corporate identity, a new vision and mission statement and restructured the institution into six Faculties. In 2001, two educational colleges which constituted the Faculty of Education were incorporated on multiple sites of delivery (University X, n.d.).

Technikon B was founded in 1962 as a Technical College "…to cater for the steady growth in the number of Coloured apprentices in a variety of trades… In the 1970's the institution had its status changed to a College of Advanced Technical Education… and in 1979, the college was legally established as" Technikon B. During the pre-democracy era, this institution primarily offered education to Coloured people, but in 1987, as with Technikon A, all races were welcome. Technikon B also restructured their academic programmes and, in 1997, established Faculties of Engineering, Business and Science (University X, n.d.).

Du Pré (2010: 3-5) contextualises both Technikon A and Technikon B's historical development by explaining that, in 1967, the government of the day established six Colleges of Advanced Technical Education to cater for the need for higher levels skills. In 1979, these institutions become Technikons which offered career-orientated education via three-year National Diplomas, which were considered to be similar with the university's first three years. The National Diploma was followed up with a National Higher Diploma on fourth-year level. In 1993, keeping up with world trends, technikons were granted degree-awarding status. This resulted in the national higher diploma being replaced with the new Bachelor of Technology, on fourth year level, followed by masters and doctoral degrees in technology. Therefore, technikons had similar academic career progression as universities and was viewed as "technical" universities (Du Pré, 2010: 3). In 1997, the Committee of Technikon Principals began debating a name change. World trends indicated that similar institutions had a more descriptive name, such as "University of Technology" and "Institute of Technology", to name a few. After various debates and consideration, the Department of Education announced in October 2003 that technikons would be renamed as universities of technology. This change was in accordance with priority 2 of HE transformation – effectiveness and efficiency - and provided the opportunity for reconfiguration as universities merged, either with other universities or technikons, or as technikons merged with other technikons (or remained unmerged).

On 1 January 2005, University X was officially launched and so commenced the process of building a new corporate identity, logo, vision and mission statement, which reads as follows:

> The Vision:
> "To be the heart of technology education and innovation in Africa."
>
> The Mission Statement is underpinned by the following four aims:
> (1) "Sustainability and Efficiency – to build a university that is highly efficient, sustainable and environmentally conscious.
> (2) Curriculum, Teaching and Learning – to be known for the high quality of teaching and learning and the relevance of curriculum.
> (3) Student Experience – to create a vibrant and well-resourced living and learning environment for students.
> (4) Research and Innovation – to enhance and develop the quality and effectiveness of research and knowledge production"
> (University X, 2010: 8-10).

In preparation for its institutional quality audit conducted in 2010 and keeping abreast with national and international trends, University X identified the following six "cross-cutting themes" to underpin its strategic aims, vision and mission statement:

1. *Innovation* – research innovation and finding new solutions to real issues in society.

2. *Work Integrated Learning* – to maintain and strengthen partnerships with business, industry and government so that the curriculum is relevant and up to date; and so ensure that

graduates have the required knowledge, skills and experiences to find employment in the world of work.

3. *Partnerships* – this is a critical success factor for enhancing work integrated learning; becoming an engaged university through partnerships for mutual benefit with other national and international institutions and agencies, and for building academic reputation.

4. *Quality and sustainability*–maintaining a stable institution which is financially healthy, resource- and environmentally-conscious through careful stewardship, cost containment and strategic budgeting. Emphasis is also placed on benchmarking effective management and administration practices and monitoring performance for improvement.

5. *Social transformation* – University X is committed to social transformation within the institution and society, via increasing representivity in the university and including diversity issues in the curriculum.

6. *The University culture*–in order to achieve its vision and mission statement, University X aims to create an atmosphere where students, academics, administrative and support staff are treated with dignity and mutual respect, and in doing to, create harmonious relationships (University X, 2010: 5-7).

University X is proud of its growth in student numbers since the merger and the HEMIS data will reflect a steady growth in graduates with a variety of qualifications. In accordance with national scarce skills, University X is required to have 50% of their student enrolments in the sciences, engineering and technology disciplines and to increase their postgraduate enrolments to 7% of the total student population (University X, 2010: 262). Figure 3.1 indicates the total student enrolment numbers (presumably during the beginning of academic year registration) from 2003, when the merger was announced, until the year in which this research study was conducted, 2013. Since the merger on 1 January 2005, student enrolments have grown to well over 30 000 students which confirms that University X is the largest university in their province (University X, n.d.).
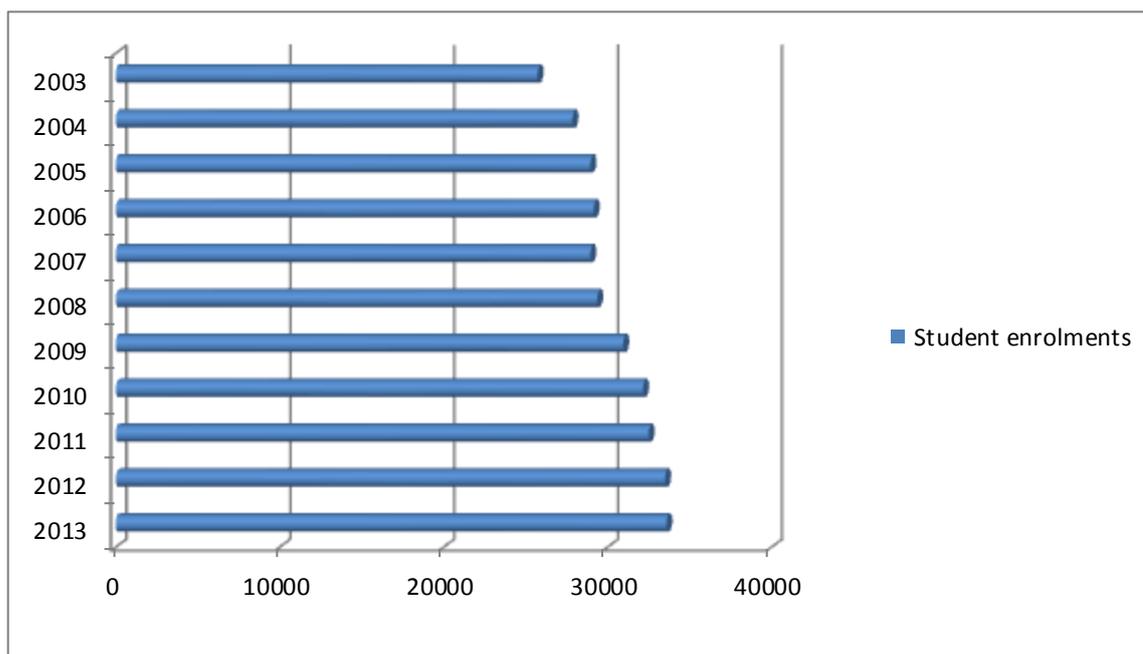
Figure 3.1: Student enrolment numbers 2003-2013
Source: University X (n.d.)

In 2013, 33 594 students, 53,65% of which are female and 46,35% male, registered for an academic qualification. All South African racial groups are represented, as indicated in Table 3.1 below, reflecting that University X is meeting the HE transformation priority 1 of equity and redress.

Table 3.1: 2013 Student enrolments by gender and race

Gender	Race			
	African	Coloured	Indian	White
Female	58,77%	28,95%	0,9%	11,38%
Male	56,34%	26,8%	1,52%	15,34%

Source: University X (n.d.)

University X is structured into six faculties, namely, Faculty of Applied Sciences, Faculty of Business, Faculty of Education and Social Sciences, Faculty of Engineering, Faculty of Informatics and Design, and Faculty of Health and Wellness Sciences. Figures 3.2 to 3.7 will illustrate the 2013 student enrolments per faculty.
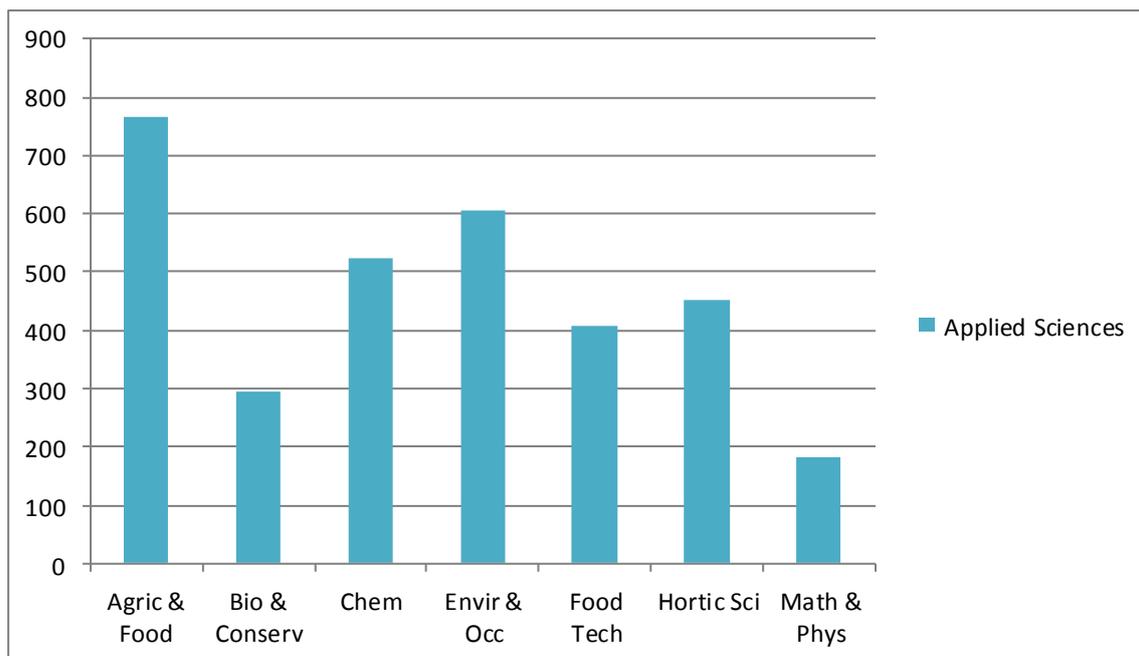
Figure 3.2: Faculty of Applied Sciences 2013 student enrolments N= 3 234
Source: University X (n.d.)
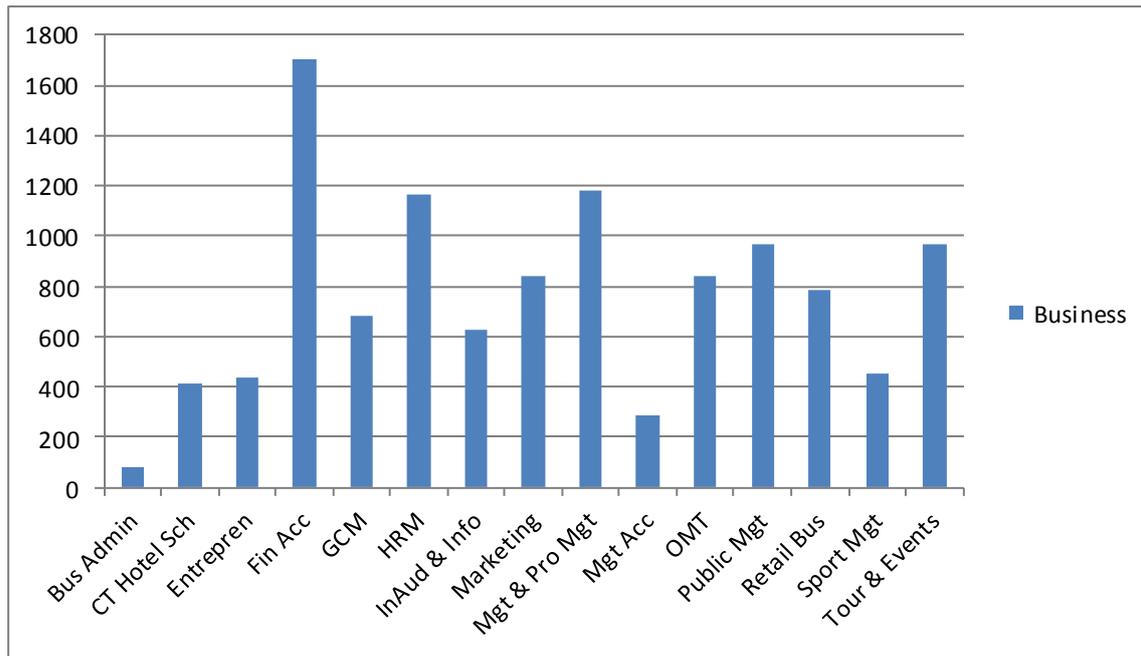
Figure 3.3: Faculty of Business 2013 student enrolments N= 11 413
Source: University X (n.d.)
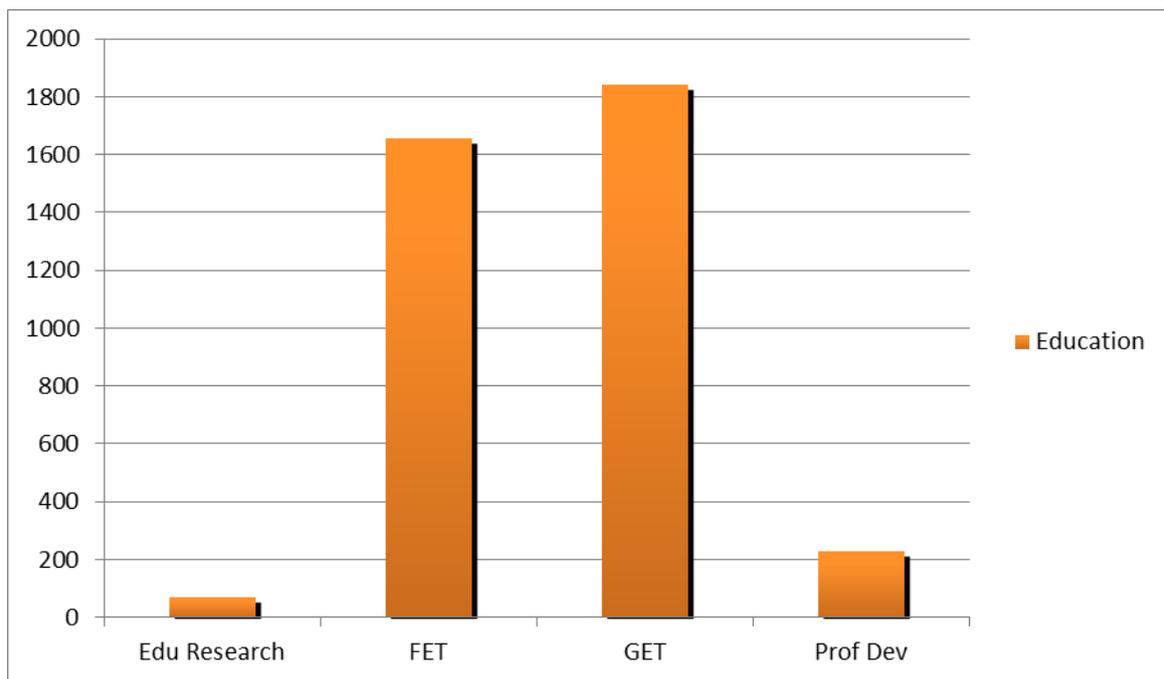
Figure 3.4: Faculty of Education and Social Sciences 2013 student enrolments N= 3 798
Source: University X (n.d.)
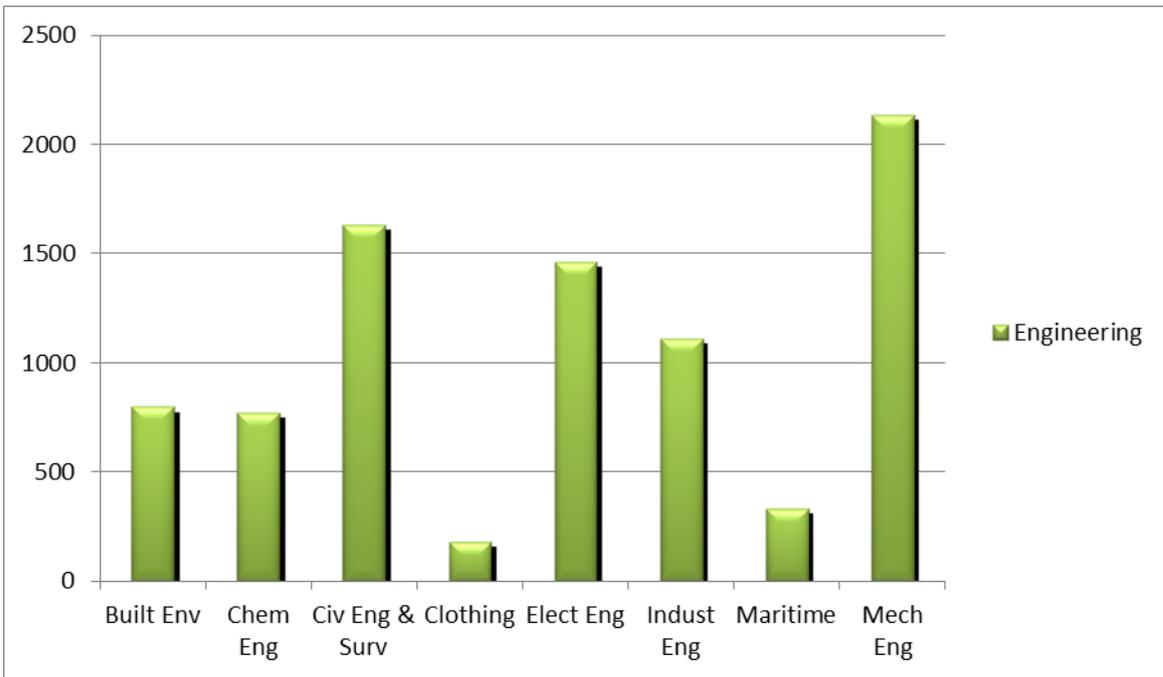
Figure 3.5: Faculty of Engineering 2013 student enrolments N= 8 428
Source: University X (n.d.)
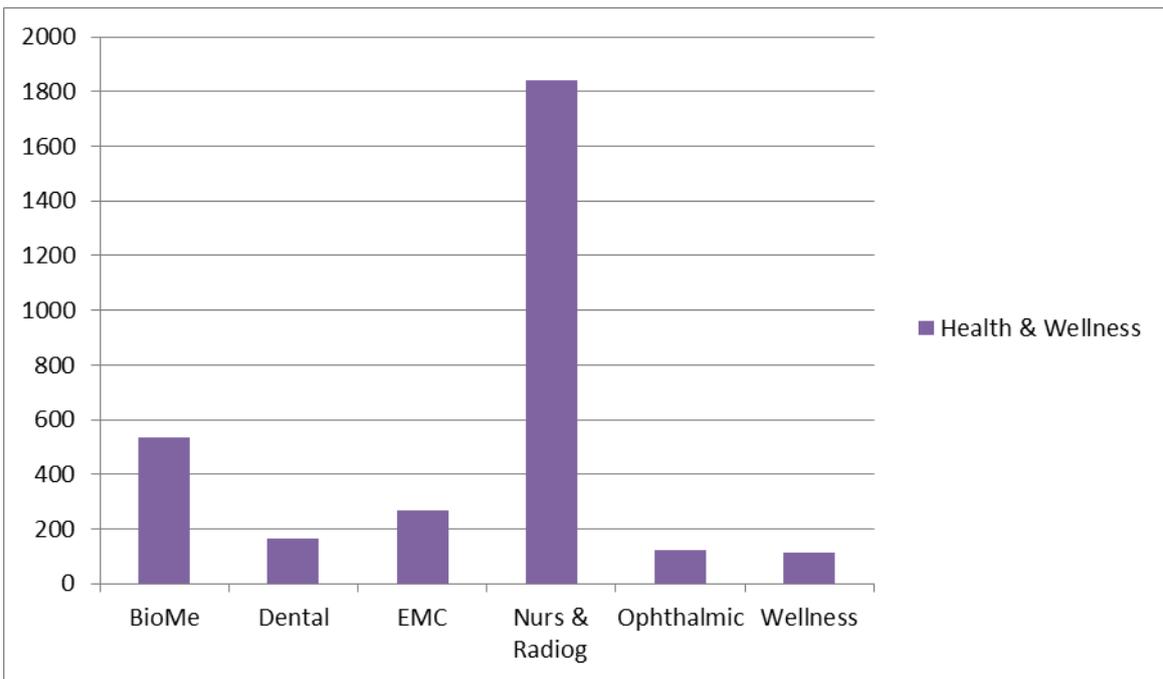
Figure 3.6: Faculty of Health and Wellness Sciences 2013 student enrolments N= 3 047
Source: University X (n.d.)
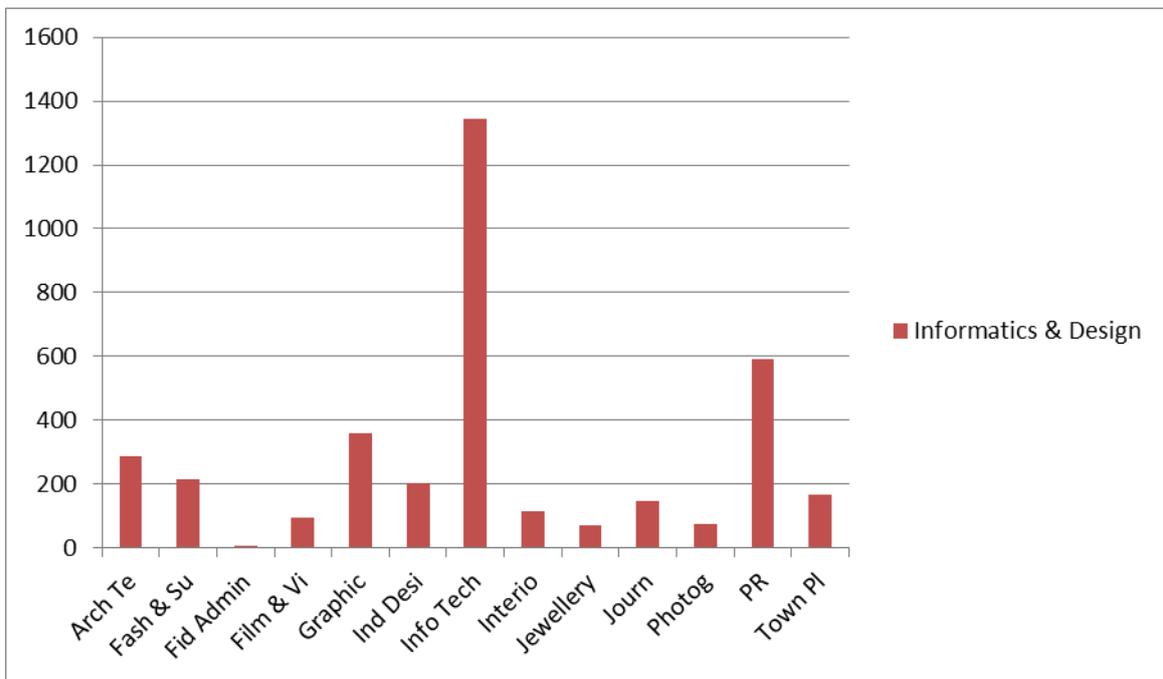
Figure 3.7: Faculty of Informatics and Design 2013 student enrolments N= 3 674
Source: University X (n.d.)

It is evident from the above figures that University X exceeds the requirement of 50% of student enrolments in sciences, engineering and technology disciplines, with 18 383 students, which equates to 55% of the 2013 intake.

Lange (2012: 49) explains the four priorities that underpin transformation of the HE system and HEMIS (Higher Education Management Information System) which was designed to measure the progress HEIs were making towards equity and redress. The researcher conducted an interview with Moller (2013) to extract University X's HEMIS data regarding student, demographics and graduation rates from 2008 to 2012. Table 3.2 illustrates the recorded student headcount for this period. The difference between Figure 3.1 student enrolments and the HEMIS data student headcount is presumably explained by the students who cancelled their academic registration in each year. Eloff (Govender, 2010: 2) explains that students drop out for a variety of reasons, including - but not limited to -financial reasons, not coping with university life and being inadequately prepared for tertiary education.

Table 3.2: Students overview: 2008 – 2012

	Student headcount	Full Time Equivalent (FTE)	Part Time (PT)	Graduates
2008	29 338	21 822	7 516	6 977
2009	30 856	22 658	8 198	7 711
2010	32 038	23 814	8 224	7 456
2011	32 369	24 119	8 250	7 797
2012	32 853	24 630	8 223	7 892

Source: Moller (2013)

An important feature of this table is that it reflects the growth in student headcount and the total graduates. University X maintains a steady graduation rate of 24% which was above the national average of 17% in 2008 (Govender, 2010: 2).

Table 3.3: Students demographics: 2008 – 2012

	Student headcount	Gender		Racial groups				Age groups			Home language			
		Female	Male	African	Coloured	Indian	White	<21	21-24	24>	English	isiXhosa	Afrikaans	Other
2008	29 338	53%	47%	47,5%	33,2%	1,3%	18%	24%	43,3%	32,7%	46,6%	26%	19,9%	7,4%
2009	30 856	54%	46%	48,8%	33,6%	1,2%	16,4%	24,6%	41,5%	33,9%	43,3%	28%	20,4%	8,3%
2010	32 038	54%	46%	50,8%	32,9%	1,2%	15,1%	24,5%	41,7%	33,8%	39,5%	30,8%	20,6%	9,1%
2011	32 369	53%	47%	52,5%	31,6%	1,1%	14,8%	23,4%	42,5%	34,1%	36,1%	32,6%	20,7%	10,6%
2012	32 853	53%	47%	55,4%	29,2%	1,2%	14,2%	22,3%	43,8%	33,9%	33,3%	35,5%	19,5%	11,8%

Source: Moller (2013)

The most important feature to note is that University X is in compliance with HE transformation priority 1 – equity and redress. Female students make up 53% of the student population, as women of all races were previously disadvantaged in the pre-democracy era. All SA racial groups are represented and the figures reflect the demographical statistics of the region. An interesting feature is that the majority of students are between the ages of 21 and 24 years, perhaps indicating that many school leavers first work before they enter tertiary education. The language of tuition is English, as is the case with most HEIs in SA, although the majority of students' home language is not English. SA has eleven official languages.   The two most frequently spoken indigenous languages of the region are isiXhosa and Afrikaans.

Table 3.4: Graduates per qualification type: 2008 – 2012

Qualification type	2008	2009	2010	2011	2012	Total
Doctor Technologiae degree	13	12	11	13	24	73
Magister Technologiae degree	66	102	95	112	126	501
Honours degree	-	112	106	144	119	481
Professional First Bachelor's degree	-	398	491	567	572	2 028
Baccalaureus Technologiae degree	2 175	1 989	2 172	2 231	2 351	10 918
National Higher Diploma	311	341	373	328	148	1 501
National Diploma	3 810	4 112	3 650	3 921	4 088	19 581
National Higher Certificate	476	515	496	442	425	2 354
National Certificate	126	130	62	39	39	396
Total	**6 977**	**7 711**	**7 456**	**7 797**	**7 892**	**37 833**

Source: Moller (2013)

As explained in the history of University X, the merged institutions inherited a programme qualification mix (PQM) across various disciplines with a range of qualification levels from certificates to doctoral degrees. An important feature to note is that Professional First Bachelor's degrees and Honours degrees are also offered by University X, as the HE system is transforming via the Higher Education Qualifications Sub-Framework (HEQSF) to "…enable the articulation of programmes and the transfer of students between programmes and higher education institutions" (South Africa, HEQSF, 2013: 4). This HEQSF contributes towards the transformation of SA HE as envisaged in HE White Paper (1997). University X is currently in the process of revising curricula and qualification types for all faculties and programmes.

According to University X's Self Evaluation Report (University X, 2010: 262), it is challenging to recruit a staff complement that meets the academic requirements of a broad spectrum of disciplines and levels of study that considers both the "immediate and future developmental trajectories". Furthermore, University X faces challenges of scarce skills in "sectors such as engineering, applied and health sciences, informatics and design and to a lesser extent in business and education" (University X, 2010: 262). Table 3.5 below indicates the permanent staff headcount of University X (University X, n.d.).

Table 3.5: Permanent staff headcount: 2003 – 2012

Year	Staff headcount	Percentage Academics	Academic	Administrative
2003	1 413	38,1%	538	875
2004	1 403	41,2%	578	825
2005	1 546	40,2%	621	925
2006	1 581	41,0%	648	933
2007	1 613	40,7%	657	956
2008	1 682	41,4%	696	986
2009	1 718	41,6%	715	1 003
2010	1 787	42,1%	752	1 035
2011	1 832	41,6%	762	1 070
2012	1 844	41,5%	765	1 079

Source: University X (n.d.)

Since the merger in 2005, both academic and administrative staff numbers have increased to meet the demands of a growing university. The staff growth ratio indicates that for every 1 academic staff member employed, 1,07 administrative staff members are employed. The academic vs student headcount ratio for the past five years (2008-2012) indicates that, for every 1 academic staff member employed, student numbers grew by 51. It cannot be assumed that all academics' teaching loads have increased by 51 students, as various faculties within University X have different staff complements and student numbers (Figures 3.2 to 3.7). However, Rensburg (2013: 5) expresses concern about academic workloads,

which comprise teaching, research and community engagement.   As student numbers continue to grow, academics focus more on teaching than research. Habib (Webster, 2011: 12) acknowledge that part-time staffs are appointed on fixed-term contracts, but they do not stimulate or contribute to innovation and scholarship.

Habib (Webster, 2011: 12) continues to state that HE managers cannot compare SA universities with international counterparts with regards to scholarship and innovation, as the latter emerge from "well-staffed" HEIs.   He is concerned about the low percentage of academics that have doctoral degrees, as there is a correlation between a doctoral degree and innovation and scientific production.   Table 3.6 below is a summary of academic postgraduate qualifications (extracted from University X's Self Evaluation Report, University X, 2010: 264).   A breakdown is given regarding each faculty's permanent academic Masters (M) and Doctoral (D) degrees for both females and males.

Table 3.6: University X academic staff postgraduate qualifications in 2009

Gender	Applied Sciences		Business		Education		Engineering		Health & Wellness		Informatics & Design		Total	
	M	D	M	D	M	D	M	D	M	D	M	D	M	D
Female	13	14	37	2	17	8	15	5	11	5	16	2	109	36
Male	17	11	52	11	18	10	67	14	8	1	32	2	194	49
Total	30	25	89	13	35	18	82	19	19	6	48	4	303	85

Source: University X (2010: 264)

From the above table it is evident that Habib (Webster, 2011: 12) has a valid concern regarding academics' qualifications: of the 715 permanent academic staff members in 2009, only 54% held either a Masters and/or Doctoral degree; and of these, only 12% had doctoral degrees.   In 2009, the HEMIS student headcount was 30 856 (see Table 3.2), showing that 7 711 students graduated, 102 of whom graduated with a Magister Technologiae degree and 12 with a Doctoral Technologiae degree (see Table 3.4). The researcher thus surmises that there is a correlation between academic qualifications and postgraduate students' graduation rates.

Owing to the purpose of this research study, it is important to note that increasing academic workload is a form of work-related stress, more specifically as a result of quantitative work overload. The low percentage of academic doctoral degrees is also a form of work-related stress, more specifically qualitative work overload (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250; Michie, 2002: 68; Dubrin, 2004: 318-320). The researcher surmises that the growing student numbers and limited academic doctoral degrees are contributing to academic work-related stress. Even if academics want to further their qualifications, their quantitative work overload inhibits them from doing so. As a result, only a minority of

academics are responsible for increasing postgraduate students' graduation rates, producing "patent-ready research" (McKenna, 2012: 16) and capitalising on research with "applications-driven research and research links to industry" (Leibowitz, 2012: xx). Michie (2002: 68) and Kazmi et al.'s (2008: 135-138) research has indicated that stress has negative consequences for both the individual and organisation. As the individual suffers from ill health and poor work-life balance, the organisation experiences increased absenteeism, reduced quality and quantity of work, poor communication, increased conflict and labour turnover. Kazmi et al. (2008: 135-138) noted that high job stress will result in low job performance, therefore confirming the "inverse relationship between job stress and job performance". The researcher agrees with Rensburg (2013: 5) that increasing student numbers, improving curriculum responsiveness and increasing pass- and graduation rates put universities' resources, specifically human resources, under considerable pressure and stress. It is based on this premise, and in the absence of proper employee wellness programmes, that this research study aims to develop a holistic employee wellness programme model that would provide a support system to university staff to alleviate the impact of their daily work and personal challenges.

University X is well aware of the challenges that are faced by both academic and administrative staff members. According to their Self Evaluation Report (University X, 2010: 275), the university's Human Resources (HR) department experienced a major challenge to formulate a bank of HR-related policies at the time of the merger between Technikon A and Technikon B. The HR Strategic Plan provides focus on employee attraction and retention; employment equity; performance management; learning and development; and reward and recognition (University X, 2010: 263). University X has aligned their academic recruitment and selection practices with their development and promotion practices by emphasising teaching competence, research outputs and community engagement activities. Academic staff follow the *ad hominem* promotion route, while administrative and professional staff follow the Job Evaluation Policy. University X was busy developing a draft Promotion Policy for Administrative and Professional staff (University X, 2010: 264, 266).

A Performance Management System (PMS) was developed in 2008 in collaboration with all staff and trade unions. Although this is a sensitive issue and was new to HE, staff accepted the instrument. The purpose of the PMS is to promote the achievement of University X's institutional strategic objectives at an individual staff level. A joint decision was made that the PMS would be implemented as a developmental tool and would not be linked to financial incentives for the first couple of years. A recommendation was made that the link to any remuneration rewards needed to be clearly spelled out, as staff felt it was ambiguous (University X, 2010: 277).

University X encourages all staff to upgrade their qualifications and have been commended on their learning and development opportunities. All new academic staff are required to attend and complete the Teaching Development Programme (TDP), which is a non-formal HEQSF Level 6 Certificate that focuses on the practice of teaching, before their probation period has expired. Academics have the further option to formalise their teaching practice via the Higher Diploma in Higher Education and Training which has been recurriculated into a HEQSF Level 8 as a Postgraduate Diploma in Higher Education. A further initiative to address the academic equity profile is the Khula Project, which invites postgraduate students from previously disadvantaged groups to apply for junior academic positions. This project provides a buddy-system in which new young academics are developed and coached and allows for "special arrangement such as a reduced workload and financial provision". University X also provides "internal support in the form of fees rebate" for staff that furthers their qualifications at this university. An External Studies Policy also supports staff that are furthering their qualifications at other universities. The University Research Fund (URF) supports staff research developments. University X has memoranda of understandings with a variety of international universities to promote staff exchanges and to increase academics' international experience (University X, 2010: 266-267).

Although the merger between Technikon A and Technikon B was in the best interests of HE transformation to promote effectiveness and efficiency, many staff members did not agree with the merger. At the beginning of the merger in 2005, staff turnover was 3,3%. It increased dramatically in 2006 to 7,9% and continued to rise in 2007 to 9,3%, but declined in 2008 to 6,1% and 5,3% in 2009 (University X, 2010: 272). University X benchmarked their staff turnover rate with other HEIs in the region and nationally, which varied between 4-11% for the same period. Still alarmed by their staff turnover, University X conducted an Institutional Climate Survey in 2008 to determine how staff were feeling about the new institution. Staff reported feelings of "…weakness in organisational leadership, lack of identity as a university, poor communication and decision-making practices, job insecurity, and a range of merger-related challenges" (University X, 2010: 275). This shows the "complexities of the multi-campus environment" (University X, 2010: 272) and indicated indeed that "…staff saw the merger in very negative terms" (University X, 2010: 262). The exit interviews and other instruments identified a variety of reasons for termination of services by academic, research, professional and support service staff (University X, 2010: 273). For the purpose of this research study, the researcher has summarised the termination reasons (Tables 3.7 and 3.8 below) to show linkages to the work-related stress theories as discussed in Chapter two.

Table 3.7: Academic and research staff's reasons for termination of services: 2006-2009

Reasons for termination of services	Work-related stress theories
• Uncertainty of the merger. • Lack of trust between management and employees. • Lack of good leadership by top management.	*Organisational change* (Cooper & Marshall, 1976: 11-28; Michie, 2002: 69).
• Unpleasant working environment. • Lack of recognition and feedback on performance. • Lack of opportunity to use initiative and creativity.	*Person-Environment Fit* (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38).
• Lack of team work. • Lack of supportive management. • Lack of opportunity to use initiative and creativity.	*Iso-Strain Model* (Johnson & Hall, 1988: 1336-1342). *Lack of social support* (Rosen & Moghadam, 1990: 193-204; Greenberg & Baron, 1995: 251; Leather et al., 1998: 161-178; Michie, 2002: 68-69).
• Lack of trust between management and employees. • Lack of promotional opportunities. • Lack of good salary. • Lack of job security. • Lack of recognition / feedback on performance. • Unpleasant working environment. • Lack of good leadership by top management	*Work context* (World Health Organisation, n.d.).

Source: University X (2010: 273)

Table 3.8: Professional and support (administrative) staff's reasons for termination of services: 2006-2009

Reasons for termination of services	Work-related stress theories
• Uncertainty of the merger. • Lack of trust between management and employees. • Lack of good leadership by top management.	*Organisational change* (Cooper & Marshall, 1976: 11-28; Michie, 2002: 69).
• Unpleasant working environment. • Insufficient communication upwards. • Lack of recognition and feedback on performance. • Lack of opportunity to use initiative and creativity.	*Person-Environment Fit* (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38).
• Lack of team work. • Lack of opportunity to use initiative and creativity.	*Iso-Strain Model* (Johnson & Hall, 1988: 1336-1342). *Lack of social support* (Rosen & Moghadam, 1990: 193-204; Greenberg & Baron, 1995: 251; Leather et al., 1998: 161-178; Michie, 2002: 68-69).
• Lack of trust between management and employees. • Lack of promotional opportunities. • Lack of communication upwards. • Lack of recognition and feedback on performance. • Unpleasant working environment. • Lack of good leadership by top management.	*Work context* (World Health Organisation, n.d.).

Source: University X (2010: 273)

From the above Tables 3.7 and 3.8, it is evident that University X's staff experienced work-related stress for a variety of reasons and thus left the institution. This concurs with research conducted by Sparks et al. (2001: 489-509) which states that a lack of job security, low job control, lack of managerial support, poor communication and limited feedback is closely linked to increased employees stress levels and feelings of depression and disengagement. Aikins (2010: 16) supports Sparks et al. (2001: 489-509) and adds that employees do not leave organisations, but rather leave their managers. He cautions managers of their underlying error, which is that "employees are essentially volunteers" and states that, if pushed to the limit, employees "vote with their feet and leave" (Aikins, 2010: 16).

University X acknowledges that these reasons for leaving the institution must be addressed, otherwise they are likely to experience turnover of new staff, which typically occurs within three years of employment. In addition, University X retirement data indicate that, before 2015, a "…significant number of staff will retire, half of whom are academics". This loss of academic experience puts more strain on human resources. Although University X has the necessary policies in place to address their issues, they acknowledge these policies are all relatively new and add: "The challenge of creating a unified staff complement which supports the objectives of [University X] strategy and has a culture reflecting the value system, is still ongoing" (University X, 2010: 273).

3.3.2 Employee Wellness Status

University X piloted their first Wellness Day in October 2009 on three of its five main sites of delivery. They partnered with Discovery Health, their medical aid provider, in order to: (1) sensitise staff regarding their health; and (2) give the university insight into the collective wellness of staff (Laloo, 2010:1). Staff medical testing is prohibited by the Employment Equity Act No. 55 of 1998 (South Africa, 1998) as such testing may not be used to unfairly discriminate against any person. For this reason, staff had to volunteer to participate and their personnel data were not recorded. The results of this Wellness Day were as follows:

➢ Approximately 20% of staff are smokers.
➢ Five percent of staff exceed the daily limit of two alcoholic drinks and are at risk of developing chronic liver disease.
➢ More than 96% of staff do not eat the recommended daily intake of five servings of vegetables and fruit, and 30% of staff does not eat any vegetables or fruit at all.
➢ Sixty-three percent of staff exercise less than three times per week; and 76% exercise less that the World Health Organisation's recommended time of 150 minutes per week.

- Sixty-two percent of staff had a body mass index (BMI) of more than 24,9 which is alarming as a BMI of 25 is considered to be overweight.
- Their waist circumference was also measured and 53% of females exceeded their ideal of 88cm, whereas, 30% of males exceeded their ideal of 102cm.
- Considering the BMI and waist circumference, it was concluded that a large percentage of staff would be classified as overweight.
- Between 10 and 21% of staff on the three different campuses were suffering from high blood pressure.
- Between 24 and 36% of staff on the three different campuses were suffering from high cholesterol.
- Between 31 and 52% of staff on the three different campuses were at risk of developing Type 2 diabetes, as indicated by their glucose levels (excess of 6,1 mmol/L).
- The report concluded that a high prevalence of chronic diseases of lifestyle exists among staff including, but not limited to, high blood pressure, high cholesterol, diabetes, heart diseases and cancer (Laloo, 2010: 2-10).

For the purpose of this research study, it is imperative to note that the above wellness results correlate with the typical symptoms of stress as discussed in Chapter two. Smoking and alcohol abuse are behavioural symptoms of stress (Dubrin, 1994: 174-175; Michie, 2002: 68). Poor diet and exercise, adult obesity (BMI and waist circumference) and high glucose levels are typical indicators for developing Type 2 diabetes (Van der Merwe, Health Stress Management, n.d.; Wolters Kluwer Health, 2009: 1-2), which is a physiological symptom of stress. High blood pressure, high cholesterol (atherosclerosis) and central obesity (exceeds normal waist circumference) are risk factors for heart attacks or strokes (Sparks et al., 2001: 489-509; Andrews, 2005: 11; Jaye, 2010: 43; Van der Merwe, Health Stress Management, n.d.), which are identified as results of cardiovascular disease and are another physiological symptom of stress. Van der Merwe (Health Stress Management, n.d.), Andrews (2005: 12) and Jaye (2010: 43) are in agreement that chronic stress and chronic diseases of lifestyle could be a contributing factor to an individual developing cancer. The Medial Research Council (MRC) estimated that, by 2010, approximately 666 South Africans would be killed daily by chronic diseases of lifestyle (Van der Merwe, Health Stress Management, n.d.).

Following their acceptance of the Wellness Report (Laloo, 2010: 1-12), University X compiled a draft Wellness Strategy to focus on the following interventions:
- Employee HIV/AIDS Programme;
- Employee Assistance Programme (EAP); and a

➢ Variety of Wellness Initiatives such as Health Lifestyle sensitisation, Financial Planning, Narcotics Awareness and Social and Spiritual colloquia.

In 2010, University X also established a Wellness Committee within the HR department to drive the above-mentioned interventions. Unfortunately, only the Employee Assistance Programme (EAP) was operationalised, as the key-drivers of this strategy left the institution.

In 2011, the HR department launched its Employee Assistance Programme (EAP) to "…assist in the identification and resolution of a broad range of employee personal concerns, like substance abuse, marital problems, family troubles, stress and domestic violence" (Laloo, 2011: 9). University X partnered with a Non-Governmental Organisation as the EAP service provider, where professional counsellors provide confidential personalised assistance. As a result, all staff, including the fixed-term contract employees, are entitled to a maximum of four, free of charge, contact sessions where the counsellors will assess employees' needs and advise a course of treatment. If further treatment is required, the employee should pursue this at his/her own cost. There are three types of referrals for EAP: firstly, 'voluntary referral', in which the employee may approach his/her superior to request EAP sessions; secondly, 'assisted referral' where the superior may request the employee to receive EAP owing to personal problems negatively impacting the employee's job performance (but participation remains voluntary); and, lastly, 'mandatory referral', which is typically associated with a disciplinary process in order to determine if the misconduct is linked to personal difficulties or not (Laloo, 2011: 9).

University X aligned their 2011 wellness activities with the SA National Department of Health's health calendar and created awareness of the following:

➢ Healthy Lifestyle Awareness Day (18 February 2011)
➢ World Human Rights Day (21 March 2011)
➢ World Health Day (7 April 2011)
➢ International Day of Action for Women's Health (28 May 2011)
➢ World No Tobacco Day (31 May 2011)
➢ World Environment Day (5 June 2011)
➢ National Women's Day (9 August 2011)
➢ National Obesity Week (10-14 October 2011)
➢ World Diabetes Day (14 November 2011)
➢ World Aids Day (1 December 2011)

(Employee Wellness Committee, 2011).

An interesting feature of University X is that their Faculty of Health and Wellness Sciences, more specifically the Somatology Department, re-opened their Wellness Clinic on 1 March 2011. This Wellness Clinic operates during the academic term as the work integrated learning component for 3rd year Somatology Diploma students to ensure that students

become proficient in health and skin-care therapies. This clinic is open to members of the public every Tuesday and Thursday, between 11:00 and 15:00. Treatments are offered at a reduced rate, and profits are used to purchase learning materials and products for students' practical work. A variety of services are available, including but not limited to manicures, pedicures, facial therapies, Swedish massage, aromatherapy, reflexology, manual lymph drainage and hydrotherapy, while monthly specials and pamper packages are very popular (Weintrob, 2011: 12). The researcher is puzzled that this Wellness Clinic is not incorporated into the overall university employee wellness initiatives, as this could be a win-win situation for both students and staff members.

Although University X has continued to partner with Discovery Health in hosting the annual Wellness Day and has included four sites of delivery, no further data analysis of the wellness days for 2010 – 2013 could be found. However, it should be noted that University X offers Stress Management Training as part of the annual training programme; and, in 2011, the Student Affairs: Sport Development Department offered aerobics exercise classes (Monday, Wednesday and Fridays) on one campus and Bhakti Yoga classes (only Mondays) on another campus during lunch hour. As previously mentioned, the key drivers of University X's Wellness Strategy left the institution, which also led to the abandonment of the Wellness Committee. In October 2012, University X's Council endorsed the proposal that the HR Department, in collaboration with the Student Counselling Unit, outline the development process of the Employee Wellness Policy. The majority of University X's data for this research study was collected during 2013.

Fortunately, 2014 marked the beginning of a new era at University X with the installation of a new Vice-Chancellor and the appointment of an Executive HR Director. A new Human Capital Strategy was implemented through which Wellness Management is regarded as an equal and separate element, as illustrated below in Figure 3.8.
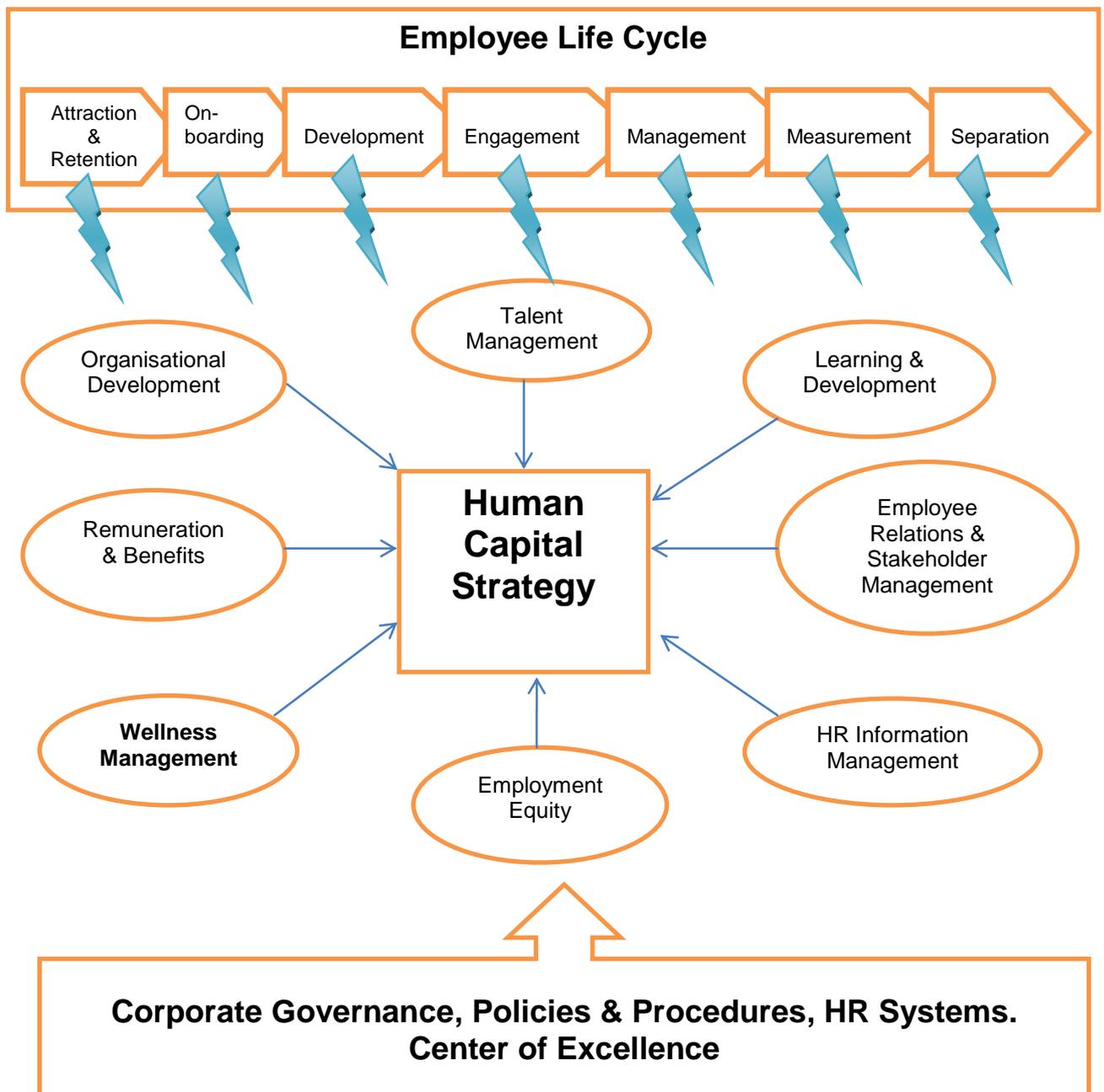
Figure 3.8: Human Capital Strategy for University X
Source: Hendrickse and Mabuza (2014)

This research study aims to contribute not only to the development of the Employee Wellness Policy, but also to recommend appropriate wellness interventions to comprise a university Employee Wellness Programme (EWP) under Wellness Management.

3.4 The concept of wellness in HE

The previous sections explained how HE in SA has transformed to give effect to the new democracy and move into the future. This section will elaborate on how these changes in HE have affected staff, both academic and non-academic. The researcher builds on existing

international and South African research studies to present the challenges facing staff wellness in HEIs; elaborates on the common themes of stress and burnout among staff of HEIs; and concludes with a discussion of stress prevention and coping strategies for these staff.

3.4.1 Challenges facing staff wellness in HEIs

In accordance with the views of London (2003) and Hartley, Saltmarsh and Clayton (2010: 391-406), Leibowitz (2012: xxiii) correctly states that:

> "…higher education for the public good implies that the institution as a whole be predisposed – via its mission, culture and practices both within the institution and its dealings with the outside world – towards social justice, inclusion and care of the other".

This implies the principle of consistency between the values advocated by the institution, and then modelling these same values when engaging staff members, students and the general public. The same principle of consistency should be evident between the graduate attributes that students are expected to develop, and the attributes that both academic and administrative support staff should exhibit. Universities and their staff should thus model the values and attributes which they expect of their students, graduates and society at large. HE should lead by example, that is, 'walk their talk'.

McKenna (2012: 15) addresses the issue that academic staff development should suit the purpose(s) of HE. Academics should find innovative ways to teach and research, not only for the good of their disciplines, but also to ensure that the transformation purpose of HE is achieved. Unfortunately, the correlation between universities and business economic market responsiveness, as previously explained by Singh (2012: 1), has shifted the focus further away from intellectual work to one of income-generating initiatives. McKenna (2012: 18) correctly states that universities world-wide have been subjected to reform via the "imposition of state structures" and the adoption of "managerialist practices from the world of business". The implementation of performance management systems (PMS) and the development of an audit culture (quality assurance) are changing the academic focus to be more in line with business principles and practices (Bok, 2003; McKenna, 2012: 18). Brenneis, Shore and Wright (2005: 1-10) caution that this shift in focus is reflected in universities' reward and recognition practices, thereby stimulating academics to think about their knowledge in teaching and research as a commodity. Although University X stated that their PMS is not currently linked to financial incentives and is aimed to promote the achievement of strategic objectives at an individual staff level, an audit recommendation was made to clarify the link between PMS and remuneration reward. Leibowitz and Holgate (2012: 165-166) point out that the aim of HEIs is to improve their competitive edge via the following: increasing student numbers; higher pass- and graduation rates; producing work-ready graduates to meet

workplace demands; increasing research publications, both nationally and internationally; and "on occasion, to [address] the challenges of social inequality". The researcher surmises that, while HEIs are improving their competitive edge, their staff members are suffering quantitative work overload. If PMS is focused on measuring academic staff contribution to the objectives stated above, then staff development (human resource development) should focus on training academics to meet these objectives, otherwise they could experience qualitative work overload. The researcher posits that if HEIs are becoming competitive businesses, then academic and administrative support staff should be supported, trained and rewarded accordingly.

Leibowitz and Holgate (2012: 165-166) addressed the issue of increased control over academics in the past twenty years since HE started to reform globally. Currie and Vidovich (2009) report that the "…rise of control over academics' working lives" is a common global trend which minimises their job control and autonomy (Leibowitz & Holgate, 2012: 165). This assumption is supported by the collective research findings of D'Andrea and Gosling (2005), McLean (2006), Jones (2007: 209-222), Sparks (2007: 521-550), and Baty (2012), who confirm that "…the rise of managerialism and performativity" aims to exercise more control over academics to ensure that they are "accountable and responsive" to HEIs' competitive advantage (Leibowitz & Holgate, 2012: 165-166). Bansel, Davies, Gannon and Linnel (2008: 682) caution, however, that the methods and processes of the university audit generally "emphasise quantity over quality", where teaching evaluations are measured via a Likert scale, faculties are evaluated on their number of students, pass- and graduation rates, and academics are evaluated on their teaching load and number of national and international research publications. It is irreconcilable that while academics are expected to conduct and produce intellectual work and contribute towards social change, they are constrained by "managerialism and performativity" which erodes their autonomy and creativity (Leibowitz & Holgate, 2012: 166). McKenna (2012: 20) extrapolates that the role of an academic, "…as a researcher and an intellectual, to challenge social structure and dominant understandings, is lost in the bid to create a strong marketable university brand".

A further issue of HE managerialism is addressed by McKenna (2012: 23) who points out that university top level positions are viewed as "managers rather than as academics". Vice-Chancellors are viewed as Chief Executive Officers; and Deans of Faculties are viewed as Executive Deans, which leads McKenna (2012: 23) to believe that the role of management in some SA HEIs is directly aligned to the "ideology of New Public Management". She draws on the work of Du Toit (2005) who researched "Autonomy as a Social Compact" for CHE, where a caveat was given that the "corporatisation and managerialism" of SA HE has eroded collegialism (McKenna, 2012: 23). Shore (2010: 15-29) is furthermore of the opinion that

universities are becoming "increasingly risk-averse" by constraining academics' contact with the media and screening all research publications in order to ensure that the university is not brought into disrepute. It is challenging for academics to "maintain a sense of personal knowledge project" when university management does not engage in their own discipline or scholarly activities (McKenna, 2012: 23). McKenna (2012: 24) concludes that if academics experience their working environment as synonymous with "…surveillance and evaluation, bureaucracy and administration", their academic vigour diminishes along with their job autonomy. It is therefore, not surprising that academics are conflicted about their job role, development opportunities, performance indicators and recognition and rewards.

The researcher surmises that HEIs are not treating their staff, both academic and administrative, with the same values as when engaging students. It is therefore increasingly difficult for staff to display the same attributes which are expected of students and graduates. HEIs are not consistent in their dealings between (1) students, graduates and society at large, and (2) their human resources. Aikins (2010: 16) cautions managers that being overly controlling and critical are increasing their employees' stress levels. Also noting that employees choose to work of a particular employer, and if pushed too far, may find alternative employment. Just as students, graduates and society at large are universities' external customers, so management should realise that their human resources are their internal customers and should be treated accordingly; otherwise, "…talented employees will vote with their feet and leave" (Aikins, 2010: 16).

University X experienced drastic staff turnover after the merger between Technikon A and Technikon B, with the percentage turnover ranging between 5,3% and 9,3% (University X, 2010: 272). Although this staff turnover percentage was within the regional and national HEIs' benchmark norm of 4-11%, University X was concerned that not only academic and research staff, but other professional and support staff, were leaving the institution. According to Wilmont, Williams, Guest and Amos (2010: 2), the diminishing number of staff within universities is a major challenge which results in added workload and job pressure for remaining staff. Klaas (2007: 1) acknowledges that SA HE is facing an exodus of staff and struggling with retention strategies. This has stimulated Wilmont et al. (2010: 1-22) to conduct research regarding academic retention factors for universities. They built their research on the works of Riggs and Rantz (2001) and Nompula (2007) who proposed 'eight key staff retention factors' (see Table 3.9 below). The researcher compiled this table to illustrate the linkages between retention factors and work-related stress theories, as expounded upon in Chapter two.

Table 3.9: Key staff retention factors vs. work-related stress theories

Key staff retention factors	Description of factors	Work-related stress theories
1. 'Hard' organisational factors	Structural characteristics (Homburg, Fassnacht & Guenther, 2000: 2) such as: organogram of institution, level of bureaucracy, policies and procedures, efficient and user-friendly information systems and processes (Amos, Ristow, Ristow & Pearse, 2008: 174-175; Homburg, Fassnacht & Guenther, 2000: 15).	*Work context* (World Health Organisation, n.d.). *Video display terminal* (VDT) stress (Dubrin, 1994: 184).
2. 'Soft' organisational factors	Non-structural characteristics such as the HRM department, communication channels, shared values, organisational culture and climate, and employees' behavioural patterns (Amos et al, 2008: 174-175; Homburg et al, 2000: 2).	*Person-Environment Fit (*Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38). *Work context* (World Health Organisation, n.d.).
3. Relational factors	Relationships, both within (with colleagues, superiors and students) and outside (with suppliers, community partners and other organisations) the institution (Amos et al., 2008: 174-175).	*Iso-Strain Model* (Johnson & Hall, 1998: 1336-1342). *Work context* (World Health Organisation, n.d.). *Lack of social support* (Rosen & Moghadam, 1990: 193-204; Greenberg & Baron, 1995: 251; Leather et al., 1998: 161-178; Michie, 2002: 68-69).
4. Leadership factors	Providing effective leadership and supervision; and providing opportunities for employees to expand their skills and abilities within their job [job autonomy] (Amos et al., 2008: 174-175; Gappa, Austin & Trice, 2007: 303).	*Person-Environment Fit (*Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38). *Work context* (World Health Organisation, n.d.).
5. Economic factors	Remuneration and benefits; and performance-related financial rewards (Amos et al, 2008: 174-175; Nompula, 2007: 82).	*Person-Environment Fit* (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38). *Work context* (World Health Organisation, n.d.).
6. Individual factors	Individual characteristics such as the importance of work relative to other aspects in employees' lives; personal circumstances (Amos et al., 2008: 174-175); and the quality of work-life balance.	*Competing work and personal demands* (Greenberg & Baron, 1995: 248; Michie, 2002: 69). *Work context* (World Health Organisation, n.d.).

7. Personal development factors	Opportunities for learning and creativity, feedback, recognition, personal growth and career advancement (Amos et al., 2008: 174; Gappa et al., 2007: 122).	*Person-Environment Fit (*Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38). *Work context* (World Health Organisation, n.d.).
8. Job factors	Nature of employees' work: challenging, clear job expectations, and resources (Amos et al., 2008: 174).	*Work content* (World Health Organisation, n.d.). *Role ambiguity* (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 249; Michie, 2002: 68; Dubrin, 2004: 318-320).

Nompula (2007: 71) found that the top three ranking factors were leadership, personal development and 'hard' organisational factors. Therefore, to decrease labour turnover, organisations should do the following: improve the quality of leadership; encourage supportive relationships between managers and their staff; provide opportunities for staff to achieve their personal and professional goals; and innovate and upgrade information systems (Wilmont et al., 2010: 5-6).

Wilmont et al. (2010: 11-12) reveal their research findings with regards to academic retention factors by listing the top ten individual retention statements as follows:

(1) "Freedom to plan and execute work independently ['hard' organisational factors],
(2) Scope to balance work and life pursuits [individual factors],
(3) Quality of leadership and relationship with H.o.D [head of department] and other staff [leadership factors],
(4) Freedom and autonomy to assume more responsibility on work assignments [leadership factors],
(5) Sense of achievement (individual achievements recognised) [personal development factors],
(6) Freedom from bureaucracy ['hard' organisational factors],
(7) Management that values individuals' contribution and fully utilises their skills [leadership factors],
(8) Supportive environment that recognises individual needs [individual factors],
(9) Participative decision-making by H.o.D [leadership factors], and
(10) Opportunity to innovate and improve systems ['hard' organisational factors]."

There is a strong correlation between Nompula (2007: 71) and Wilmont et al.'s (2010: 11-12) research findings, with the latter study including individual factors, specifically work-life balance, as a key academic retention factor. It is evident that academic retention strategies should focus on 'hard' organisational factors, individual factors, leadership factors and personal development factors. These research findings also concur with the concerns of these researchers: McKenna's (2012: 23) concerns regarding HE managerialism and the lack of academic staff development opportunities; and Currie and Vidovich (2009) and Leibowitz and Holgate's (2012: 165) rise of control over academics. Wilmont et al. (2010: 19-20) conclude that academics want to work in an institution where bureaucracy is limited

and job autonomy is restored; where management provides effective leadership and encourages participation in decision-making; where academics are developed, recognised and rewarded for their contribution to the achievements of the institution's competitive advantage; and where their quality of work-life balance is respected and supported.

Pienaar and Bester (2009: 376-385) report four main reasons for academic career obstacles which impact negatively on their job satisfaction and productivity, namely, financial remuneration, job overload, promotion and performance management system (PMS), and training and development. These four reasons are synonymous with the following key staff retention factors: economic (Nompula, 2007: 82; Amos et al., 2008: 174-175), job (Amos et al., 2008: 174), and personal development (Gappa et al., 2007: 122; Amos et al., 2008: 174). Promotion, PMS and training and development are specific serious concerns already addressed by McKenna (2012: 15, 18). Research by Gillespie, Walsh, Winefield, Dua and Stough (2001: 53-72) has shown that if "career-related obstacles are not addressed" these are likely to result in reduced job performance, poor interpersonal work relations, increased absenteeism, high labour turnover, reduced loyalty towards the organisation, an unwillingness to do more than is expected in their job description. Furthermore, an overall reduction in commitment towards the job and organisation could also be expected (Pienaar & Bester, 2009: 377). These findings correlate with some of the staffs' stated reasons for terminating their services with University X (University X, 2010: 273).

Pienaar and Bester (2009: 381-384) offer possible solutions to the main four reasons for academic career obstacles:

Firstly, as HEIs are becoming competitive businesses, they should offer academics market-related remuneration packages. This notion is supported by Anderson, Richard and Saha (2002), Küskü (2003: 347-356), Olivier, Venter and De Lange (2004), and Barkhuizen, Rothmann and Tytherleigh (2004), who concur that poor financial remuneration within HEIs is closely linked to job dissatisfaction and staff turnover (Potgieter, 2002) among academics (Pienaar & Bester, 2009: 381). Ball (2004) adds that this is also the reason why HEIs struggle to recruit and retain highly skilled academics, as the private sector offers better financial rewards.

Their second solution is proposed for job / role overload. As the HE landscape is changing to meet the transformation priorities, academics are expected to teach, research and be engaged in community service projects (Becher & Trowler, 2001; Barkhuizen et al., 2004; Olivier et al., 2004; Pienaar & Bester, 2009: 382). It should be noted that "…academic work is becoming more specialised and complex" (McInnis, 2000: 143-152; Gillespie et al., 2001:

53-72). In addition, academics are expected to fulfil administrative duties with limited administrative support. Pienaar and Bester (2009: 382) reveal that academic staff requested the elimination of "unnecessary red tape and administrative tasks", including the reduction of the number of meetings that are considered to be time-intensive (when this time should otherwise be spent on teaching, research and community engagement). Academic staff also requested the appointment of more academics and administrative staff to assist with their high workloads.

The third solution is proposed for promotion and performance management. Pienaar and Bester (2009: 382-383) report that academic staff requested teaching to be included as a criterion for PMS and "not solely reflect research". Furthermore, promotion opportunities should improve with clear policies and guidelines, to ensure that inconsistencies are eliminated and that the criteria are applied fairly in order to enhance transparency of the process. This notion is supported by Oshagbemi (1996: 389-400), Gillespie et al. (2001: 53-72) and Olivier et al. (2004), who found that the lack of promotion opportunities is strongly related to academics' job dissatisfaction and inevitably result in labour turnover (Pienaar & Bester, 2009: 383) which concurs with University X's staff reasons for termination.

The final solution is proposed for training and development in HEIs. Academics requested HEIs to offer more training and development initiatives which were directly related to their job responsibilities in order for them to grow and develop so as to be suited to promotion opportunities (Pienaar & Bester, 2009: 383). Interestingly, HEIs provide knowledge and skills to their external customers, yet their internal customers are not receiving the same opportunities. This resonates with Leibowitz (2012: xxiii), Hartley et al. (2010: 391-406) and London's (2003) assertion that HEIs are not consistent with their dealings between external and internal stakeholders. Authors like Richardson and McKenna (2003: 774-795) and McInnis (2000: 143-152) report that a small percentage of academics (12-25%) received training and development in teaching methods and research guidance within a two year period. They revealed that HEIs' staff development lags behind that of other organisations, which is ironic, since HE is a provider of knowledge.

For the purpose of this research study, it should be noted that University X offers the following: a TDP for all new academic staff within their one-year probation period; a Khula project, established to address their academic equity profile; both internal and external financial support for studies; and has URF to support staff research development. The researcher posits that HEIs' training and development should include employee wellness initiatives, such as stress-coping techniques, assertiveness, communication skills, time management, problem solving and decision-making, effective management and leadership,

basic work/life skills (Michie, 2002: 70), relaxation training, behaviour modification (Ho et al., 2010: 195), meditation and social support (Folkman, 1997: 1207-1221; Antoni, 2003: 173-188) in order to assist staff in preventing stress and managing their everyday work and life stressors. As academic workloads increase (Becher & Trowler, 2001; Barkhuizen et al., 2004; Olivier et al., 2004; Pienaar & Bester, 2009: 382) and their jobs become more complex (McInnis, 2000: 143-152; Gillespie et al., 2001: 53-72), staff should receive training and development that not only improves their job performance, but also assists them in coping with their high workloads. The researcher revealed in Chapter two that personal development is both an individual and organisational intervention to assist employees in managing their work-related and life-related stress. Practical perspectives of employee wellness programmes (EWP) will be expounded upon in Chapter four of this research study.

Pienaar and Bester (2009: 381, 383) also report other academic career obstacles which are less statistically significant, but which the researcher views as important to note, namely:

- "Assistance and support regarding career management,
- More effective management especially regarding human resources management,
- Support regarding research projects,
- Elimination of existing discriminatory practices,
- The need to transformation encouraging entrepreneurship,
- Improvement of existing equipment and working conditions,
- Job security, and
- Networking".

For the purpose of this research study, consequences of HE mergers should be discussed, as the selected SA University has such a history. Gersick (1991: 10-36) describes that organisational restructuring is "…characterised by uncertainty, high levels of anxiety, low levels of morale, tardy job performance… high levels of absenteeism and staff turnover, all of which potentially impact on productivity and performance" (Martin & Roodt, 2008: 23). Research conducted by Lubatkin (1983: 218-225), Morrison and Robinson (1997: 226-256), and Ashkenas and Francis (2000: 101-107) report that mergers and acquisitions are viewed as a traumatic event by both individuals and organisations respectively. In addition, mergers and acquisitions have been reported to negatively affect employees' organisational commitment, job satisfaction and staff turnover (Buono, Bowditch & Lewis, 1985: 477-500; Bastien, 1987: 17-33; Davy, Kinicki, Kilroy & Scheck, 1988: 57-61; Weber, Lubatkin & Schweiger, 1994; Covin, Sightler, Kolenko & Tudor, 1996: 125-142; Jones, 2000; Armstrong-Stassen, Cameron, Mantler & Horsburgh, 2001: 149-162; Zhu, May & Rosenfield, 2004: 241-270). Job satisfaction is particularly important as it relates to recognition and reward, which was identified by Anderson et al. (2002), Küskü (2003: 347-356), Olivier et al. (2004), and Barkhuizen et al. (2004) to be closely linked to labour turnover (Potgieter, 2002; Pienaar & Bester, 2009: 381). Intrinsic job satisfaction assumes feelings of accomplishment and self-actualisation; whereas extrinsic satisfaction is described as recognition, compensation and

advancement (Weiss, Dawis, England & Lofquist, 1967; Martin & Roodt, 2008: 24). It could be assumed that both intrinsic and extrinsic job satisfaction is dependent on the employees' interaction with the job environment. Cook, Hepworth, Wall and Warr (1981) posit this as the work environment meets the individual's requirements (satisfaction), so in turn should the individual meet the requirements the work environment (satisfactoriness) (Martin & Roodt, 2008: 24). This concurs with the Person-Environment (P-E) Fit theory (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38). The researcher surmises from this that mergers and acquisitions negatively affect the P-E Fit, which is a contemporary interactional work-related theory of stress. It is therefore not surprising that University X experienced a drastic increase in labour turnover during the initial three years following the implementation of the merger of Technikon A and Technikon B.

Maree and Eiselen (2004: 483) are also of the opinion that HE mergers were experienced by the staff as traumatic events (Morrison & Robinson, 1997: 226-256). They conducted research on how the merger between a former Teacher Training College and a university affected the staffs' emotional intelligence and noted:

> "Many staff members experienced the process of merging as an act of betrayal by top management and expressed the view that the administration and supervision of the incorporation had been handled in a most insensitive manner" (Maree & Eiselen, 2004: 483).

Emphasis is placed on staffs' emotional intelligence (EQ), as this refers to their "…emotional, personal, social and survival dimensions of intelligence, vitally important in daily functioning" (BarOn, 1996: 1; Maree & Eiselen, 2004: 488). EQ refers to self-acceptance, understanding and relating to other people, and being able to adapt and cope with a changing environment (BarOn in Van Rooyen, 2002: 19; Maree & Eiselen, 2004: 488). Van Rooyen (2002: 19) posits that if an individual successfully manages everyday pressures, (s)he will be able to positively influence her/his own overall well-being. Statistical evidence was provided by Maree and Eiselen (2004: 501) that a HE merger hampered the "…actualization of academics' intellectual potential". They recommended the development and implementation of a customised training programme to address and enhance the emotional intelligence of staff that experienced an organisational merger and acquisition. Maree and Eiselen (2004: 501) conclude that these training programmes should focus on assisting staff to better cope with the (merger) environmental demands, and to enhance their personal adaptation and coping abilities in order to successfully manage their everyday pressures and/or stressors (both work-related and life-related). The researcher deduces that this need for a customised training programme is synonymous with an employee wellness programme, therefore confirming the need for this research study.

There are many challenges facing HEIs' staff wellness and, in some cases, these challenges threaten the functioning of academic work, therefore impacting negatively on the

achievement of universities' strategic objectives. In the researcher's view, the challenges include, but are not limited to:

- The inconsistency of HEIs' management in dealing with their external and internal customers.

- The interrelatedness of academic staff development, performance management systems (PMS), audit culture and recognition and rewards.

- The rise of control over academics and their diminishing academic vigour and job autonomy.

- Additional work pressure owing to high academic, research, professional and administrative support staff turnover.

- Poor remuneration, job/role overload, lack of promotion and transparency of PMS, as well as inadequate training and development have been identified by academics as career obstacles and prompts that led them to leave universities.

- HE mergers and incorporations which negatively affect the Person-Environment Fit.

- HE staff did not receive support to develop the necessary coping techniques to successfully navigate the mergers between institutions.

3.4.2 Common themes in HEIs regarding staff stress and burnout

In Chapter two of this research study, the researcher expounded upon stress and burnout as the origin of employees wellness research. The Person-Environment Fit theory (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972; Cox & Griffiths, 2010: 38) and the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) were selected as the two contemporary interaction work-related theories of stress applicable to this research study. Furthermore, the frequency of stress (acute, episodic and chronic) discussed by Andrews (2005: 15-16) and Dimsdale (2008: 1238) was related to various types of work- and life-related stress, and the associated physiological, psychological and behavioural symptoms. Prolonged chronic stress exemplifies burnout; and the researcher drew on the burnout research of Maslach (2003: 189-192; Leiter & Maslach, 1988: 297-308; Maslach & Goldberg, 1998: 63-64), who is considered to be a world-renowned authority on understanding employees' job burnout. For the purpose of this research study, common themes of HEIs' staff stress and burnout will be explained in order to develop employee wellness programmes which are suited to the HE context.

Bezuidenhout and Cilliers (2010: Art#872:1) report that, in SA universities, academics are under considerable pressure to increase their national and international research publications, improve and increase postgraduate students supervision, while lecturing larger

classes than before. This concurs with the research findings of Tettey (2006: 31) who states that university classes are generally overflowing, which increases the amount of time spent by academics on the many aspects of assessment: larger classes imply increased volumes of marking, more student consultations and more marks administration, leaving less time, if any, for postgraduate supervision and personal research endeavours. Tettey (2006: 31) argues that this increase in workload is not accompanied by financial rewards; instead academics are reminded of their performance indicators, adding more pressure to their already excessive workload. The issues of work overload and poor remuneration were previously linked to staff retention factors (Nompula, 2007: 82; Amos et al., 2008: 174-175) and academic career obstacles (Pienaar & Bester, 2009: 376-385), both of which are considered challenges facing staff wellness in HEIs.

Research studies conducted by Gillespie et al. (2001: 53-72), Bellamy, Morley and Watty (2003), and Barkhuizen et al. (2004) agree that the academic profession is considered to be "…one of the most stressful careers" (Pienaar & Bester, 2009: 376). It is therefore not surprising that Barkhuizen (2005: 84) reveal that HEI are referred to as "stress factories". A collage of academic occupational stressors was presented by Barkhuizen (2005: 84-87) which includes, but is not limited to:

- "Work overload,
- Changing job role,
- Time constraints,
- Lack of promotion opportunities,
- Inadequate recognition,
- Inadequate salary,
- Inadequate management and/or participation in management,
- Inadequate resources and funding,
- Student interactions (Blix, Cruise, Mitchel & Blix, 1994: 157-169; Boyd & Wylie, 1994; Cross & Carroll, 1990; Daniels & Guppy, 1994: 135-144; Doyle & Hind, 1998: 67-82; Kinman, 1998),
- High self-expectations (Hind & Doyle, 1996),
- Job security (Tytherleigh, Webb, Cooper & Ricketts, 2005: 41-61),
- Lack of community and poor interactions with colleagues (Abouserie, 1996: 49-56),
- Inequality in the system (Gillespie et al, 2001: 53-72),
- Concerns over amalgamations [mergers] (Sharpley, Reynolds, Ascosta & Dua, 1996: 73-86) and
- Lack of regular performance feedback (Boyd & Wiley, 1994)".

For the purpose of this research study, it is important to note that some of these occupational stressors were identified as reasons for termination of services at University X. Various research studies have also reported that academic occupational stress is associated with "…job dissatisfaction, increased smoking, alcohol and drug abuse, physical ill health (coronary heart disease) [aches and pains, insomnia, colds, virus infections] and poor psychological well-being (anxiety and depression)" (Watts, Cox, Wright, Garrison, Herkimer & Howze, 1991: 43-64; Doyle & Hind, 1998: 67-82; Winefield, Gillespie, Stough, Dua & Hapuararchi, 2002; Barkhuizen, 2005: 85). Other authors such as Kinman (2001: 473-492),

and Taris, Schreurs and Van Iersel-van Silfhout (2001: 283-296) are furthermore of the opinion that academic occupational stress is considered to be a main contributor to impaired work performance, reduced faculty productivity, and high absenteeism and labour turnover (Barkhuizen, 2005: 85). As explained in Chapter 2 of this research study, work-related stress spills over into life-related stress and vice versa (Michie, 2002: 69), which concurs with the findings of Doyle and Hind (1998: 67-82) and Kinman and Jones (2003: 21-38) that stress negatively impacts on the "overall quality of [work] life" balance.

According to the Association of University Teachers (2003), work overload and poor quality of work-life balance are reported as academics' two biggest stressors. This notion is supported by research findings of Kinman (1998) and Kinman and Jones (2003: 21-38) who state that academics experience blurred boundaries between work and home. In the latter study, 67% of academics reported that current workload "…encroached more on their home lives" than before; and 72% were of the opinion that this negatively impacted on their families. A further alarming factor is that academics are suffering poor psychological well-being as a result of work overload and poor quality of work-life balance (Daniels & Guppy, 1994: 135-144; Winefield et al., 2002; Kinman & Jones, 2003: 21-38). Research conducted by Gillispie et al. (2001: 53-72) indicates that two-thirds of their respondents were experiencing "…feelings of anxiety, depression, anger, irritability, helplessness and burnout". Watts et al. (1991: 43-64) are furthermore of the opinion that depression engenders "suicidal thoughts and tendencies", whereas Kelly, Charlton and Jerikins (1995) infer that HEIs' staff are 50% more prone to suicide than any other worker (Barkhuizen, 2005: 87).

Barkhuizen's (2005: 102-103) research study confirmed that remuneration, work overload and poor work-life balance contributed to academics high levels of occupational stress. Furthermore, the latter gave rise to academics experiencing psychological ill health which concurs with Gillespie et al.'s (2001: 53-72) findings of academics feeling irritable, generally avoiding people, unable to cope with demands, anger and quickly losing their temper.

As explained in Chapter two of this research study, burnout is associated with "…people orientated professions" (Maslach & Goldberg, 1998: 63). According to authors like Byrne (1991: 197-209) and Blix, Cruise, Mitchell and Blix (1994: 157-169), academics fall within the scope of "people orientated professions" owing to the nature of their relationships with large groups of students, other academics and administrative and support staff. Burnout has negative consequences for both the individual and institution. Academic staff who experience burnout suffered from mental and physical ill health (Barkhuizen, Rothmann & Tytherleigh, 2004), low morale (Johnson, 1993), drug and alcohol abuse (Watts et al., 1991: 43-64), weakening of interpersonal relationships (Brown, Daniels & Sanchez, 1996),

deterioration in teaching and research performance (Dick, 1992: 341-346; Singh, Mishra & Kim, 1998: 463-473), increased absenteeism and possibly leaving the profession (Blix et al., 1994: 157-169; Seiler & Pearson, 1985: 15-26). Maslach and Leiter (1995) are furthermore of the opinion that the "burned out educator" could negatively impact their students' performance and well-being (Rothmann & Barkuizen, 2008: 440). Organisations are also affected by their 'burned out' staff and report "…reduced organisational efficiency and work-related problems such as employee turnover, low morale, poor quality of care or service, lowered productivity, absenteeism and interpersonal problems" (Rosse, Boss, Johnson & Crown, 1991: 197-204; Levert, Lucas & Ortlepp, 2000: 36-43; Coetzee & Rothmann, 2004: 30).

The research findings of Rothmann & Barkhuizen (2008: 450-451) indicate that burnout is not necessarily characterised by two separate dimensions of cynicism and depersonalisation, but could collectively be constructed into one dimension, namely mental distance (Jackson & Rothmann, 2005: 100-108). They propose that burnout results in "…low energy (exhaustion), poor identification (mental distance) and reduced professional efficacy". They extrapolate that:

> "…academics on the one hand, can have negative, distinct attitudes towards their students and colleagues, and treat them as objects (depersonalisation) and on the other hand, develop callous attitudes towards their work to such an extent that they might lose interest in research or don't prepare adequately for class" (Seldin, 1987: 13-21; Singh et al., 1998: 463-473; Rothmann & Barkhuizen, 2008: 451).

A further feature of their research findings is that work overload and role changes are predictors of exhaustion among academics (Barkhuizen et al., 2004) who are not necessarily equipped with all the knowledge and skills required to fulfil these growing job demands (Winter, Taylor & Sarros, 2000: 279-294; Winefield et al., 2002). This view is supported by Maslach (2003: 189) and Maslach and Goldberg (1998: 64) who point out that burnout is a result of a misfit between the individual and the job, which links back to the Person-Environment Fit (Edwards et al., 1998).

Authors like Rothmann, Barkhuizen and Tytherleigh (2008: 404-422) expand upon their earlier burnout research to include the relationship between job demand and job resources. They draw on the works of Schaufeli and Enzmann (1998) who states that employees develop burnout as a result of high job demands and lack of job resources. Demerouti, Bakker, Nachreiner and Schaufeli (2001: 499-512) developed the Job Demands-Resources (JD-R) model, which identifies job demands and job resources as the two broad elements of any working environment. They explain job demand as 'things that have to be done', and job resources as job aspects (or tools) in order to achieve work goals'. Rothmann et al. (2008: 417) found that a lack of job resources or tools also included the lack of learning and

development opportunities, inadequate resources to contribute towards institutional objectives, limited social support, and lack of recognition and rewards which all gave rise to academics feelings of cynicism and exhaustion. It is inferred that academics could experience burnout when their job demands increase, while the job resources remains the same, or decreases, or are inadequate to meet the job demands. Social support from colleagues and superiors could be an additional job resource which can buffer the effects of stress and burnout. This concurs with the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) as explained in Chapter two of this research study.

Rothmann and Essenko (2007: 135-152) introduce another burnout concern regarding non-academic staff (which includes administrative, support and technical staff). Pitman (2000: 165-176) notes that non-academic staff are often overlooked in stress and burnout research. Since research is conducted by academics, the focus is more often on issues that concern them and to improve their working environment. Smewing and Cox (1998: 273-286) support Pitman's (2000: 165-176) view and state that non-academic staff have different issues of concern compared to academics. They contend that academic and senior support staff push their work pressures onto secretarial and administrative staff, therefore adding to their job demands as they have to complete more tasks for more people. This negatively impacts on secretaries and administrative staff as additional job demands interferes with their "…control of workflow, deadlines and [leads to] conflicting pressures". They add that, while new technology and processes are meant to assist them in getting the job done, many times they do not receive adequate training in these.

Contrary to the above views, authors like Armour, Caffarella, Fuhrmann and Wergin (1987: 3-11), Blix et al. (1994: 157-169), Gillespie et al. (2001: 53-72) and Winefield and Jarrett (2001: 285-298) state that academic and non-academic staff share similar occupational stress and burnout factors, including but not limited to, these: "work overload; time constraints; lack of promotion opportunities; inadequate recognition; inadequate salaries; changing job roles; inadequate management; inadequate resources and funding; and student interaction". Both academic and non-academic staff reported that stress affected them both professionally and personally (Gillespie et al., 2001: 53-72).

As non-academic staff are responsible for providing quality services to academics and students, Rothmann and Essenko (2007: 135-152) decided to research their burnout factors. The Job Demand-Resources (JD-R) model of Demerouti et al. (2001: 499-512) was applied in their research study. In this case, they contextualised that "…job demands lead to exhaustion, which may cause ill health; and lack of resources leads to withdrawal and eventually to disengagement" (Rothmann & Essenko, 2007: 137). Their study found that the

JD-R model is a good predictor of burnout which is associated with physical and psychological ill health. This concurs with the findings of Maslach, Schaufeli and Leiter (2001: 397-422) and Cooper, Dewe and O'Driscall (2001). Rothmann and Essenko (2007: 150) concluded that non-academic staff require interventions to address their heavy workloads, improve job resources (including social support structures) and increase their optimism.

The researcher deduces that there is no significant difference between academic and non-academic staff with regard to their occupational stressors and burnout. Both types of employees experience the same changes within HEIs: both reported burnout in the JD-R model, although it impacted on them differently. For this reason, the researcher of this study requested that both academic and non-academic staff of University X participate as the target research population. This will be explained later in Chapter five.

3.4.3 Stress prevention and coping strategies for staff of HEIs

According to Nelson and Simmons' (2003: 97-119) holistic model of work wellness, "…burnout could be regarded as an outcome of stress" (Rothmann & Essenko, 2007: 137). It is for this reason that universities and their staff need to prevent and manage stress before it results in burnout. As discussed in Chapter two of this research study, both the individual and organisation (university) should be committed to managing and alleviating stress (Michie, 2002: 70). The literature on managing stress in Chapter two proposed interventions for any type of organisation, but this section will focus specifically on interventions for HEIs.

The scholarship of teaching and learning (SoTL) is central to HE achieving its transformation priorities. Universities, faculties and individual academics are required to engage, and often collaborate, with others regarding curriculum development, changes in pedagogy, research activities and academic administration (Hubball & West, 2008: 1). A literature search conducted by Hubball and West (2008: 1-2) revealed that workplace wellness has been researched for many years, including recent studies on academics' occupational stress; but "…very few research studies have focussed on the importance of faculty wellness strategies, individually or collectively, as a critical foundation for SoTL". Hubball and West (2008: 2) argue that both academic and non-academic faculty staff who are equipped with coping techniques and receive job support are able to respond more positively and effectively to the increasing challenges of HE. Academics would then be able to rise to the challenge of teaching, research, community services and other role expectations.

Hubball and West (2008: 2) explain that faculty wellness is directly influenced by the interconnectedness between institutional and personal wellness. Authors like Garnsworthy (2003), Plotnikoff, Poon, Prodaniuk and McGannon (2004: 57-70), Kluge (2005: 39-46) and Catano, Francis, Haines, Kirpalani, Shannon, Stringer and Lozanski (2007), agree that "…institutional wellness occurs at a macro level and includes the organisational, academic and disciplinary culture; interdepartmental dynamics; educational leadership practices; and of course, workload conditions and expectations on campus" (Hubball & West, 2008: 2). Personal wellness, on the other hand, occurs at a micro level and consists of these: physical (physiological functioning); mental (psychological functioning); emotional (self-control and contentment); social (interpersonal functioning); spiritual (inner peace and connectedness); resourceful (applied life skills); and environmental (environmental engagement) dimensions of wellness (Gair, 1999: 17-20; McGowan, 2000: 15-19; Beard & Wilson, 2004; Hubball & West, 2007; Hubball & West, 2008: 3). Faculty wellness is therefore an institutional, departmental and individual responsibility, a view which is supported by Michie (2002: 70), as discussed in Chapter two.

The research findings of Hubball and West (2008: 7-8) indicate that faculty staff proposed the following: regular and lunchtime walk breaks with a colleague (physical and social); to park their car and walk to and from their office (physical); visiting green spaces on campus for relaxation and meditation (mental, spiritual and environmental); and learning proper time management and life planning techniques (resourceful). Hubball and West (2008: 7-8) contend that faculty wellness is critical for HEIs in

> "…developing responsive and integrated learning-centred curricula; for enhancing the quality of teaching and student learning experiences; for positive and productive learning communities; and for effective communications and problem-solving at the institutional, departmental and individual levels".

Faculty wellness practices could also help alleviate staff feeling isolated, work-related stress, scepticism (cynicism) and feeling marginalised. This faculty wellness recipe can only be achieved if the institution, faculties, departments and individual staff members work towards the same wellness goals.

Gmelch (1993: 28) posits that faculties "…cannot change the world around them, but they can change how they relate to it". Universities should actively engage their faculties, departments and individual staff in order to determine what wellness needs and expectations they have, noting that there is no one single wellness programme that will fit all. Stress-coping techniques should consider individual differences such as culture, gender, social, psychological and environmental factors. All university staff should engage in holistic wellness interventions, which include but are not limited to physical exercise, social support,

healthy dietary practices, self-management techniques, personal interests (hobbies) and changing their attitudes towards institutional wellness (Gmelch, 1993: 28).

Greenwood (1998: 81-88) agrees with Gmelch (1993: 28) that universities should be pro-active in their stress prevention and coping strategies for staff members. The starting point is to administer employee questionnaires in order to determine these: staff coping abilities; levels of work overload or under load; suggestions for improving job design; management ethos and style; career and training opportunities; communication challenges; and decision-making practices, to name but a few. Questionnaires should remain anonymous, with voluntary participation and conducted in a non-threatening manner. Greenwood (1998: 81) emphasises that action is required after the questionnaire findings have been disseminated; otherwise staff could view management as all talk and no action, which could reduce staff morale.

This research study aims to achieve Greenwood's (1998: 81) suggestion of administering employee wellness questionnaires to collect data in order to inform University X's management and Council about the wellness needs and expectations of their staff. The researcher could also assist in drafting the Employee Wellness Policy, which could alleviate the pressure on the Human Resources Department. This study's recommendations could serve as the starting point for University X's institutional, faculty, departmental and individual road to wellness.

A similar study was conducted by the University of Vermont (University of Vermont, Employee-Wellness-Program, n.d.), which not only administered questionnaires, but also conducted focus group discussions. Their study was well received by staff and the following recommendations were provided:

(i) An employee health promotion (wellness) programme should be made available to all staff within the university;
(ii) The research findings should be central to the planning and development of this programme;
(iii) The wellness programme should include a variety of interventions to address the needs and interests of all employees;
(iv) This programme should support, enhance and be integrated into all other offerings by the institution to create one holistic employee wellness programme consisting of a variety of interventions; and
(v) Special emphasis should be place on "role modelling for wellness".

Greenwood (1998: 82-84) adds that universities should "…match employee capability and aspirations carefully to the job". Managers (heads of departments) should take cognisance of their staff comments regarding work overload or under load during performance appraisal and consider redesigning job tasks for a better fit. This is synonymous with the P-E Fit

theory (Edwards et al., 1998) as discussed in Chapter two. Rothmann et al. (2008: 418-419) concur that the redesign of job tasks, decision-making processes, more supportive climate, constructive feedback on job performance, and more equitable rewards are factors identified in their research study to eliminate and reduce HEIs' job stressors. Barkhuizen (2005: 105) add that job redesign should also consider quality of work-life balance in order to promote a healthy balance between work and family life.

All university staff should be provided with training in coping skills (Greenwood, 1998: 82) which will enable them to respond more effectively to work-related and life-related stress. Rothmann et al. (2008: 419) and Barkhuizen (2005: 105) identify cognitive structuring, time management and conflict resolution as possible areas to address in stress management training. Greenwood (1998: 82-83) is also of the opinion that staff require training in the recent developments of their discipline to enhance their teaching and stimulate their research endeavours. More importantly, Greenwood (1998: 83) emphasises that proper communication skills training is required in order to eliminate the negative effects of gossip or grapevine information.

A further feature of Greenwood's (1998: 83-84) advice is for universities to encourage staff to improve their physical health by making physical activities available on campus. Research conducted by Haines, Davis, Rancour, Robinson, Neel-Wilson and Wagner (2007: 219-225) found that their 12-week walking programme (supplemented with a pedometer), electronic health education programme and weekly reminder e-mails increased their university's staff fitness levels, moods, health awareness, nutritional habits and overall health status. In addition, Haines et al. (2007: 224) noted that this programme positively impacted on staff work productivity, reduced absenteeism and improved their overall health status.

Greenwood (1998: 84) addresses the importance of employing a staff counsellor via an Employee Assistance Programme (EAP) in order for staff to discuss their personal and/or work problems confidentially. This will assist staff in receiving objective and professional advice in managing their problems. Barkhuizen (2005: 105) are also of the opinion that if staff have already suffered from physical, psychological or behavioural symptoms of stress, they should be further supported in terms of the rehabilitation process: "Given the extremely high score of psychological ill health and also suicide ideation among academics, such interventions are warranted" (Barkhuizen, 2005: 105).

Individual staff members have an equal responsibility towards their own wellness and contributing to the university's culture of wellness. Individuals should strive to achieve a balance between work and family life; develop support systems with colleagues, family and

friends; improve their lifestyle with regard to exercise and nutrition while limiting their alcohol intake and smoking; attend stress management and coping techniques training offered by the university; avoid "self-inflicted" stress; and explore alternative therapies such as acupuncture, yoga and reflexology (Folkman, 1997: 1207-1221; Greenwood, 1998: 84-87; Michie, 2002: 70; Antoni, 2003: 173-188; Andrews, 2005: 76, 79, 93; Ho et al., 2010: 195).

In conclusion, institutional management should not treat stress and burnout as staff weaknesses (Greenwood, 1998: 88); instead, they should acknowledge that staff are volunteers (Aikins, 2010: 16) and require internal customer service. An employee wellness programme (EWP) can facilitate this internal customer care.

3.5 Summary

South African higher education has evolved from the legacy of colonialism and apartheid, to one that provides inclusive, quality tertiary education that is internationally recognised. The transformation of HE is not without its challenges, as this chapter illustrates by expounding on the current discourse of HE in SA. There is a school of thought that states that reorganisation of HE is too focused on using local, regional, national and global economic growth and competitiveness as benchmarks for performance, instead of focusing on the social development priorities of nations or societies. In addition, this new conceptualisation of a university, now known as the "McUniversity", amalgamates social reform and academic values with "money-making initiatives" (Parker & Jary, 2005: 319-338; Shore, 2010: 15-29; Singh, 2012: 2, McKenna, 2012: 17).

The case for this research study focusing on University X is that this university is a perfect example of an ongoing transformation process, owing to its humble beginnings and rapid growth. However, University X has experienced an increase of staff turnover, owing to the merger, from 3,3% in 2005, 7,9% in 2006, and then to 9,3% in 2007. Thereafter, the turnover rate started to decline from 2008 to 6,1% and to 5,3% in 2009 (University X, 2010: 272). The reasons given by staff for termination of services are closely related to the work-related stress theories of *Organisational change* (Cooper & Marshall, 1976: 11-28; Michie, 2002: 69); *Person-Environment Fit* (Edwards et al., 1998; Caplan, 1983; Van Harrison, 1978; French & Caplan, 1972); *Iso-Strain Model* (Johnson & Hall, 1988: 1336-1342); *Lack of social support* (Rosen & Moghadam, 1990: 193-204; Greenberg & Baron, 1995: 251; Leather et al., 1998: 161-178; Michie, 2002: 68-69); and *Work context* (World Health Organisation, n.d.). In addition, University X's employee wellness status also strongly correlates with the typical symptoms of stress as discussed in Chapter two and, more specifically, with the chronic

diseases of lifestyle described in the literature (Van der Merwe, Health stress Management, n.d.).

The identified correlation between universities and business economic market responsiveness, as previously explained by Singh (2012: 1), has shifted the focus further away from intellectual work to one of income-generating initiatives. In SA universities, academics are under considerable pressure to increase their national and international research publications, improve and increase postgraduate students supervision, while lecturing larger classes than before (Bezuidenhout & Cilliers, 2010: Art#872:1). There is consensus that the academic profession is considered to be "…one of the most stressful careers" (Gillespie et al., 2001: 53-72; Bellamy et al., 2003; Barkhuizen et al., 2004; Pienaar & Bester, 2009: 376), and therefore it is not surprising that Barkhuizen (2005: 84) reveal that HEI are referred to as "stress factories".

HEIs should consider redesigning job tasks, improving decision-making processes, create a more supportive climate, provide constructive feedback on job performance, and offer more equitable rewards to eliminate and reduce job stressors (Rothmann et al., 2008: 418-419). Barkhuizen (2005: 105) add that job redesign should also consider quality of work-life balance in order to promote a healthy balance between work and family life.

In Chapter four, the practical perspectives of employee wellness programmes (EWP) will be discussed in order to provide solutions to the challenges identified in this chapter. Specific emphasis will be placed on Quality of Work Life and Balance (QWLB), Employee Assistance Programmes (EAP) and Employee Wellness Programmes (EWP) in order to design a holistic and sustainable Employee Wellness Programme Model for the South African higher education environment.

CHAPTER FOUR
THE PRACTICAL PERSPECTIVES OF EMPLOYEE WELLNESS PROGRAMMES

4.1 Introduction

The previous chapter expounded on the changing landscape of South African public higher education institutions, the work context of this research study. This is the last literature review chapter for this research study and aims to distil the practical perspectives of employee wellness programmes (EWPs). The conversation commences with well-being at work and the multi-disciplinary approaches which underpin health and wellness practices in the workplace. This is followed by the most frequently used Human Resource (HR) initiatives for employee wellness, namely Quality of Work Life (QWL), Work Life Balance (WLB), and Employee Assistance Programmes (EAPs). Owing to the overlapping of concepts and offerings between QWL and WLB, the researcher proposes a new construct, namely Quality Work Life and Balance (QWLB), which is illustrated by two examples of international HEIs. This chapter concludes with an explanation of the rationale for EWPs, its context and the future thereof.

4.2 Well-being at work

The symptoms and consequences of chronic stress often result in burnout which, if left untreated, may cause death. This situation has led to a plethora of health and wellness literature across various disciplines. Although this current research study aims to contribute to the Human Resource Management body of knowledge, a multi-disciplinary approach (including Occupational Health Psychology, Industrial and Organisational Psychology, Employee Assistance Professionals' Association and Alliance for Work / Life Progress) was employed in order to extract normative criteria that could be used as relevant standards against which to measure current practices of Employee Wellness Programmes (EWPs).

Authors, academics and researchers (such as Parker & Jary, 2005: 319-338; Shore, 2010: 15-29; Singh, 2012: 2; and McKenna, 2012: 17) concur that Higher Education Institutions (HEIs) are being managed as profit-generating, globally competitive "McUniversities" (as previously discussed in Chapter three). Therefore, it could be assumed that the practical perspectives of EWPs are similar in business organisations and HEIs. In South Africa (SA), Barkhuizen (2005: 159-160) tested a model of work wellness, the ASSET model (Cartwright & Cooper, 2002), specifically on academic staff members in HEIs. Their research study recommended further research on occupational stress that is "more intervention-driven" to inform a holistic approach to well-being at work. Through this approach, the symptoms and

consequences of chronic stress could be prevented, or reduced and treated. It is with this premise in mind that the researcher of this study extrapolates that a holistic EWP should, firstly, prevent; secondly, reduce; and thirdly, treat the symptoms and consequences of both work-related and life-related stress.

A South African industrial and organisational (I-O) psychology practitioner, Bergh (2012: 311-315), co-authored and edited the first multi-disciplinary textbook for Psychology, I-O Psychology and Human Resource (HR) Management scholars in the country. Bergh (2012: 311) claims that organisations mainly focus on employees' physical health and safety in the workplace (possibly owing to the Occupational Health and Safety Act No. 85 of 1993) and neglect employees' psychological health, possibly owing to the high cost factors.   If organisations want to ensure long term survival and organisational effectiveness, then they should prioritise "…the promotion of employees' health and combating the destructive consequences of occupational diseases and psychological maladjustment" (Bergh, 2012: 311).   Bekwa and Ngokha (2000: 414) support the latter by stating that organisational development should include employee well-being, whereby the organisation designs, develops and implements health management programmes to promote employees' "personal change" and, in so doing, they develop a healthy work environment to promote "organisational climate change".

In accordance with the viewpoints of Barkhuizen (2005: 159-160), "intervention-driven" employee wellness is required; however, interventions are differently interpreted by various disciplines. According to the *Oxford Advanced Learner's Dictionary*, 2004: 628), to intervene is to (1) "become involved in a situation in order to improve or help it; (2) to interrupt some[thing]; and (3) to happen in a way that delays something or prevents it from happening". On the one hand, Bergh (2012: 311) proposes that interventions be planned and targeted to promote well-being for all members of the organisation (individual, group and organisational levels). On the other hand, Occupational Health Psychology authors, Randall and Nielsen (2010: 91-101), are of the opinion that interventions should be focused on disrupting the stress process by designing and implementing primary, secondary and tertiary interventions. Both interpretations have validity for intervening in the stress process; hence the researcher will elaborate on both and deduce a way forward for holistic EWP.

Bergh (2012: 311-314) acknowledges the existence of various "employee and organisational health promotion" models from which he extracted the two most important aspects, namely *job design* and *employee-work environment fit*. Bergh (2012: 311) claims that the 'ideal job' should stimulate an employee to perform at his/her optimal level as that could result in positive psychological experiences which, in turn, will motivate him/her and "…lead to good

work performance, high job satisfaction and low [labour] turnover and absenteeism". A further feature of employee and organisational health promotion is "good employee-organisational fit", implying that there are shared values and goals which create a conducive working climate and reduce work-related stressors. The foregoing correlates with the Person-Environment Fit (P-E Fit) theory (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998; Cox & Griffiths, 2010: 38) which was selected as one of the work-related theories of stress for this current research study, as explained in Chapter two.

Owing to the above, Bergh (2012: 312-314) posits that the level or type of intervention will be predetermined by the specific outcomes of the health-promotion initiatives. Firstly, individual level interventions are specifically aimed at changing individual behaviour. Various activities are available, such as counselling via Employee Assistance Programmes (EAPs) or therapeutic and psychiatric treatment for more serious psychological problems; and stress management training (SMT) which helps employees to cope with chronic stress and alleviate the related consequences (according to Sperry, 1996; Auerbach & Gramling, 1998; Coetzee & Cilliers, 2001: 62-68; and Nevid, Rathus & Greene, 2008; Bergh, 2012: 313). Research conducted by Turner, Barling and Zacharatos (2002) and Nelson and Cooper (2007) reports that individual level interventions should go further than individual problems to include "optimal functioning" of employees. This contention is supported by other researchers (for example, Strümpfer, 1995: 81-89; Coetzee & Cilliers, 2001: 62-68; Strümpfer & Mlonzi, 2001: 30-37; Snyder & Lopez, 2002: 751-768; Turner et al., 2002: 715-728; Nelson & Cooper, 2007) who indicated that building human psychological capital includes developing coping behaviours and improving optimal functioning in order to stimulate employees' positive emotions, self-control and resilience (Bergh, 2012: 313). Psychological capital is underpinned by positive psychological concepts which include, but are not limited to, a "…sense of coherence, internal locus of control, personal hardiness, learned resourcefulness, stamina, potency, self-efficacy and sense of self-actualisation" (Bergh, 2012: 313), as these increase the employees' internal resources for wellness. Once the employee is intrinsically well or healthy, he/she will be able to better manage work and life challenges, thereby reducing the negative effects of stress on work performance.

Before moving on to the next level of intervention, Bergh (2012: 313) is furthermore of the opinion that employees have their own individual responsibility in which they promote and support their subordinates and peers' health and wellness and, in so doing, promote and support organisational health and wellness culture.

Group level intervention is the second type of intervention and aims to provide social support to employees. In South Africa, Bergh (2012: 314) found that "change, crisis and trauma management" is prevalent and typically used after violent crimes and during organisational downsizing, retrenchments, mergers and organisational redesign. This level of intervention is supported by Bliese and Castro (2000: 65-73), Bowerman and Collins (1999: 291-297) and Sperry (1996) who found that "…social support from colleagues, work groups, support groups, mentors and other forms of social interaction" promote health and wellness. This group level intervention correlates with the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) which was the second work-related theory of stress selected for this current research study, as explained in Chapter two.

For the purpose of this research study, it is important to note that both contemporary interaction work-related theories of stress, namely P-E Fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998) and the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) underpin employee and organisational health promotion interventions.

Bergh (2012: 314) draws on the work of Arnold et al. (2010) to identify the third level intervention, namely management and organisational level. The individual and group level interventions will be more successful if management creates an organisational "wellness culture" by developing, implementing and promoting employee-organisation health and wellness policies. In addition, the HR function should support employee wellness by effectively redesigning these: job tasks; management and organisational structures; performance management systems; and feedback and communication channels in order to create a more suitable employee-work environment fit. In addition, Riggio (2008) further specifies that employees require: (1) a fair job description with the necessary training and development opportunities; (2) that members of management should act as role models by treating all employees with fairness and respect; (3) that management should encourage health and wellness and discourage negative and unhealthy work behaviours (e.g., workplace harassment and bullying); (4) the compilation of SMART (Specific, Measureable, Attainable, Realistic, Timing) work goals and targets to ensure fairness in performance management; (5) that they should be informed of changes, both in and outside the organisation; and most importantly, (6) that they should be encouraged to strive for work-life balance (Bergh, 2012: 314).

The researcher posits that Bergh's (2012: 311-315) individual, group, management and organisational levels' health-promotion activities are intended to support the employees and organisational health and wellness.

Randall and Nielson (2010: 89-101) contextualise interventions as a means to positively disrupt the linkages between work-related problems and their harmful effects on individual and organisational health: "Interventions attempt to break damaging linkages between work and employee health, repair the damaged caused, or capitalize on those linages by making positive changes in the work environment" (Randall & Nielson, 2010: 91). Emphasis is placed on "…how the interventions [positively] disrupt the stress process" and they are classified into primary, secondary and tertiary interventions.

Primary interventions target the source of the work problem, which may include but not be limited to aspects of work, organisational, and management design which are frequently perceived by employees as work stressors. Randall and Nielson (2010: 92) mention that primary interventions may also be "…referred to as organizational-level interventions; job re-design interventions; or work environment interventions". These terms correlate with Bergh's (2012: 314) management and organisation level interventions. Primary interventions aim to remove the source of a work-related problem, thereby preventing further damage to employee health and wellness. Furthermore, Randall and Nielson (2010: 93) recommend that employees should be involved in the redesign of work, organisation and management aspects in order to ensure their buy-in and commitment to change.

Parkes and Sparks (1998) expand the primary intervention into two types, namely sociotechnical and psychosocial interventions. Sociotechnical interventions are based on the linkages between employment conditions and unsatisfactory levels of employee and organisational health and wellness. Therefore, this intervention aims to change the work content, by reducing the workload and improving job resources and any other job aspects that negatively impacting on employee health (Randall & Nielson, 2010: 94). This notion strongly correlates with the work-related causes of stress, namely work overload (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250; Michie, 2002: 68; Dubrin, 2004: 318-320) and video display terminal (VDT) stress (Reynolds, 1989: 56; Dubrin, 1994: 184) as discussed in Chapter two. The psychosocial interventions are based on the employees' perceptions of work that negatively affects their health. Therefore, this intervention aims to change employees' perceptions with measures such as improving job control, managers and peers being seen to support employees more, and ensuring that employees' roles are not ambiguous, to name a few. This notion strongly correlates with the documented causes of work-related stress, namely: work content/job control (WHO, n.d.; Cooper & Marshall, 1976: 11-28; Michie, 2002: 68); lack of social support (Rosen & Moghadam, 1990: 193-204; Greenberg & Baron, 1995: 251; Leather, Lawrence, Beale & Cox, 1998: 161-178; Michie,

2002: 68-69); and role ambiguity (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 249; Michie, 2002: 68; Dubrin, 2004: 318-320), as discussed in Chapter two.

The researcher surmises that primary interventions aim to disrupt the causes of work-related stress (whether at work content and/or work context (WHO, n.d.), management and organisational levels) in order to prevent further damage to employee and organisational health and wellness.

Secondary interventions aim to disrupt the psychological symptoms associated with the linkages between problems at work and employee health and wellness. Although secondary interventions cannot eliminate the employees' exposure to problems at work, they do, however, reduce the harmful psychological effects experienced by employees (Randall & Nielson, 2010: 92). The typical symptoms of stress, namely physiological, psychological and behavioural, result in burnout if left untreated, as discussed in Chapter two. Certain authors like Dubrin (1994: 174), Michie (2002: 68) and Andrews (2005: 12) acknowledge that psychological symptoms of stress are the most difficult consequences of stress to manage; and Van der Merwe (Health Stress Management, n.d.) includes these symptoms as another chronic disease of lifestyle.

Randall and Nielson (2010: 97) identify stress management training (SMT) as the most common secondary intervention, whereby employees are made aware of the various sources of stress and its consequences for their health and wellness. SMT breaks or disrupts the linkages between problems at work and poor employee health and wellness by "…modifying employees' cognitive appraisals or coping styles". According to Murphy and Sauter (2003: 151-157), SMT empowers employees with coping strategies that enable them to respond to work stressors in a more healthy manner. In addition, Michie (2002: 70) proposes that SMT forms part of employees' personal training and development programmes and should be integrated into the organisational Human Resource Development (HRD) initiatives. These notions strongly correlate with Bergh's (2012: 312-314) individual level intervention where SMT was identified to assist individuals with alleviating their chronic stress and related consequences. Furthermore, the concept of psychological capital, which includes both coping behaviours and optimal functioning (Strümpfer, 1995: 81-89; Coetzee & Cilliers, 2001: 62-68; Strümpfer & Mlonzi, 2001: 30-37; Snyder & Lopez, 2002: 751-768; Turner et al., 2002: 715-728; Nelson & Cooper, 2007; Bergh, 2012: 313), was introduced as a means to improve employees' intrinsic health and wellness which will enable them to better manage work stressors.

Lastly, tertiary interventions aim to disrupt the stress-related symptoms in employees whose well-being is already severely compromised (Randall & Nielson, 2010: 92). As previously discussed, primary interventions aim to prevent further damage to employee health and wellness; whereas secondary interventions aim to reduce the harmful psychological effects experienced by employees; hence, tertiary interventions aim to treat the stress-related symptoms evident in employees for whom primary and/or secondary interventions are not possible or effective. According to Randall and Nielson (2010: 92, 101), tertiary interventions provide specialist treatment and support to employees who are already experiencing either work-related and/or life-related stress problems. A "referral route" may be followed, whereby an employee may request specialist treatment and support, or alternatively, the line manager may suggest this intervention where necessary.

Two distinctions are made in tertiary interventions, namely Employee Assistance Programmes (EAPs) and Workplace Health Promotion (WHP). EAPs are closely identified with tertiary interventions as they offer employees a variety of specialist treatment and support activities including, but not limited to, "…individual consultations, counselling resources, skills training, health promotion advice and access to preventative healthcare" (Randall & Nielson, 2010: 101). In contrast, Noblet and Rodwell (2010: 171) contextualise WHP activities separately from EAP and draw on the European Network for Workplace Health Promotion (ENWHP, 2004) for a more precise definition of WHP as:

> "…the combined efforts of employers, employees and society to improve the health and well-being of people at work. This is achieved through a combination of: improving the work organisation and the work environment; promoting the active participation of employees in health activities, and encouraging personal development".

It is important to note that a correlation between Bergh's (2012: 312) individual level intervention and Randall and Nielson's (2010: 101) tertiary intervention exists.

The above multi-disciplinary approach to understanding well-being at work may appear complex owing to the various interpretations of "intervention-driven" activities. However, the researcher has drawn similarities between the various levels and interpretations of interventions to surmise that a holistic Employee Wellness Programme (EWP) should build on the existing body of knowledge and propose one practical framework for implementation in the workplace by all practitioners. The various levels and interpretations of interventions may create a disjuncture among disciplines which are striving towards the same goals and objectives: to prevent, reduce and treat the symptoms and consequences of both work-related and/or life-related stress.

For the purpose of this research study, the most frequently used Human Resource (HR) initiatives for employee wellness will be discussed next in order to build on the intervention-driven approaches and one holistic EWP will be proposed.

4.3 Quality of Work Life and Balance (QWLB)

Employees work for basic necessities such as remuneration and fringe benefits to fulfil their lower order level needs, namely: physiological needs, such as pay, working conditions and food; and safety needs, such as safe working conditions, company benefits and job security (Steers & Porter, 1991: 35). These stated needs correspond with Maslow's theory of a hierarchy of needs (Maslow, 1943: 370-396; Mullins, 1999: 416-417). Creating a working environment that satisfies employees' lower order level needs are synonymous with Herzberg's hygiene factors (Herzberg, 1968: 57) were employers are required to pay attention to aspects such as working conditions, salary and company policies (Kiley, 2012: 201-202) that result in job satisfaction if favourable or dissatisfaction if unfavourable. In SA, a normal work week comprises eight to nine hours per day, five to six days a week, totalling between forty to forty-five working hours per week. In addition, legislation permits employees to work a maximum of three hours overtime per day and not more than ten hours overtime per week (South Africa, 1997). Therefore, Bothma (2014: 36-37) correctly states that employees may view the workplace as their "second home" and colleagues' as their work family. With the above in mind, Bothma (2014: 36) proposes that employers create a working environment that satisfies both employees' needs and organisational goals and objectives. This view strongly correlates with the P-E Fit theory (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998; Cox & Griffiths, 2010: 38).

Bothma (2014: 36-37) further states that employers' biggest challenge is to get their employees to *want to come to work*. This notion correlates with Maslow's (1943: 370-396; Mullins, 1999: 416-417, 419) higher order level needs, namely: love / social contact (cohesive workgroup and supervision); esteem (social cognition, job status and job feedback); and self-actualisation (challenging job, opportunities for creativity and advancement) (Steers & Porter, 1991: 35). Motivating employees to want to come to work is also synonymous with Herzberg's motivational factors (Herzberg, 1968: 57) as employees expect the employer to provide a challenging job, career growth opportunities and recognition (Kiley, 2012: 21-202) in order to enjoy job satisfaction. Bothma suggests that there are four other key factors that could contribute to employees' positive experience of the workplace and fulfil their higher order level needs. These will now be discussed.

Firstly, the work environment should promote employee participation in decision-making regarding work processes and innovation, while also recognising employees' contribution to the organisation's success. Secondly, the workplace should provide opportunities for work life balance as it is unrealistic for the employer to expect employees to be available twenty-four hours, seven days a week. Thirdly, a trust relationship should be built between employees and management, as this will empower employees with job control and autonomy in order to complete their work. Lastly, workplaces should prioritise opportunities for employees' personal development and career progression which in turn will improve staff retention (Bothma, 2014: 36-37). Referring back to well-being at work, the above four key factors are synonymous with Bergh's (2012: 314) management and organisation level intervention and with Randall and Nielsen's (2010: 92) primary interventions.

Owing to the plethora of employee wellness literature (expounded upon in Chapters two and three), the theme of quality of work life and work-life balance has become apparent. Research conducted by Moodley (2010: 5) reports that SA employers are implementing some form of stress reduction programmes, where the most frequently used stress-interventions are EAP (78%), flexible work arrangements (63%) and work-life balance (46%). A literature search regarding Quality of Work Life (QWL) and Work Life Balance (WLB) produced many overlaps in concepts and workplace offerings, hence, the researcher of this current study proposes a new construct of Quality Work Life and Balance (QWLB) which will be discussed as a primary intervention for EWPs in order to prevent further harm being caused to employee wellness.

The literature for QWL and WLB will be discussed separately in order to show the overlaps in concepts and workplace offerings and confirm the new construct of QWLB.

4.3.1 Quality of Work Life (QWL)

According to Rose, Beh, Uli and Idris (2006: 61-67), QWL originated in the late 1960s when the issues of workforce welfare (Schuetz, 2006; Janse van Rensburg, 2009: 122) highlighted the "human dimensions of work". Focus shifted from the personnel function to human resources (Schuetz, 2006), in which the most important relationship was that between the employee and the working environment (Rose et al., 2006: 61). Rose et al. (2006: 62) point out that QWL commenced as a discipline in September 1972. It was authored by Davis (Mathur, 1989; Hian & Einstein, 1990: 17-22; Islam & Siengthai, 2009: 4) and presented at the Forty-Third American Assembly on the Changing World of Work at Columbia University's Arden House in 1973 (Rosow, 1974; Gadon, 1984: 42-43). This conference was held in order to discuss two movements: firstly, the "political movement in Western Europe called

Industrial Democracy"; and secondly, the American "Social Science theories about *humanizing the workplace*" (Davenport, 1983: 26-28; Rose et al., 2006: 62). The objectives of both movements were successfully negotiated between General Motors Corporation and United Auto Workers' Union in 1973 to establish a *participation program* called QWL. Smith (1983: 12) describes this 1973 QWL as a means to increase employees' job satisfaction via information sharing and participation in decision-making (Rose et al., 2006: 62).

A precise definition of QWL is difficult to pinpoint, as many researchers have focused on various factors or elements that comprise QWL programmes. However, Shamir and Salomon (1985: 455-464) offer the most comprehensive description of QWL relevant to this research study, as an employee's well-being in the workplace and the degree to which their work experiences are positive, stress-free and fulfilling (Rose et al., 2006: 61). Mullins (1999: 646-647) takes QWL further by separating it into a goal, process and philosophy. The goal of QWL is to improve organisational performance by redesigning the job and working environment so that employees enjoy a challenging and satisfying work experience. QWL as a process entails active involvement and participation of employees in the organisation. Lastly, QWL as a philosophy recognised employees as human resources and "assets" that should be developed and encouraged to make meaningful contributions to the organisation.

Research conducted by Wilburn (*Reference for Business*, n.d.) reports that employees are not enjoying their working life and experience feelings of "…working harder, faster and longer [hours] than ever before", being permanently linked to the workplace by their cell phones and other technological devices; and that work is interfering with their personal and family life. These negative feelings result in increased job stress, lack of commitment and reduced productivity. The conflict between work and family life roles (Netemeyer, Boles & McMurrian, 1996: 400-410) result in employees experiencing job dissatisfaction, job burnout and developing an intention to leave the organisation (Pleck, Graham & Linda, 1980: 29-33; Burke, 1988: 287-302; Frone, Russel & Cooper, 1992: 65-78). Furthermore, employees experience additional psychological distress such as depression, life and marital dissatisfaction (Greenhaus & Beutell, 1985: 76-88; Voydanoff, 1988: 749-761; Gutek, Searle & Klepa, 1991: 560-568) which negatively affects their health, wellness and QWL (Higgins, Duxbury & Irving, 1992: 51-75). These notions are supported by the findings of Rose et al. (2006: 66) that employees' family life significantly correlates with their QWL, as a healthy family life carries over into QWL, hence the construct of quality work life and balance (QWLB).

Since QWL is centred on the job, working environment, social interactions, management style, work and family life (Gadon, 1984: 42; Rose et al., 2006: 61), various QWL offerings

have been designed and implemented since its inception in 1973. Gadon (1984: 42-46) demystified QWL by identifying the most commonly used workplace initiatives, which include but are not limited to:

(a) Personal and professional development:
- Career counselling and progression (Riggio, 2008; Bothma, 2014: 37; Bergh, 2012: 314);
- Mental health counselling / EAP (Turner et al., 2002: 715-728; Randall & Nielsen, 2010: 92, 101; Bergh, 2012: 312-314);
- Physical health improvement / wellness in the workplace;
- Management by objectives / employee involvement (Mulllins, 1999: 646);
- Management development (Gadon, 1984: 43).

(b) Work redesign:
- Job enlargement;
- Job enrichment;
- Job rotation (Mullins, 1999: 646);
- Work flow reorganisation;
- Socio-technical systems / work aspects such as number of tasks and work equipment (Gadon, 1984: 43; Parkes & Sparks, 1998; Randall & Nielsen, 2010: 94).

(c) Team building:
- Quality circles;
- Participation teams;
- Project groups / self-managed work groups;
- Joint management – trade union(s) productivity committee (Gadon, 1984: 43; Mullins, 1999: 646).

(d) Work scheduling:
- Flexible working hours / flexitime (flexi start and end time, with core hours);
- Telecommuting (using technological advances to work from home);
- Alternative work schedules (fixed start and end time, may allow for various work schedules during the day) (Wilburn, *Reference for Business*, n.d.);
- Compressed work week;
- Job sharing (Gadon, 1984: 43).

(e) Total organisational change:
- Gain sharing (all employees share in organisation's success);
- Work councils (employee representation in policy making);
- Management style and culture (Gadon, 1984: 43; Mullins, 1999: 646).

The recorded employee benefits of QWL initiatives are enhanced personal dignity and respect, self-control, recognition (Gadon, 1984: 43), reduced job stress, increased job autonomy, increased productivity, reduced abuse of sick leave, and improved employee morale (Wilburn, *Reference for Business*, n.d.). The recorded organisational benefits of QWL initiatives are the overall improvement of organisational performance and productivity (Mullins, 1999: 647; Gadon, 1984: 43), as well as attracting and retaining talented employees (Wilburn, Reference for Business, n.d.).

4.3.2 Work Life Balance (WLB)

It should be noted that WLB did not feature in the above QWL initiatives which, since 1986, has resulted in further research studies to bring about balance between work and family life. Lockwood (*HR Magazine*, 2003) offers a simple definition of WLB as "…a state of equilibrium in which the demands of both a person's job and personal life are equal" (*The Word Spy*, 2002). However, employees view WLB as "…the dilemma of managing work obligations and personal / family responsibilities", whereas the employer views it as "…the challenge of creating a supportive company culture where employees can focus on their jobs while at work" (Lockwood, 2003).

Authors like Joshi, Leichne, Melanson, Pruna, Sager, Story and Williams (2002: 11-12) are furthermore of the opinion that employers have different reasons for offering WLB programmes. On the one hand, the European Union views WLB as the employer's social responsibility towards employees, which is underpinned by the European Employment Strategy and Guidelines. On the other hand, the United States of America views WLB as a means of improving the company's competitive advantage and creating a positive employer brand (Lockwood, 2003), as their government has limited labour involvement and regulations (Joshi et al., 2002: 11-12). Fortunately, in SA the Basic Conditions of Employment Act No. 75 of 1997 provides employees with regulated working hours, overtime, public holiday and Sunday pay, meal intervals, daily and weekly rest periods, paid annual-, sick- and family responsibility leave and maternity leave benefits (South Africa, 1997). Although SA organisations comply with labour legislation, Moodley (2010: 5) reports that employers acknowledge and are concerned that their workforce is "stressed-out" and this has increased their health care costs. Sparrow and Cooper (2003: 219) goes further and states that the mere presence of QWL and WLB initiatives is not enough. The various initiatives and offerings should be consciously designed and implemented into an organisational policy and/or strategy with top management commitment and role modelling (Bergh, 2012: 314).

Similar to QWL, WLB also comprises a variety of workplace offerings which include but are not limited to the following:

(a) Work organisation:
- Flexitime;
- Telecommuting;
- Job sharing;
- Compressed work week (Joshi et al., 2002: 2; Sparrow & Cooper, 2003: 223).

(b) Employee development:
- Personal growth and development (Sparrow & Cooper, 2003: 223).

(c) Leave provision:
- Employment breaks / vacations;
- Study leave;
- Maternity pay;
- Paternity leave (Joshi et al., 2002: 2; Sparrow & Cooper, 2003: 223).

(d) Employee support:
- Childcare;
- Eldercare;
- Concierge services;
- EAP;
- Gym subsidies (Joshi et al., 2002: 2; Sparrow & Cooper, 2003: 223).

An interesting feature is that Lockwood (2003) refers to WLB as including family-friendly benefits such as dependent care flexible spending (medical aid package), flexitime, family leave and telecommuting. Regardless of the label, it is clear that QWL and WLB initiatives overlap with regard to employee / personal development and work scheduling.

Moreover, Lockwood (2003) reveals that Total Life Planning is a new and innovative approach whereby employees are encouraged to view their life in totality and evaluate their relationships, emotional and physical well-being, careers, spirituality and personal finances in order to devise a plan for their life.

4.3.3 QWLB within HEIs

Owing to the purpose of this research study, QWLB should be discussed within the context of HEIs. Research conducted by Winter, Taylor and Sarros (2000: 279-294) found that academics display an "attitudinal response" to QWL. This notion was introduced by Loscocco and Roschelle (1991: 182-225) who claimed that individual attitudes are an indicator of QWL, owing to the fact that the manner in which individuals respond to their work directly affects their personal lives and overall performance and productivity. Winter et al. (2000: 279-294) identified five "…work environment domains that include job stress, job characteristics, supervisory, structural and sectoral characteristics [which] directly and indirectly shape academicians' experiences, attitudes and behaviour" (Rose et al., 2006: 62). These five domains are closely related to the academics and research staff's reasons for termination of services between 2006 – 2009 at University X, as illustrated in Table 3.7. It is also important to note that the structural and sectoral changes or merger-related challenges are among the most important factors contributing to University X's employee and organisational unwellness.

A literature search of HEIs' QWLB initiatives produced two comprehensive programmes which include elements of both QWL and WLB. Firstly, in 1995 the University of

Pennsylvania (Penn) introduced a comprehensive Quality of Work-life (QOWL) programme "…to support the University's goals for excellence and to enhance faculty and staff opportunities for a constructive, productive and positive work experience" (University of Pennsylvania, 2007). Penn's QOWL consisted of three main initiatives, namely:

(A) Work-life balance:
- Adaption assistance;
- New child benefits;
- Flexible work options;
- Work-life resources for child and/or elderly care

in order to assist employees with managing their work and family responsibilities.

(B) Health promotion and wellness:
- EAP;
- Annual health fairs in April;
- Fitness facility discount;
- Wellness workshops;
- Recreation department who offers exercise classes, walking programme and weight management assistance

to support their employees' emotional and physical health and wellness.

(C) Staff recognition and appreciation:
- Long service awards;
- Models of excellence awards;
- Family day;
- Bring daughters / sons to work day

in order to recognise and appreciate staff and their families
(University of Pennsylvania, Division of Human Resources, 2007).

University of Pennsylvania (2007) reported that its QOWL improved workplace morale, employee commitment and productivity; enhanced their staff recruitment and retention; while reducing absenteeism. It is also important to note that Penn incorporated elements of both QWL and WLB initiatives into one overall programme.

The second comprehensive QWLB programme was found at Yale University. Here, more emphasis is placed on WLB. According to Yale's Office of Human Resources (Yale University, 2010), their "…WorkLife programs and services are an integral part of the University's efforts to help faculty and staff to balance the multiple responsibilities associated with work, academic and personal life". An interesting feature of this programme is that balance is sought after in and between work, academics and family/personal life as separate concepts. The researcher surmises that *work* may be referred to the day-to-day running of a university and most often equates to administrative work for academic staff; *academics* may be referred to teaching, learning and research which are the core of academia; and *life* may be referred to personal, family and community responsibilities and activities. This is a progressive interpretation of higher education work-and-life.

Yale's WorkLife Program consists of the following initiatives:

(A) Family services for: adoption; pregnancy and birth; breastfeeding; child care; caring for young children; pet care; elder care; death and dying; marriage and divorce.
(B) Community information regarding: volunteer opportunities; environment or recycling; community calendars; housing; and Government linkages.
(C) Work services such as: EAP; flexible scheduling; leave policies; vacancies; employee orientation; benefit options; commuting and shuttle services, and university publications.
(D) Education offerings for: children and adults; professional learning and development; and scholarships and college saving plans.
(E) Body and Mind activities such as: physical health (hospital and health services); exercise (pilates, yoga and gym); mental health (EAP, stress management classes); nutrition (children's nutrition and dining services); and health and wellness publications.
(F) Spiritual support via information regarding: places of worship; associations; interfaith alliance; and Yale Centre for Faith and Culture.
(G) WorkLife series and related events include the annual programme calendar for activities and seminars offered by Yale.
(H) WorkLife resource library offers over 200 books, brochures and magazines for both adults and children on a variety of health and wellness topics
(Yale University, Office of Human Resources – WorkLife Program, 2010).

The researcher deduces that QWL and WLB are interdependent and interchangeable, hence the construct of QWLB. The discussion in this section is firmly positioned in the arena of primary intervention for wellbeing at work, as it targets the work, management and organisation-related problems which, in turn, affects the personal / family lives of employees. QWLB programmes should prevent further damage to employee-organisational health and wellness, both in and outside the workplace. Therefore, QWLB is the foundation on which a holistic EWP should be built upon.

4.4 Employee Assistance Programmes (EAPs)

As previously mentioned, EAPs are the most frequently used stress-intervention in SA with a staggering 78% usage, compared to flexible work arrangements at 63% and work life balance at 46% (Moodley, 2010: 5). According to Terblanche (2011: 25), the first formal EAP in SA was introduced in 1986 by the Chamber of Mines, although informal employee assistance was available since the mid-1940s. However, EAPs developed in America in the mid-1920s to 1930s during Elton Mayo's Hawthrone experiments. It started as non-psychiatric counselling conducted by untrained supervisors who played the "confidential listener's role" (Dickson, 1945: 343-347). Research conducted by Murphy (1995: 43-44) reported that the "most important development in employee programmes was a shift in focus from counselling 'normal' employees towards treatment of 'trouble' employees, especially alcoholic employees". The treatment of alcoholic employees emerged between 1940s to

1950s and was the main focus of EAPs for the next 20-30 years. The appropriate use of the word *treatment* is synonymous with a tertiary intervention.

The 1980s was marked by health promotion programmes which offered a variety of "umbrella" services such as "smoking cessation, weight reduction, high blood pressure control and stress management", all of which aimed to "improve employee overall health and wellbeing" (Murphy, 1995: 43). Initially, practitioners expected overlapping between EAPs and health promotion programmes, as reflected in Randall and Nielsen's (2010: 101) definition of a tertiary intervention; however, these two programmes were separated by Noblet and Rodwell's (2010: 171) definition of workplace health promotion (WHP). Furthermore, EAPs has remained separate from WHP by maintaining a focus on alcoholism and drug abuse counselling, while expanding treatment into work-related stressors (Murphy, 1988: 301-331).

The definition of EAP depends largely on which discipline posits it. Two commonly used definitions will be tabulated to illustrate similarities and differences.

Table 4.1: Definitions of EAPs

"An employment-based health service program	"A work-based intervention program
designed to assist in the identification and resolution of a broad range of employee personal concerns	designed to identify and assist employees in resolving personal problems
such as substance abuse, marital problems, family troubles, stress and domestic violence, as well as health education and disease prevention	i.e. marital, financial or emotional problems, family issues, substance / alcohol abuse
that may affect job performance" (International Foundation of Employee Benefit Plans, n.d.).	that may be adversely affecting the employee's performance" (Society for Human Resource Management, n.d.).

The main differences between the two EAP definitions are, firstly, the context of health services versus intervention; and secondly, the range of personal problems or concerns. Bergh (2012: 312) adds more topics for EAP counselling, including but not limited to "HIV/AIDS, emotional-and-career-related problems, skills training… management coaching, assistance with regards to medical problems… and advisory services related to legal, financial and non-work issues…"

A more precise definition of EAP is found in the Employee Assistance Professionals Association (EAPA) Standards and Professional Guidelines for Employee Assistance Programs (2010: 6) and reads as follows:

> "EAP is a workplace program designed to assist: (1) work organizations in addressing productivity issues, and (2) 'employee clients' in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance".

The above definition provided by EAPA integrated all the various interpretations of EAPs in order to ensure standardised and professional services and conduct from EAP practitioners around the world.

All EAPs services should aim to improve employees' productivity and enhance their social functioning (Terblanche, 2011: 25) by identifying and treating work-related and life-related stressors; by promoting and ensuring mental health of employees and their families; and by maintaining a healthy workforce by fostering a cohesive working environment (Bekwa & Ngokha, 2000: 415-416). The South African branch of EAPA outlines the "core technology" or functions of EAP to: (1) ensure consistent EAP service deliver; and (2) to clearly distinguish it from other workplace programmes. The EAP core technology is outlined below:

(i) "Training and development of, and assistance to work organisation stakeholders (managers, supervisors and unions) seeking to effectively manage the employee who is experiencing behavioural, emotional and wellness issues; enhancing the work environment; and improving employee job performance.
(ii) Marketing and promotion of EAP services (availability and guarantees [of] confidentiality)…
(iii) Case management by means of confidential and timely risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration and aftercare services for employees…
(iv) Consultation to work organisations to pro-actively address inherent trends stemming from personal or organisational issues.
(v) Networking to establish and maintain effective relations with internal and external role-players and service providers.
(vi) Monitoring and evaluation of the value / success / impact of EAP services relating to the work organisation and individual job performance"
(Terblanche, 2011: 25; EAPA, 2010: 6.)

Terblanche (2011: 25) further explains that EAPs could be offered in two modes: firstly, as an internal mode of delivery where the organisation establishes its own EAP department and employs a team of staff members to provide the core technology to employees; and secondly, as an external mode of delivery whereby the organisation contracts an external EAP service provider to provide the core technology to its employees.

Randall and Lewis (2007) believe that the success of EAPs depends on the following factors: (1) senior management's commitment and support; (2) trade union cooperation; (3) a clear tailor-made EAP policy and procedure for the organisation; (4) training organisational

stakeholders in identifying employee problems and referring them for treatment; (5) effective communication of EAP services across the organisation; (6) proper care programmes with follow ups; (7) fostering employee trust by maintaining confidentiality; and (8) consistent record keeping to facilitate programme evaluation (Randall & Nielsen, 2010: 101).

A further feature of EAPs literature is the call for collaboration with other specialist groups. It seems the fear of overlapping services has been replaced with a need for integration and collaboration. According to Herlihy (as cited in Mulvihill, 2003: 13), the EAPA has been analysing the integration of EAPs and other related services. In the late 1980s and throughout the 1990s, EAPA was investigating linkages between EAP and the work-family field. In 2000, EAPA, in collaboration with the Employee Assistance Society of North America (EASNA) and the Alliance for Work/Life Progress (AWLP), conducted a three-phased research study that found a "…significant level of integration was taking place [between EA and Work/Life professionals] and that a new breed of professional had emerged, one with expertise in both fields". In addition, the international survey results revealed that the health and wellness movement was another player in the integration discussion (Herlihy, as cited in Mulvihill, 2003: 13). Mulvihill (2003: 13-14) is furthermore of the opinion that a comprehensive health management service, which is a combination of EAP and health and wellness initiatives, could be more successful in improving employee productivity and reducing organisational health care costs.

Murphy (1995: 44-47) introduces a further view by proposing that EAP and Human Resource Management (HRM) professionals should collaborate in reducing employees' work-related stress. The proposal is based on the views that EAP is focused specifically on employees' problems and neglects the job organisational factors, while HRM is specially focused on employee and organisational performance outcomes and neglects the individuals' health and wellness concerns. Owing to the complex nature of stress as discussed in Chapter two (i.e., the various types of stress, frequency and symptoms which, if left untreated, result in burnout), the proposal for EAP and HRM collaboration has merit. Murphy (1995: 45-46) recommends that this collaboration is achieved through stress management interventions. These would consist of three critical phases, namely: (1) problem identification; (2) intervention design; and (3) programme evaluation (Newman & Beehr, 1979: 1-43; Stoner & Fry, 1983: 66-76; Murphy & Hurrel, 1987:18-23; Heaney & van Ryn, 1990: 413-420; Ivancevich, Matteson, Freedman & Phillips, 1990: 252-262). In the intervention design phase, a distinction is made between primary, secondary and tertiary interventions, similar to those described by Randall and Nielsen (2010: 91-101). However, in Randall and Nielsen's (2010: 92) interpretation, stress management training (SMT) was identified as a secondary intervention to disrupt the psychological symptoms of stress and reduce its harmful effects.

The researcher of this current study supports Randall and Nielsen's interpretation and deduces that stress management intervention or training (SMT) is one component of a holistic EWP, but not the overarching strategy; also that collaboration between EAP and Human Resource Development (HRD) is required for successful implementation. Reference made to the SABPP Standards Model identifies Wellness as a separate HR element (Meyer, 2013c: 16), hence the need for one holistic EWP.

For the purpose of this research study and so as to design a holistic EWP, it is important to note that SMT has already been discussed by the following authors:

- Bergh (2012: 312-314) identifies SMT as an individual level intervention to assist employees in coping with chronic stress. Further research by Strümpfer (1995: 81-89), Coetzee and Cilliers (2001: 62-68), Strümpfer and Mlonzi (2001: 30-37), Snyder and Lopez (2002: 751-768), Turner et al. (2002: 715-728), and Nelson and Cooper (2007) introduced the concept of psychological capital which includes both coping behaviours and optimal functioning.
- Randall and Nielsen (2010: 92) identify SMT as a secondary intervention to reduce the harmful psychological effects experienced by employees. SMT aims to modify employees' cognitive appraisals or coping styles.

Another interesting feature of the well-being at work literature is that EAPs has been integrated into QWL under personal and professional development (Gadon, 1984: 43; Turner et al., 2002: 715-728; Randall & Nielsen, 2010: 92, 101; Bergh, 2012: 312-314); and in WLB under employee support (Joshi et al., 2002: 2; Sparrow & Cooper, 2003: 223). The overlapping of initiatives in QWL, WLB (QWLB), EAPs and SMT is evident in this literature survey and Mulvihill (2003: 15) correctly states that "…much work remains in understanding the richness of each field (employee assistance, work life and wellness) along with the many challenges associated with true integration". Hence, it is clear that a need exists for this current research study so as to develop one holistic EWP for implementation by organisations' HR departments and more especially for University X in the public higher education sector.

Owing to the purpose of designing a holistic EWP, the researcher deduces that SMT is a secondary intervention aimed at reducing employees' harmful psychological effects by enhancing their psychological capital; whereas, EAP is a tertiary intervention for employees who are already experiencing stress-related symptoms and require specialist treatment and support.

4.5 Employee Wellness Programmes (EWPs)

This section will: firstly, discuss the rationale for EWPs; secondly, contextualise EWPs; and lastly, look at the future thereof.

4.5.1 Rationale for EWPs

In a study conducted by Wolfe, Parker and Napier (1994: 22-42), it was noted that increased global and domestic competition and advances in technology have resulted in organisational restructuring, downsizing and job redundancies in an effort by organisations to cut costs and increase profits. Dhobale (2009: 39) concurs with the latter and adds that 21st century jobs have become more knowledge demanding, which may result in work overload, work pressure and job insecurity (Donaldson, 1993: 155-177; Janice & Ho, 1997: 177). In an attempt to hold onto their jobs, employees are spending more hours at work and on work-related activities as new technological devices such as laptops, BlackBerry, IPhone and Smart Phones blur the boundaries between work and personal life (Fittogether, 2004). According to MIND (2005), employees who work harder and longer hours are prone to exhaustion, a decrease in job performance and increased feelings of anxiety, all of which result in a loss of energy, emotional exhaustion, poor sleeping habits, and increases in risk behaviours such as increased alcohol consumption, smoking, eating and spending. Crawford (2005) is furthermore of the opinion that the above problems are difficult to manage by leaders and management teams as they too are experiencing similar job problems and stress-related symptoms owing to unwell organisational climate and culture (Hillier, Fewell, Cann & Shepard, 2005: 419, 422).

Owing to the context of this research study, unwellness within HEIs should also be identified. Hillier et al. (2005: 421-422) recall news headlines (as reported by Baty (2005: 1674) in the *Times Higher Education Supplement*) that a certain university was found in breach of work health regulations and received an order for urgent reform. This order was given to set an example and warn all HEIs that their staff's stress levels needed to be properly addressed and managed, otherwise the institution could face prosecution. Similar cases are being lodged in SA at the Commission for Conciliation, Mediation and Arbitration (CCMA), for example, Bennett versus Mondipak. Although Mondipak is a private company and not a HEI, this case involves unfair dismissal owing to job stress. During the arbitration proceedings, the commissioner ruled that "…the employer should have investigated the extraneous causes of the problem [job stress] in the first instance and dealt with them", instead of finding the employee incapable and dismissing him. The arbitration award reinstated Bennett (Jordaan, 2006).

Various research studies regarding uncontrollable stress have reported that such stress may alter an individual's cognitive thought processes, resulting in a "superficial, simplistic, and unoriginal style of thinking" (Pennebaker, 1990); this stress is also thought to impair problem-solving abilities (Seligman, 1992; Hillier et al., 2005: 422). Owing to the fact that HEIs' core functions are teaching, learning and research, uncontrollable stress threatens the functioning of any HEI. In addition, Hillier et al. (2005: 421) caution HEIs that organisational change, which is a feature of its culture, is a "key factor [for] generating and sustaining workforce stress". This statement concurs with findings by Cooper and Marshall (1976: 11-28) and Michie's (2002: 69) (in their identification of organisational change as a work-related stressor, as explained in Chapter two of this research study). It should also be noted that, as reported by University X (and discussed in Chapter three), organisational change was identified as one of the many reasons for termination of services by academic and research-, and professional and support staff.

According to Wynne and Rafferty (1999: 242-261), organisations are changing the way in which workplace wellness is managed. These improvements are brought about by these: a new understanding and perception of occupational stress; the usage of "stress" and/or "burnout" as a diagnosis by medical practitioners for their patients' sick leave; and the increase of health and wellness issues being disseminated in society. Van der Merwe (2009b: 48-49) expands on the medical diagnoses by stating that the following have been identified by the World Health Organisation's International Study as the most common ailments cited for visits to doctors: depression; anxiety, stress and tension; alcohol and substance abuse; sleep disorders; chronic tiredness and fatigue; and unexplained psychosomatic complaints.

Sieberhagen, Rothmann and Pienaar (2009: 3) correctly state that approximately 45% of employees in SA organisations are absent daily; furthermore, it has been recorded by Vaida (2005) that this figure is up to 18% in some organisations. Van der Merwe (2009b: 49) posits that absenteeism costs SA organisations an estimated R12 billion per annum, whereas presenteeism (employees at work but lacking in productivity) is estimated to cost between R36 and R48 billion per annum. It is therefore not surprising that Sieberhagen, Pienaar and Els (2011: 10) reveal that the main reason that SA organisations have given for implementing EWP is the high occurrence of absenteeism and sick leave. Similar research studies also report that organisations introduce EWP to increase employee productivity and morale; improve the image or branding of the organisation (Janice & Ho, 1997: 177-189; Watkins, 2003: 12); improve staff retention and wellbeing (Brockett, 2007: 10); and to strengthen their corporate social responsibility (Sieberhagen et al., 2011: 10).

In SA, many employers reduce the importance of employees' health and wellness issues to mere compliance with labour legislation. The Occupational Health and Safety Act (OHSA) No. 85 of 1993 (South Africa, 1993a) requires employers to provide safe and healthy work environments which are free from hazards and diseases; and to provide health and safety information, training and supervision. OHSA also requires employees to obey health and safety rules and regulations and to report any non-compliance and/or incidents to the health and safety representatives and/or superior. OHSA and the Compensation for Occupational Injuries and Diseases Act (COIDA) No. 130 of 1993 (South Africa, 1993b) are closely linked, as COIDA pays compensation to an employee or his/her dependents in the event that an employee suffers either a temporary or permanent injury and/or illness or disability, or dies while carrying out the employer's duties. QWLB concerns are regulated by the Basic Conditions of Employment Act No. 75 of 1997 (South Africa, 1997) with regard to working hours, meal intervals, daily and weekly rest periods, extra payment for overtime and work on Sunday and Public holiday, as well as provision for paid annual, sick and family responsibility leave. However, senior managers, travelling sales representatives and people earning in excess of R183 008,00 per annum (South Africa, 2012: 3) are excluded from the provisions of limits of hours of work, overtime, daily and weekly rest periods, meal intervals, and Sunday and public holiday payments. Although the Skills Development Act No. 97 of 1998 (South Africa, 1998) does not specifically focus on safety, health and wellness aspects, it does aim to improve the quality of life for workers and their access to social services (Venter, Levy, Conradie & Holtzhausen, 2009: 240) via skills programmes and learnerships. The variety of SMT topics and the inclusion of psychological capital, as previously discussed, form part of skills programmes offered by the employers to promote and improve workforce skills development. In the 8th Annual ASTD State of the South African Training Industry Report, Meyer et al. (2010: 32-33) notes that employee wellness training programmes have steadily increased from 2007 – 2010 and are moving into the future.

Sieberhagen et al. (2009: 6) caution, however, that currently SA labour legislation does not explicitly regulate employee wellness, resulting in a lack of commitment by many organisations' to this and thus non-implementation of wellness programmes. This highlights the need for a "management standard" as a "…set of principles agreed on by organisations in consensus in order to enhance health and wellness" (Sieberhagen et al., 2009: 6) in the SA workplace. As discussed in Chapter two, the South African Board for People Practices (SABPP) is in the process of launching *HR Management System Application Standards* as a "…national benchmark of good practice and [to] provide a consistent way of managing HR functions and people in organisations" (Meyer, 2013a: 23). Employee wellness is one of thirteen HR Standard elements which aim to bring all safety, health and wellness related

activities together under one comprehensive wellness strategy and approach (SABPP, 2013: 36-37).

The need for a holistic EWP, in both business and higher education institutions, has been highlighted owing to the following: increased global and domestic organisational competition; continuous advances in technology (Wolfe et al., 1994: 22-42; Dhobale, 2009: 39); rapid increase of stress and/or burnout medical diagnoses (Wynne & Rafferty, 1999: 242-261; Van der Merwe, 2009b: 48-49); increased organisational cost of absenteeism, presenteeism and sick leave (Vaida, 2005; Sieberhagen et al., 2009: 3; Van der Merwe, 2009b: 49; Sieberhagen et al., 2011: 10); and compliance with SA labour legislation.

4.5.2 Contextualising EWPs

Research conducted by Sieberhagen et al. (2011: 1, 10) reports that a universal definition of employee wellness is absent which hampers the development of good employee wellness practices. In addition, their research reveals that various authors use different constructs, such as "employee well-being" (Noblet & Rodwell, 2007: 2), "wellness at work" (Hillier et al., 2005: 1), "workplace wellness" (Wojcik, 2007: 120), and "work related well-being" (Launis & Pihlaja, 2007: 604; Lindfors, Meretoja, Toyry, Luukkonen, Elovainio & Leino, 2007: 816) to address the same issues. A further complication is that 'health' and 'wellness' are viewed as the same concept (Merina, 1992: 4; DeMoranville, Schoenbachler & Przytulski, 1998: 14-24; Porter, 2005: 49-54; Sieberhagen et al., 2011: 10). It is important for this research study to determine the similarities, differences and overlaps in terminology in order to design a holistic EWP.

The World Health Organisation (WHO) has updated its definition of health from a "…positive state of complete physical, mental and social well-being" (WHO, 1986) to a "…complete state of physical, mental and social well-being and not just the absence of disease" (WHO, 2002: 2; Sieberhagen et al., 2009: 2). The *Oxford Advanced Learner's Dictionary* (2004: 551) defines health as "(1) the condition of a person's body or mind, (2) the state of being physically and mentally healthy". Interestingly, the same dictionary (2004: 1357) defines wellness as "the state of being healthy". Therefore, it is not surprising that health and wellness are viewed as the same.

A comprehensive definition of wellness was developed by Els (2005), who describes it as "… the experience of optimal health, good relationships with others, being emotionally and cognitively well stimulated and experiencing significance and purpose in life" (Sieberhagen et al., 2009: 2). This definition of wellness strongly correlates with the most frequently used

wellness model designed by Hettler (2007) at the National Wellness Institute. It comprises six dimensions of wellness:

(1) Social dimension of wellness includes linkages with society and/or community and environmental harmony.
(2) Occupational dimension of wellness includes personal satisfaction, fulfilment and enrichment in an individual's life which is derived from work activities and career.
(3) Spiritual dimension of wellness includes an individual's search for peace and harmony, and in doing so, the meaning and purpose for human existence.
(4) Physical dimension of wellness includes a combination of regular physical activity, diet and nutrition, and understanding how one's body functions.
(5) Intellectual dimension of wellness includes expanding one's knowledge and skills, developing problem solving and creativity, and in doing so, stimulating one's intellectual curiosity and creative endeavours, thereby the principle of lifelong learning.
(6) Emotional dimension of wellness includes feeling positive and enthusiastic about oneself and towards life, taking responsibility for one's actions, having a realistic view or perception of one's circumstances, enjoying satisfying relationships with others, and in doing all of the above, being aware of and accepting one's feelings
(Hettler, 2007; Lubbe, 2010: 5-10).

The definitions for health and wellness describe a state or dimension for an individual; however, employee wellness refers to a particular context of the individual person in and outside the work environment. As a universal definition of employee wellness and its related programme is absent (Sieberhagen et al., 2011: 1, 10), the researcher will extract and discuss the following definitions in order to deduce one definition for a holistic EWP.

"Corporate wellness programmes are **long-term organisational activities** designed to promote the adoption of **organizational practices** and **personal behaviour** conducive to maintaining or improving employee physiological, mental, and social wellbeing"
(Wolfe et al., 1994: 22-42; Janice & Ho, 1997: 177).

"Creating and generating wellness at work involves a **balance** between healthy **performance**, a sense of purpose, effective and inclusive communication and **work-life balance"**
(Hillier et al., 2005: 425).

"Workplace wellness is an **organised program** to assist and support employees in establishing **healthier lifestyles**… [by] establishing **company policies** that support **health-related objectives**"
(Fittogether, 2004).

"Wellness programmes are **intervention strategies** intended to promote the well-being of employees… [which] could be curative and **preventative** in nature [by] creating an **awareness of wellness issues**, facilitating personal change and health management, and promoting a healthy and **supportive workplace**"
(Anonymous, 2007: 1-7 as cited in Sieberhagen et al., 2011: 2).

"EWPs typically include activities that focus on **relieving the stress** of employees that personal finances, substance abuse, health problems, **career crises** and **job demands** cause"
(Leiter & Wahlen, 1996: 15-28; Sieberhagen et al., 2011: 2).

"Employee wellness is a **strategic approach**, short-term and **workplace based programme** aimed at **improving the quality of life** of employees and their families be providing a **supportive system** that

alleviates the impact of **everyday work and personal challenges**. EWP recognises that short-term personal and psychological related problems may adversely affect an **employee's well-being** and **ability to function on the job**"
(Free State Department of Education, 2005).

The above definitions share similar themes, concepts and purposes with these: firstly, the primary (preventative) intervention (Randall & Nielsen, 2010: 89-101); secondly, the organisational policies and practices for QWL (Shamir & Salomon, 1985: 455-464; Rose et al., 2006: 61); thirdly, WLB (*The Word Spy*, 2002; Lockwood, 2003); fourthly, EAPs (EAPA, 2010: 6; Terblanche, 2011: 25); and lastly, WHP (ENWHP, 2004; Noblet & Rodwell, 2010: 171). Owing to the similarities and overlaps in themes, concepts and purposes in the above definitions, the researcher of this current study deduces that a holistic EWP should be defined as:

➢ A long-term organisational intervention-driven strategy,
➢ to prevent employee harm via QWLB and WHP,
➢ to reduce employee psychological effects via SMT and building psychological capital,
➢ to treat employees' stress-related symptoms via EAP and, in doing so,
➢ promoting a healthy employee-organisation wellness climate and culture.

In addition to the various definitions of EWP, it is not surprising that there are also various interpretations of the four pillars of Employee Wellness and Health Solutions, which will be tabulated separately below for purposes of comparison.

Table 4.2: Four pillars for Wellness Solutions

Awareness via health risk appraisals.	Awareness programmes: distributing health information via pamphlets, wellness newsletters, bulletin boards, e-mail messages and health fairs.
Education and information via regular workshops, courses, health coaching, counselling, newsletters, health fairs and interactive computer programs.	Education programmes: more information sharing with lunch time sessions for questions and answers in order to provide on-going support.
Behaviour change through realigning health and wellness attitudes and motivation via ongoing peer support group and meetings, and adaption programmes.	Lifestyle / Behaviour change programs: 4-12 weekly sessions or workshops for health and wellness education in order to address barriers and to allow opportunities to practise the desired behaviour or skill.
Self-actualisation tools and techniques via ongoing training programmes, self-help material, books, videos and computer packages (Van der Merwe, 2009b: 48).	Environmental and Organisational support via policy changes to create a smoke-free workplace, offering healthy food choices in cafeteria, on-site fitness facilities and flexi-time arrangements (Fittogether, 2004).

Van der Merwe (2009b: 48) and Fittogether (2004) share similar interpretations of wellness solutions; however, the latter incorporates wellness solutions into organisational policy and practices for sustainability. The researcher of this current study posits that the above

employee wellness solutions are similar to those discussed in these: QWL's personal and professional development and work scheduling; WLB's employee development and employee support; WHP; and SMT.

Table 4.3: Four pillars for Health Solutions

Physical fitness including physical activities, gym facilities and yoga classes.	Be Active – active lifestyle.
Nutrition including information on healthy dietary habits and their importance.	Be Nutri-Wise – eating nutritiously.
Health education, including awareness programmes for health and medication.	Be Happy – psychological wellbeing.
Stress management, including training programmes for stress self-awareness, time management, conflict management, yoga, etc. (Dhobale, 2009: 40).	Be Safe – physical safety and financial stability (Fritz, 2013: 11).

Dhobale (2009: 40) and Fritz (2013: 11) share similar interpretations of health solutions; however, these solutions are more in line with physical and mental health, with the addition of safety and financial stability. Fritz (2013: 11) further explained that EWPs should include a "proactive approach to preventative healthcare" in order to address and correct negative lifestyle behaviours before serious damage is done.

The literature search for employee wellness solutions or offerings also produced a variety of different wellness menus from which employees may select according to their needs. The researcher has grouped similar offerings to provide structure. The employee wellness menus include, but are not limited to, these:

1) Wellness newsletters, websites and on-line Wellness programmes,
2) Wellness fairs,
3) Health and wellness screenings,
4) Health education and promotion,
5) Complementary health care advice,
6) Health Risk Management (cholesterol, hypertension, diabetes, obesity),
7) HIV/AIDS – VCCT and ARV treatment programmes,
8) Fitness / gym facilities (either on-site or discounted membership),
9) Nutritional advice and classes,
10) Weight control and weight loss programmes,
11) Smoking cessation,
12) Substance abuse (alcohol and drugs),
13) Sleep restoration,

14) Stress Management Training (SMT) (practical stress tools / techniques, anger management, conflict management, managing difficult relationships, thriving through times of change),

15) Mental health (depression, positive mental attitude),

16) Loss and trauma (debriefing for death, rape, crime, domestic violence),

17) Life management (legal, financial, family planning, sexuality),

18) Chronic Disease of Lifestyle (CDL) coaching and mentoring,

19) Relaxation techniques (yoga, physiotherapy, meditation),

20) Executive wellness (advice, personal, lifestyle, work-life),

21) Workplace enhancement (flexible work arrangements, ergonomics, 'chill' rooms, private space, mini-breaks),

22) Work Life Balance (WLB)

(*Business Knowledge Source*, 2003-2010; Free State Department of Education, 2005; Hillier et al., 2005: 426-427; Van der Merwe, 2009b: 53; Benavides & David, 2010: 301; Brewer, Gallo & Smith, 2010: 29).

The above employee wellness menu offerings strongly correlate with the elements of health, wellness, EWP, WHP, EAP, WLB and some elements of QWL. The menu offerings are also similar to both Table 4.2: Four pillars for Wellness Solutions and Table 4.3: Four pillars of Health Solutions. The similarities and overlapping of definitions, elements, solutions and offerings reinforces the researcher of this current study's proposal that a holistic EWP includes QWLB, WHP, SMT and EAP which is underpinned by a healthy employee-organisation wellness climate and culture.

Although various researchers and authors express positive views about EWP, there are a few who are concerned about its effectiveness and the manner in which it is approached. Research conducted by the Consero Group in 2013 report that "…47% of Fortune 1000 Chief Human Resources Officers believe their wellness programmes are not effective" (Taylor, 2014: 16). Benavides and David (2010: 296) caution, however, that EWPs cannot be seen as "quick fix solutions" for employees who have neglected their health and wellness for years, as positive results are normally visible and measurable after two years from implementation. In addition, Clark, Warren, Hagen, Johnson, Jenkins, Werneburg and Olsen (2011: 21, 24) report that high risk employees who have significant health concerns show poor participation in EWP; and if they do start with a wellness solution, they often drop out or do not adhere to the programme owing to their high stress levels. Hillier et al. (2005: 429) address the issue of management unwellness as managers are often appointed without "people-management skills" which results in their employees feeling stressed, fearful and distrustful, which ultimately negatively affects their job performance, commitment and absence. Nyati (2013: 45) is furthermore of the opinion that Employee Health and Wellness

Strategies cannot be "cut and pasted" from any other organisation, as each organisation has its own unique structures, management, employees, climate and cultures.

Taylor (2014: 16-17) offers four approaches to enhance the effectiveness of EWP, namely: (1) take a proactive approach to EWP in order to prevent illnesses; (2) allow individual employees to customise employee wellness solutions into a EWP that meets their specific challenges; (3) design an EWP to encompass the individual's physical, mental, emotional and spiritual dimensions for holistic well-being; and lastly, (4) EWP should promote individual ownership and accountability. Authors like Hillier et al. (2005: 429), Brewer et al. (2010: 28), and Benavides and David (2010: 303) are furthermore of the opinion that the effectiveness and success of EWPs are dependent on senior management buy-in and support; buy-in and participation of all levels of employees; an organisational culture that shares responsibility for employee wellness results; and an EWP that is accessible and applicable to all employees, which is free from discrimination and maintains confidentiality.

EWPs are beneficial for business and HEIs, beneficial for employees and beneficial for their communities. Nyati (2013: 45) correctly states that EWP are no longer a 'nice to have'; instead they have become a strategic imperative for human capital in order to sustain organisational productivity and competitiveness. Various research studies have reported on the benefits of EWP, which will be categorised separately here for the employer, employee and community.

Employers derive the following benefits from EWPs:
- They are an attraction tool for recruiting new employees;
- They are a sign that an organisation is becoming an employer of choice (Taylor, 2014: 16; Malouf, 2011: 15);
- Positive attitudes from staff towards the organisation;
- Staff satisfaction with the organisation's fringe benefits increases (Janice & Ho, 1997: 186);
- Reduced absenteeism;
- Reduced presenteeism;
- Compliance with South African labour legislation;
- Improved labour / employee relations;
- Increased employee performance and productivity;
- Reduced health care costs;
- Reduced workplace accidents (Allen, 1993: 6-7; Andrew, 1999: 6-7; Addley, McQuillan & Ruddle, 2001: 439-449; Naidoo & Jano, 2003: 113-127; Hemp, 2004: 49-58; Makrides, 2004: 1-6; ThØgersen-Ntoumani & Fox, 2005: 50-67; Shaw, Alfonso, Howat & Corben, 2007: 23-28; Goetzel & Ozminkowski, 2008: 303-323; Sieberhagen et al., 2011: 2).
- Reduced grievances and disciplinary actions;
- Reduced staff turnover;
- Reduced tardiness (Benavides & David, 2010: 295);
- Improved employee engagement (Malouf, 2011: 13);
- Improved employee retention (Hillier et al., 2005: 419);

- Positive perception of the organisation in the community;
- Increased staff morale and loyalty (Fittogether, 2004);
- Increased organisational competitiveness (Nyati, 2013: 45).

Employees derive the following benefits from EWP:
- Increased mental wellness;
- Increased energy levels;
- Improved resilience;
- Increased life and job satisfaction;
- Reduced stress;
- Reduced depression (ThØgersen-Ntoumani & Fox, 2005: 50-67; Renaud, Kishchuk, Juneau, Nigam, Tétreault, LeBlanc, 2008: 73-77; Sieberhagen et al., 2011: 2);
- Enhanced social functioning;
- Enhanced quality of life (Free State Department of Education, 2005);
- Improved overall health and wellness;
- Improved morale (Benavides & David, 2010: 295).

Authors like Van Den Ende (2004; Sieberhagen et al., 2011: 10) and Hillier et al., (2005: 421) are furthermore of the opinion that EWPs are linked to the organisation's social responsibility: their employees' health and wellness contributes towards the social good, not only benefiting the individual employee but also their immediate community; the wider society also benefits with particular reference to quality of life and social integration. This notion is supported by Hettler's (2007) social dimension of wellness.

4.5.3 The future of EWPs

As far back as 1995, Lewis (1995: 27) was of the opinion that employee wellness should be linked more closely to an individual employee's job. This linkage requires the following: an integration of SMT with organisational training and development plans; combining wellness programmes with health and safety education; and incorporating work/family issues with EAP. Hillier et al. (2005: 429) propose a paradigm shift in how organisations view and manage employee wellness. The attitude of organisations to quality of work life (QWL) and the consequences of stress and burnout should be accepted as a management and organisational responsibility, not as a failure of the individual employee (Hillier et al., 2005: 429). This change in paradigm should commence with training new HR professionals who are entering the labour market (Mlambo-Ngcuka, 2006; Jorgensen & Rothmann, 2010: 19). Alternatively, exiting HR professionals should subscribe to the professional body standards (SABPP) and ensure that HR continues to serve its internal customer, the employee.

Research conducted by Sieberhagen et al. (2011: 12) reveals that the majority of SA organisations acknowledge the need to improve employee wellness service delivery by

integrating offerings into a holistic EWP. These organisations also view in-house EWP as more effective as EWP teams can work more closely with employees and the management team in order to produce and offer customised offerings/solutions to meet their specific needs. In this way, EWP will be better aligned to achieve organisational goals and prevent, reduce and treat employee unwellness (Lesch, 2005: 203-217).

Els and De La Rey's (2006: 46-56) Holistic Wellness Model is the only research study conducted in SA regarding holistic wellness. Their study developed a holistic wellness model which was attributed to the fact that "…wellness is an integrated construct that cannot be researched in bits and pieces at any particular time" (Els & De La Rey, 2006: 48). Their research study aimed to assist managers in understanding wellness as a holistic system and to advise HR practitioners on designing and implementing specific offerings/solutions for their organisations. Els and De La Rey (2006: 46-47) reviewed various wellness models from the fields of both clinical and counselling psychology and correctly stated that these wellness models needed to be adapted into a systematic employee wellness model for use in the field of industrial psychology. This led to their multidisciplinary approach to constructing a more realistic wellness paradigm. Els and De La Rey (2006: 54) proposed an "…explorative model that was constructed to serve as a basis for the development of a holistic work-wellness model". Figure 4.1 illustrates their "proposed multivariate wellness model" which was developed from their factor analysis:
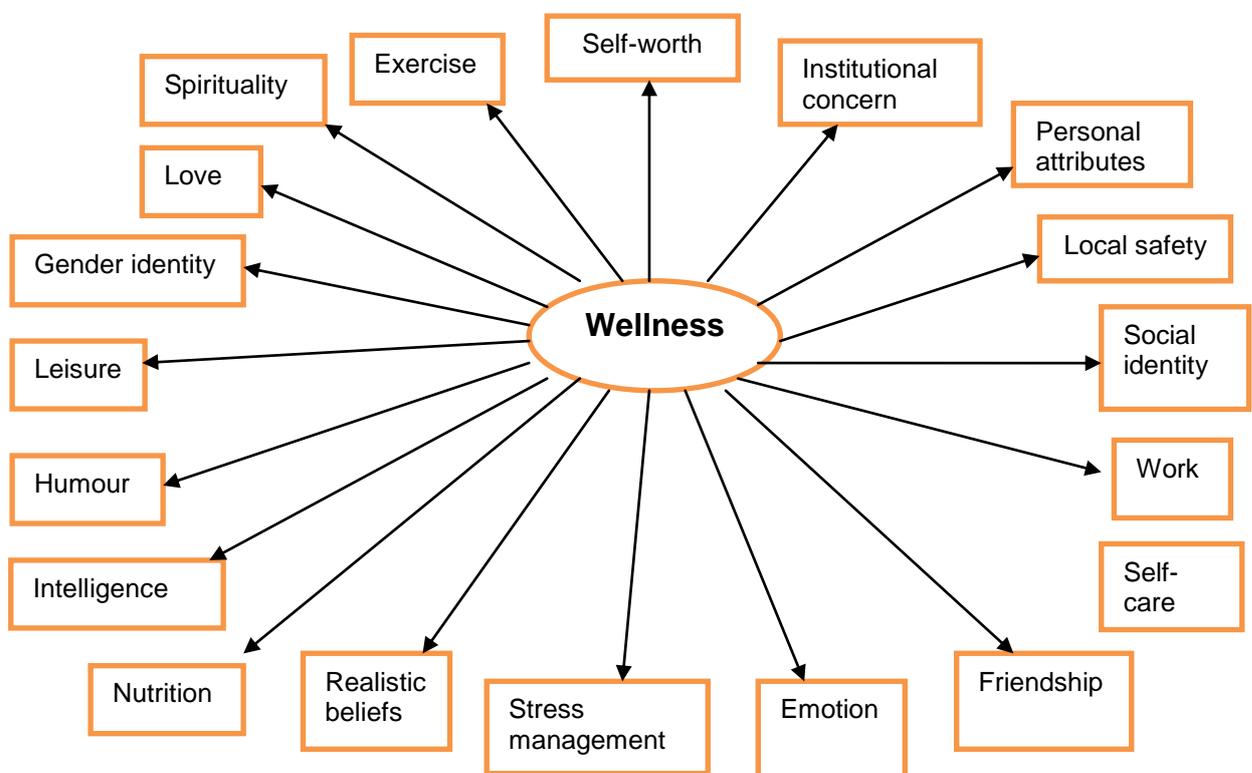
Figure 4.1: Holistic Wellness Model
Source: Els and De La Rey (2006: 54)

The researcher of this current research study acknowledges the importance of the above holistic wellness model in broadening the understanding of wellness as a holistic system. However, the researcher posits that this is an elaboration of the National Wellness Institute's (Hettler, 2007) six dimensions of wellness as discussed previously. The only work specific factors are institutional concern, local safety, work and stress management. This holistic wellness model does not inform HR practitioners on which specific offerings and solutions to design and implement for EWP. Els and De La Rey's (2006: 46-47) multidisciplinary approach included Clinical, Counselling and Industrial Psychology, which have limited application in the field of Human Resources Management (HRM). This research study's multidisciplinary approach includes Occupational Health Psychology, Industrial and Organisational Psychology, Employee Assistance Professionals Association (EAPA), Alliance for Work/Life and the HRM discipline, all of which are more applicable in the work context and easily adapted to a higher education institution.

For the purpose of this research study, a holistic EWP should: cater for multiple employee wellness needs; provide various offerings and solutions to address wellness challenges; establish organisational wellness support policies, practices and systems; and promote a wellness working environment.

The literature survey regarding practical perspectives of EWP has revealed similarities and overlaps between QWL, WLB (=QWLB), EAP, SMT, WHP and EWP. It is with this premise, that the researcher of this current research study surmises that a holistic EWP should comprise the following:
  ➤ A proactive, long-term organisational intervention-driven strategy,
  ➤ to prevent employee harm via QWLB and WHP,
  ➤ to reduce employee psychological effects via SMT and building psychological capital,
  ➤ to treat employee stress-related symptoms via EAP, and
  ➤ to promote a healthy employee-organisation wellness climate and culture.

As wellness is not a static state, as it is continuously influenced by work-related and life-related stressors, this holistic EWP caters for preventing, reducing and treating any wellness need or challenge the employee is experiencing. Therefore, an employee may customise his/her EWP offerings/solutions according to the need/challenge at a particular time. These will obviously change over time and require further follow-up and customisation. Perhaps the individual employee should customise his/her EWP as part of the Personal Development Plan (PDP) which supports and enhances employee performance. The proposed holistic EWP could be implemented in any type of organisation, including a higher education

institution, owing to the intervention-driven strategy to prevent, reduce and treat the symptoms and consequences of both work-related and life-related stress.

4.6 Summary

The above literature review reveals multidisciplinary similarities between the various levels and interpretations of wellness interventions; and the researcher of this study surmises that a holistic Employee Wellness Programme (EWP) should build on the existing body of knowledge and propose one practical framework for implementation by all practitioners in the workplace. The practical perspectives of EWP reveal similarities and overlapping themes, concepts and purposes amongst QWL, WLB (=QWLB), EAP, SMT, WHP and EWP. In addition, there is a need for true integration between employee assistance, work-life and wellness (Mulvihill, 2003: 15; Murphy, 1995: 44-47), also acknowledging that the existing holistic wellness model (Els & De La Rey, 2006: 54) does not inform HR practitioners regarding which specific offerings/solutions to design and implement for EWP.

It is with this premise that the researcher of this research study surmises that a holistic EWP should comprise these elements: firstly, primary interventions to prevent further employee harm by implementing QWLB and WHP; secondly, secondary interventions to reduce employee psychological effects by implementing SMT and building psychological capital via HRD; and lastly, tertiary interventions to treat employee stress-related symptoms by implementing EAP; and in doing so, promote a healthy employee-organisation wellness climate and culture.

Employee wellness is underpinned by the contemporary interaction work-related theories of stress, namely P-E Fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998; Cox & Griffiths, 2010: 38) and Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) which was identified and discussed in Chapter two. Uncontrollable stress, which may result in employees' "superficial, simplistic, and unoriginal style of thinking" (Pennebaker, 1990) and impairs their problem-solving abilities (Seligman, 1992; Hillier et al., 2005: 422), not only threatens business organisations, but also HEIs. In addition, the culture of organisational change in HEIs is a "…key factor [for] generating and sustaining workforce stress" (Hillier et al., 2005: 421). University X (see Chapter three) identified this as one of the many reasons for termination of services cited not only by academic and research staff, but also by professional and support staff. The proposed holistic EWP aims to prevent, reduce and treat these uncontrollable stressors and promote a wellness climate and culture in the midst of an ever evolving higher education landscape in SA and beyond.

The literature survey for this current research study commenced with Chapter two, the theoretical framework for employee wellness. This chapter elaborated on these: the 21st century work environment; the development of the Human Resource (HR) function as a profession in South Africa; and stress – burnout as the origin of employee wellness research. Chapter three contextualised the folllowing: the changing landscape of South African public higher education with particular reference to the transformation of SA higher education; University X as the case study context; and the concept of wellness in higher education. In the current chapter, the practical perspectives of employee wellness programmes (EWPs) were distilled by understanding wellbeing at work; and the most frequently used Human Resource (HR) initiatives for employee wellness were reviewed, namely Quality of Work Life (QWL), Work Life Balance (WLB), Employee Assistance Programmes (EAPs) and the existing Employee Wellness Programmes (EWPs).

In Chapter five, the research methodology for this research study will be discussed, followed by Chapter six, the presentation of research results. Thereafter, in Chapter seven, the research results will be discussed; and, finally, in Chapter nine, a Holistic Employee Wellness Programme (EWP) Model for Higher Education, will be revealed.

CHAPTER FIVE
RESEARCH METHODOLOGY

5.1 Introduction

This chapter follows on the three literature chapters and explains the research methodology applied during this research study. The researcher commences this discussion by reminding the readers of the objectives of this research study, then provides an overview of the research design and motivation for the mixed methods approach that was used. This is followed by a discussion regarding the research universe, population and sampling techniques. The mixed methods approach is further expounded upon in discussion of the data collection methods and instruments used, the data collection procedures and data analysis.

5.2 Objectives of this research study

The concept of employee wellness has evolved through the years and many practitioners from different fields have been involved in creating awareness amongst employers and employees. It is acknowledged that each organisation will require a tailor-made employee wellness programme (EWP) that specifically addresses the needs of all employees and that, in doing so, will promote a working environment in which chronic stress and burnout can be prevented and reduced and, when required, treated effectively.

Previous research studies highlighted the growing occupational stressors experienced by HEI staff; however, limited sustainable solutions have been forthcoming. It is on this premise that the objectives of this research study were the following:

1) To investigate which employee wellness dimensions address the challenges of staff at a selected SA University.
2) To investigate what coping strategies university staff utilised at work and at home in order to manage their daily stressors.
3) To investigate the impact of chronic stress on staff performance and service delivery to students at a university.
4) To investigate what employee wellness expectations staff had of a university.
5) To determine how a university's resources can be better utilised to create a wellness working environment for its staff.
6) To propose a holistic EWP model that meets the needs and expectations of staff at a SA university.

The purpose of this research study was to develop a holistic employee wellness programme model that would provide a support system to university staff to alleviate the impact of their daily work and personal challenges. It was thus aimed at promoting quality of work life and balance within the institution, prevent university staff from experiencing job burnout and health-related problems; thereby promoting optimal wellness and performance at work.

5.3 Research design

The development of Human Resources (HR) as a profession in South Africa was researched and confirmed by Janse van Rensburg (2009: 120-122), as discussed in Chapter two. Long gone are the days of HR being a personnel administrative function; instead, HR has evolved into a profession with research and scientific sophistication (Ulrich et al., 2008: 3). Certain authors like Neuman (2003: 7); Monette, Sullivan and De Jong (2005: 22); and De Vos, Strydom, Fouché and Delport (2013: 507); concur that,

> "…social science may be viewed as the study of people's behaviour, beliefs, interactions and institutions in order to discover knowledge that is objectively obtained and tested through the use of the scientific method".

The HR profession is firmly positioned in social sciences owing to its procurement, maintenance and development of the employers' intangible asset, its employees.

The interpretive or phenomenological approach to social science research was applied in this research study in order to propose a holistic EWP that could help prevent, reduce and treat the symptoms and consequences of both work-related and life-related stress. This interpretive or phenomenological approach allowed the researcher to understand the everyday life experiences (Babbie & Mouton, 2001: 28; Neuman, 2003: 75) of staff of higher education institutions (HEIs) as the "human consciousness", this being central to this paradigm (Babbie, Mouton, Payze, Vorster, Boshoff & Prozesky, 2008: 28). Owing to the complexities of human consciousness, the researcher of the current study selected a mixed methods research design where both "…quantitative and qualitative methods complement each other and allow for a more complete and in-depth understanding and analysis of a complex research problem" (Alasuutari, Bickman & Brannen, 2008: 15; De Vos et al., 2013: 66).

In accordance with mixed methods research, this research study incorporates principles of both basic and applied research which, according to De Vos et al. (2013: 94-95), are also complementary as "…the advancement of knowledge and the solution of problems are both scientific necessities".

Creswell and Plano Clark (2007: 5) define mixed methods as:

> "…a research design with philosophical assumptions as well as methods of inquiry… [directing] the collection and analysis of data [with] the mixture of qualitative and quantitative approaches in many [research] phases in… a single study".

Mixed methods research is supported by Bergman (2008); Creswell and Plano Clark (2007); Hanson, Creswell, Plano Clark, Petska and Creswell (2005: 224-235); and Johnson and Onwuegbuzie (2004: 14-26). Teddlie and Tashakkori (2009) point out the following scientific values that it adds to a research study:

(i) "A range of confirmatory and exploratory questions" can be addressed simultaneously in order to "verify and generate theory";
(ii) Mixing qualitative and quantitative research strengthens the inferences and
(iii) Allows the researcher to combine both inductive and deductive reasoning; and
(iv) Mixing research methods "…eliminates different kinds of bias, explains the true nature of a phenomenon under investigation and improves various forms of validity or quality criteria" (De Vos et al., 2013: 435-436).

This current research study mixes the case study (typically a qualitative research design) and quasi-experimental (typically a quantitative research design) in order to investigate employee wellness within a university.

According to Rule and John (2011: 3-4), a case study is a "…systematic and in-depth investigation of a particular instance [institution] in its context in order to generate knowledge". In business studies, case studies are typically applied to a particular organisation (Mouton, 2008: 149). The "unit of a case study" is the selected organisation or institution (Rule & John, 2011: 5), which is University X in this current research study. The process of a case study guided the researcher as follows: (1) to read widely about the context of higher education and how it impacts on HEIs' staff wellness; (2) to collect documents and information about the unit, University X; (3) to gain access to, and connect with, staff; and (4) to analyse and interpret the data. The products of this case study are a written doctoral thesis, journal articles and a visual holistic EWP Model (Rule & John, 2011: 5).

The case study design allowed the researcher to conduct an "in-depth description of a small number (less than 50) of cases" (Mouton, 2008: 149) at University X. The researcher selected the explanatory type of case study in order to explain the "what" and "why" (Rule & John, 2011: 8) of employee wellness, as this allows new knowledge and theory, which is grounded in real experience, to inform a holistic EWP and contribute to policy development (De Vos et al., 2013: 321).

Although the case study design has disadvantages, including, but not limited to, "…[a] lack of generalisability of results, non-standardisation of measurement, time consuming data

collection and analysis, and lack of rigour in analysis" (Mouton, 2008: 150), it offers the following advantages:

- In-depth and intensive understanding of the case and its broader context.
- Manageable research design within a focused setting.
- Versatility and flexibility with other research designs and research methods, which is suitable for this current research study's mixed methods approach.
- In contrast with the disadvantages, "…case studies might also shed light on other, similar cases, thus providing a level of generalisation or transferability"
(Rule & John, 2011: 7-8).

The multidisciplinary literature search identified applied intervention research (Randall & Nielsen, 2010: 89) as a tool to assist researchers and practitioners in developing knowledge about well-being at work to solve organisational problems. Applied intervention research is not often utilised because researchers do not include a control group, as excluding employees from an intervention may be perceived as unethical or undesirable (Randall, Griffiths & Cox, 2005: 23-41). The researcher of this current research study found a way to utilise applied intervention research by offering the control group a basic wellness activity. This will be explained later under data collection procedures.

The researcher decided to conduct a field study within the case study unit, University X. The field study research design enabled the researcher to conduct the intervention experiment in the everyday workplace environment (Welman, Kruger & Mitchell, 2009: 86). The researcher acknowledges that uncontrolled nuisance variables, such as workload priorities and time constraints, might have complicated the research study. The quasi-experimental research design was suitable for this research study, owing to the fact that research participants could not have been randomly selected for the experimental and control groups (Welman et al., 2009: 88; De Vos et al., 2013: 149). The comparison group pretest-posttest design was selected as the specific quasi-experimental design, as both the experimental and control group received the pre-test and post-test at the same time (De Vos et al., 2013: 150). Owing to the ethical considerations of applied intervention research, as mentioned above, the researcher offered the control group one health lunch per week and supplied them with a journal note book. These two basic wellness activities served dual purposes: to make the control group participants feel included; and to encourage them to complete the pre- and post-test questionnaires and journal about their wellness experiences and challenges. The experimental group received the completed wellness intervention, consisting of a daily health lunch, yoga, physiotherapy, social support groups (which were focus groups) and wellness reflection journaling. The details of the intervention will be discussed under data collection methods and procedures.

The quasi-experimental design enabled the researcher to determine if the wellness intervention (independent variable) had an effect on University X's employees' wellness

status (dependent variable) (De Vos et al., 2013: 145) and highlighted which wellness activity was most effective. According to Mouton (2008: 158), field experimental designs increase the generalisability of research results, which compensates for this disadvantage in the case study design.

5.4 Population and sampling techniques

The universe of this research study includes all employees (academic and non-academic or administrative staff) employed in both public and private HEIs in the Republic of South Africa, as they possess all the possible attributes (Arkava & Lane, 1983: 27) necessary for this research. However, the population for this research study only included public HEIs which offered the contact mode of tertiary education, therefore only 22 out of 23 public HEIs were considered part of the target research population. As previously mentioned, SA HE has been restructured into traditional universities, comprehensive universities and universities of technology (McKenna, 2012: 21). The researcher e-mailed a letter to the various Research Directorates of the 22 HEIs to request permission to conduct research and attached the research proposal. Initially, eleven HEIs responded and stipulated their ethical clearance process and procedures that needed to be followed. It should be noted that each HEI had its own specific requirements and time frames for ethical clearance; and each requested additional information, including this research study's ethical clearance certificate from the supervising university, participant informed consent form, questionnaire instrument, letter to research participants and curriculum vitae of the researcher.

Three of the eleven HEIs did not respond to the ethical clearance request. One acknowledged receipt but did not grant ethical clearance. One granted ethical clearance on these conditions: that the researcher collect and analyse the questionnaire data on its premises; and that all questionnaires be stored by its research office (which was not possible owing to its location in a different province). Six HEIs granted ethical clearance, five within the timeframe of questionnaire distribution and one outside the time allocation. Only three out of the five HEIs who granted ethical clearance gave the researcher access to staff e-mail addresses for questionnaire distribution.

The original intention was to send 100 questionnaires to each of the five participating HEIs staff, both academic and non-academic or administrative, therefore the original sample size was 500. Non-probability sampling was utilised for this research study, as the researcher could not randomly select research participants. The researcher applied purposive sampling owing to the fact that all public HEIs with a contract mode of delivery employ similar staff, including academic and non-academic staff who possess similar attributes and share similar

wellness experiences that best serve the purposes of this current research study (Monette et al., 2005: 148; Grinnell & Unrau, 2008: 153; De Vos et al., 2013: 232). As mentioned above, only three HEIs gave the researcher access to staff e-mail addresses for questionnaire distribution; however, the researcher decided not to select only 100 e-mail addresses per HEI and instead sent the questionnaire to all e-mail addresses provided. Owing to ethical and confidentiality purposes, the research participants were not requested to provide their personal details, nor the name of their university, as the purpose of this questionnaire was to collect data on HEI employee wellness needs and expectations. Thus, the researcher was not interested in the source university from which the questionnaire responses came and e-mailed the employee wellness questionnaire to all 623 e-mail addresses provided. However, regardless of the follow-up e-mail sent by the researcher after two weeks of non-responses, only 49 completed and eligible questionnaires were returned, the majority (45) from University X, which eventually become the case study unit. The total employee wellness questionnaire response rate was 8%, which is far less than the acceptable norm of 30%. According to Welman et al. (2009: 73), it is not uncommon for research participants to refuse to respond.

Various researchers indicate that small samples can still produce research results. Grinnell and Williams (1990: 127) indicate that 30 units of analysis are sufficient to conduct an investigation with basic statistical analysis. Mouton (2008: 149) suggests that a case study should not include more than 50 cases, whereas De Vos et al. (2013: 225) advise that, in a small population of between 20-30 cases, could be investigated. Huysamen (1991: 183-190) reports that the smallest size a sample should be is 15 units of analysis. Thus the 49 returned questionnaires were sufficient to conduct statistical analysis.

The low questionnaire response rate changed the focus of this research study to a case study design, as the questionnaire data could not be generalised to the HEIs population. Although the mixed methods approach to data collection methods (with reference to quantitative and qualitative data within the quasi-experimental field study design) was part of the original research plan, a case study design had to be adopted as the majority of the data was collected at University X. Initially, the researcher was disappointed with the low questionnaire response rate and had to change focus; however, the end result of mixing case study and quasi-experimental research design with mixed quantitative and qualitative data resulted in an in-depth and rich understanding of the everyday wellness experiences and challenges of University X's staff.

The quasi-experimental field study was conducted at University X as per the original research plan. As discussed in Chapter three, University X is the largest university in the

Western Cape Province with more than 30,000 registered students within six faculties. It offers programmes ranging from National Certificates to Doctoral degrees on seven different campuses. Owing to the size of University X and to make the data collection more manageable, the researcher narrowed the target research sample to one faculty for the distribution of questionnaires and field study participants. The largest faculty (in terms of student numbers, academic programme offerings and staff complement) was selected as the target research sample at University X. This faculty comprises 171 permanent academic staff, representing 22,4% of permanent academics at University X; and 220 permanent non-academic or administrative staff, representing 20,4% of permanent non-academic staff at University X. According to Grinnell and Williams (1990: 127), a 10% sample size is sufficient in order to control sampling errors. De Vos et al. (2013: 225) draw on Stoker's (1989) guidelines for sampling. Stoker indicates that, for a population of between 500 – 1000, one should sample between 14-20%. Therefore, the largest faculty's staff members, for both academic and non-academic staff categories, were considered as meeting the sampling guidelines and this faculty thus hosted the target research sample.

The employee wellness questionnaire was sent to 391 staff on the faculty's e-mail distribution list, regardless of the campus at which they worked. The research study included both academic and non-academic or administrative staff, as the researcher deduced in Chapter three that both groups of staff share similar experiences and challenges within HEIs in terms of occupational stressors and burnout. The field study participants, for both experimental and control groups, were purposefully selected from only among the Cape Town campus staff, owing to the logistical constraints faced by the researcher in implementing the wellness intervention. Selecting the number of research participants for inclusion in the experimental and control groups was based on (1) Mouton's (2008: 149) guidance that a case study should be fewer than 50 cases; (2) De Vos et al.'s (2013: 225) advice that in a small population of between 20-30 cases could be investigated; and lastly, (3) Huysamen's (1991: 183-190) report that any sample size should not have fewer than 15 units of analysis. Therefore, the researcher decided to apply purposive sampling to select 20 research participants for each of the experimental and control groups respectively, totalling 40 field study research participants.

Approaching potential research participants for inclusion in the field study proved more difficult than expected. Many staff indicated that they had already completed the employee wellness questionnaire, which was time-consuming to complete; and they did not have the time to participate in a five-week wellness intervention field study. Interestingly, the researcher only received 45 eligible questionnaires out of a possible 391, indicating a 11,5% response rate, proving Welman et al.'s (2009: 73) point that some research participants

refuse to participate and there is nothing the researcher can do about it. The researcher approached staff members who indicted their interest to participate in the field experiment and, fortunately, some research participants told their friends / colleagues about this research study and nine participants were sourced via this snowball sampling technique. Thus, both purposive and snowball samplings were used to select the 40 field study research participants. The experimental group consisted of 12 non-academic or administrative staff and eight academic staff. However, two staff members, one administrative and one academic, dropped out during the study, reducing the experimental group to 18 research participants. The control group consisted of 12 non-academic or administrative staff and eight academic staff, four of whom were on managerial level; and all 20 control group participants completed the field study. The researcher wanted an equal distribution of academic and non-academic staff for both experimental and control groups. However, the non-academic staff were more willing to participate in the field study experiment.

5.5 Data collection methods

Authors like Creswell and Plano Clark (2007: 60-62), and Teddlie and Tashakkori (2009: 160-162) provide a clear identification of the four mixed methods design, namely the exploratory design, the explanatory design, the triangulation design and the embedded design (De Vos et al., 2013: 440). In addition, Teddlie and Tashokkori (2009: 164) advise that flexibility and creativity are necessary when developing mixed methods as there is no one best design or method that will suit all research studies. Also, it normally evolves with the research study.

As the literature search did not produce an employee wellness questionnaire instrument that could be used to determine the wellness needs and expectations of HEI staff, the researcher had to develop a questionnaire for the purpose of this research study. Firstly, the exploratory mixed methods design was adopted as the researcher conducted a pilot focus group discussion at the Southern African Institute of Management Scientists' (SAIMS) September 2010 conference. The researcher invited SAIMS conference attendees, who were mostly academics from SA HEIs, to participate in the focus group discussion. The focus group discussion was structured around three questions, namely: (1) HEI staff needs in terms of EWP; (2) how staff managed their work and personal stressors; and (3) the extent to which stress negatively impacted on their job performance and service delivery. The qualitative themes identified from the focus group data were combined with other simple wellness self-tests to compile the employee wellness questionnaire for this research study. This employee wellness questionnaire was sent to the three participating HEI staff members and the results

informed which wellness activities to include in the wellness intervention during the field experiment.

The second mixed methods design adopted by the researcher was the triangulation design which was implemented during the quasi-experimental field study. Ivankova, Creswell and Plano Clark (2007: 266) point out that this method is very popular as it enables researchers to implement both quantitative and qualitative data collection methods at the same time. Although different data collection instruments are used and analysed differently, the quantitative and qualitative data are of equal importance and are brought together for comparison so as to interpret the phenomenon of interest, namely employee wellness (De Vos et al., 2013: 442). The researcher used the same employee wellness questionnaire for the pre-test and post-test measurement of both experimental and control groups, which produced the quantitative data for the triangulation mixed method. The qualitative data was collected via focus group discussions (five with experimental groups and one with a control group); and the wellness reflection journal summaries were collected from both groups.

5.6 Data collection instruments

Selecting the appropriate data collection instruments for the triangulation mixed methods approach in this case study – a quasi-experimental research design – was based on a similar research study regarding a HEI employee wellness programme. The University of Vermont designed its own 27-question survey questionnaire for the quantitative data and conducted four focus group interviews for its qualitative data. The combined analysis of the quantitative and qualitative data informed the university about what kind of employee wellness programme they should offer and to whom they should offer it, such that it was best suited to the wellness needs and interests of the staff (Employee Wellness Programs, n.d.).

The first data collection instrument for this research study was the employee wellness questionnaire (Appendix A). As previously mentioned, the literature search did not produce an employee wellness questionnaire suited to the purpose of this research study. The researcher therefore combined the qualitative themes from the SAIMS focus group discussion with three simple wellness self-tests into a comprehensive 79-statement employee wellness questionnaire (see Appendix A). This exploratory mixed method ensured that the questionnaire had content validity, as it covered a variety of employee wellness meanings (Babbie, 2007: 147) and the researcher was confident that the full content of employee wellness was being measured (Punch, 2005: 97).

The objective of the employee wellness questionnaire was to determine the wellness needs and expectations of the HEI staff. This questionnaire was designed to be self-administered by the research respondents and was electronically distributed via staff e-mail addresses provided by the three participating HEIs. The first page of the questionnaire consisted of a covering letter informing respondents of the following: what the survey was about; how it was structured; details of the participant informed consent form; expected return date and method for completing this form; and the contact details of the researcher. The letter thanked research respondents for participating. The second page of the questionnaire consisted of the research participant informed consent form which informed the respondents of the following: the research title; name of researcher and supervisor; introduction; purpose of research; research method; potential benefits; statement of ethics; contact information for questions or concerns; and a request for research respondents to sign and date the consent form indicating their willingness to participate. Pages three to seven of the questionnaire was divided into two sections, namely Section A for biographical information and Section B with the employee wellness statements. The researcher provided an instruction for completing the questionnaire by requesting the respondents to make an "X" in the appropriate box.

The biographical information requested respondents to include various details, such as their age grouping, gender, occupation; length of service in higher education and highest qualification obtained. The researcher did not request the racial profile or department of the respondents as this was not relevant to the research study. The 79 employee wellness statements were compiled by combining the qualitative themes from the SAIMS focus group with Jay and Shapiro's (n.d.) Wellness Self-Test; Wilson's (2001) Burnout Questionnaire; and the American Public Welfare Association's (1981) Burnout Questionnaire. The employee wellness statements were divided into six main wellness categories, namely:

(1) Wellness dimensions, which consisted of three sub-categories:
   a. Body: physical and environmental health and wellness
   b. Mind: mental and emotional health and wellness
   c. Spirit: spiritual and social health and wellness
(2) Coping strategies
(3) Job performance and service delivery
(4) Job burnout
(5) Staff wellness expectations
(6) Wellness working environment

The three wellness dimensions were a combination of Hettler's (2007) six wellness dimensions, as explained in Chapter four. It should also be noted that these six wellness categories are linked to the research questions of this study, as the researcher wanted to ensure that the employee wellness questionnaire produced quantitative data to answer the research questions.

Initially, the researcher included the six wellness categories with the relevant statements underneath in the questionnaire. However, the statistician advised against this, as it could have influenced how the respondents answered the statements; therefore all 79 statements were mixed and not in the order of the wellness categories. The statements focused on one idea or concept at a time, were written in simple English, in short sentences. The researcher acknowledges that 79 statements produced a long questionnaire and this could have contributed to the low response rate. However, in the absence of an existing employee wellness instrument and considering the complexities of wellness and human consciousness, the researcher was satisfied that this questionnaire had content validity.

A Likert scale from 1-4 was used to explore the respondents' attitudes (Neuman, 2006: 207) and perceptions regarding their own wellness. Statements 1-26 used this scale: 1-Never; 2-Seldom; 3-Most of the time; and 4-All of the time. Statements 27-79 used this scale: 1-Strongly disagree; 2-Disagree; 3-Agree; and 4-Strongly agree. The questionnaire and scales were compiled in collaboration with a qualified statistician, which improved its face validity as it appeared to measure what it was supposed to measure (De Vos et al., 2013: 173-174), namely employee wellness needs and challenges.

Owing to the fact that the researcher conducted a pilot focus group discussion at SAIMS to obtain the employee wellness qualitative themes, then combined it with three existing simple wellness self-tests to compile the employee wellness questionnaire, it was not piloted again.

The employee wellness questionnaire was electronically sent to the staff e-mail addresses provided by the three participating HEIs. The results identified job burnout, staff wellness expectations and wellness working environment as the three main wellness categories (Cronbach's Alpha of 0,7 and above). The findings from these three wellness categories guided the researcher to select relevant wellness activities for inclusion in the employee wellness intervention. The wellness activities selected were: (1) a health lunch to properly fuel the body's stress response and recovery stage; (2) yoga to reduce both the physiological and psychological symptoms of stress; (3) physiotherapy for the restoration of body movements and overall wellbeing; (4) support groups to create a buffer for workplace stress; and, lastly, wellness reflection journaling as a coping mechanism. The same employee

wellness questionnaire was administered as the pre-test and post-test measurement for both the experimental and control groups.

The second data collection instrument was a focus group discussion, which provided qualitative data. The researcher planned the focus group discussions as a form of peer support, encouraging the experimental group participants to share their wellness experiences, perceptions and challenges with each other and the researcher (Barbour & Kitzinger, 1999: 4-5; Krueger & Casey, 2000: 4; Monette et al., 2005: 186). Five focus groups (which later became support groups) were conducted, one per week for the duration of the five-week wellness intervention. Each focus or support group had a wellness theme which was communicated to the experimental group in advance, namely:

1) Environmental health and wellness - with regard to ergonomics, how staff experienced their offices and general facilities.
2) Environmental health and wellness - with regard to how University X should create a wellness working environment.
3) Social health and wellness - with regard to a sense of belonging and friendships.
4) Coping strategies for work and personal stressors.
5) Physical health and wellness – with regard to physical movement and nutrition.

The researcher selected the above five themes, which were similar to the wellness categories in the questionnaire, so as to achieve the following: (1) complement the quantitative data in accordance with the triangulation mixed methods approach; and (2) create a sense of camaraderie amongst the experimental group participants so that they did not feel alone on their wellness journey.

Originally, the researcher wanted to conduct the same five focus or support group discussions with the control group in order to compare their wellness experiences, perceptions and challenges with those of the experimental group. However, after the first introductory focus or support group discussion, the control group participants indicated that they felt a "weight" had been lifted off their shoulders and that talking about their wellness problems had made them feel better. The supervisor of this research study cautioned the researcher that this focus or support group was cathartic and could influence the control group. Therefore, only the introductory focus or support group was conducted and the researcher informed the control group that the wellness themes should form the basis of their reflection journal.

The researcher made a conscious decision not to audio-record the focus or support group discussion, as this could have limited the free exchange of information and sharing of feelings. Instead, the researcher introduced the wellness theme, observed and took field notes.

The third data collection instrument was the wellness reflection journals with summaries produced by both the experimental and control group participants. Personal documents were an additional source of qualitative data which allowed the research participants to reflect on their five-week wellness journey. The researcher supplied each participant with a journal note book at the beginning of the field study and requested them to write about their daily wellness experiences and challenges. At the end of the five-week field study, the researcher requested a summary of each participant's reflection journal, which allowed them to decide what information they felt comfortable in sharing. According to Jaye (2010: 43), writing about stressful events and how one reacts to them could be a coping mechanism, also enabling one to develop an action plan to minimise such stressors in the future (Michie, 2002: 70). The wellness reflection journal summaries complemented the employee wellness questionnaire and focus or support group data by adding internal and reflective elements (Babbie & Mouton, 2001: 303) of the wellness experiences. This enriched the data collection and provided a holistic perspective (De Vos et al., 2013: 378) on University X's staff everyday wellness experiences.

5.7 Data collection procedure

The data collection procedure commenced with a literature search. The following sources were accessed: scholarly books; computer accessible databases; internet; articles in professional journals; research reports and dissertations; presentations at conferences, symposia and workshops; personal interviews with authorities; public documents and legislation; and, lastly, periodicals like newspapers and magazines. Although the latter are not considered scientific sources, they provided additional information about the context of the everyday life and wellness experiences of employees which was verified by other scientific sources.

The purpose of this literature search was, firstly, to familiarise the researcher with the current body of knowledge regarding employee wellness and related programmes; and, secondly, to extract normative criteria from the literature that could be used as relevant standards against which current practices of employee wellness programmes could be measured.

This literature review followed a multidisciplinary approach which, according to Research Councils UK (Research Councils UK, n.d.), is necessary to solve "the next decade's research challenges". This research study thus consisted of the three literature chapters (Chapters two, three and four), namely, the theoretical framework for employee wellness; the changing landscape of South African public higher education and, lastly, the practical perspectives of employee wellness programmes. Although this research study aimed to contribute new knowledge to the Human Resource Management discipline, this could not have been done without the integration of Occupational Health Psychology, Industrial-Organisational Psychology, Psychoneuroimmunology, Employee Assistance Professionals' Association, and Alliance for Work / Life Progress. Owing to the fact that HEIs are the knowledge and technology innovators of society, this research study aims to make a sustainable contribution to employee wellness to ensure their future organisational wellness. The literature review might seem extensive; however, Mouton (2008: 96-97) suggests that a doctoral study in social sciences should include between 150-580 references, and this study included 375.

As previously mentioned, the literature search did not produce an employee wellness questionnaire suited to the purpose of this research study. The researcher applied exploratory mixed methods in which the SAIMS pilot focus group qualitative themes were combined with three other simple wellness self-tests in order to compile the employee wellness questionnaire. After obtaining ethical clearance, the researcher electronically distributed the employee wellness questionnaire via staff e-mail addresses provided by the three participating HEIs. The researcher distributed the questionnaires in November 2012, just before the end of an academic year, requesting the respondents to reflect upon their wellness experiences for that year. The return date was 14 December 2012, the last working day for most HEIs' academic staff. After two weeks of non-responses, the researcher followed up with a reminder e-mail and re-attached the questionnaire. The 49 returned questionnaires were statistically analysed and the three most significant wellness categories (namely, job burnout, staff wellness expectations and wellness working environment) were identified. The researcher selected wellness activities form the literature review in order to address these three wellness categories during the quasi-experimental field study.

Five wellness activities were selected for inclusion within the employee wellness intervention, namely, a health lunch, yoga, physiotherapy, support groups and wellness reflection journaling. Firstly, the researcher sourced Kauai, a health food delicatessen, to provide a daily health lunch, which alternated between health wraps and fruit smoothies, and chicken salad or chicken curry. Andrews (2005: 93) reports that good nutrition is imperative to fuel the body's stress response and later helps it to recover.

The second wellness activity involved yoga exercises which were predetermined with a registered physiotherapist. The researcher purchased yoga mats and copied simple yoga exercises for each experimental group participant, then facilitated two 30-minute yoga sessions per week. As yoga is both a physical and mental discipline, it helps reduce both physiological and psychological symptoms of stress and promotes overall well-being (Andrews, 2005: 76, 79) In addition, when nutrition and yoga are combined, they complement one another as a combined effective stress reduction strategy (Andrews, 2005: 93).

The third wellness activity was a once-off 30-minute physiotherapy session with a registered physiotherapist. Each experimental group participant could choose one session offered on a Wednesday on the Cape Town campus. The same physiotherapists who assisted the researcher in selecting the simple yoga exercises also conducted the physiotherapy sessions. Physiotherapy is a form of health care that assists individuals with the restoration of body movements and promotes overall wellbeing (Nose Creek Support Physical Therapy, 2011).

The fourth wellness activity involved the support groups which were conducted as focus group discussions with five wellness themes: environmental health and wellness (ergonomics, offices and facilities); environmental health and wellness (wellness working environment); social health and wellness (sense of belonging and friendships); coping strategies; and physical health and wellness (physical movement and nutrition). Rosen and Moghadam (1990: 193-204) and Leather et al. (1998: 161-178) concur that social support from colleagues is an effective buffer from workplace stress.

The final wellness activity was the wellness reflection journaling. The researcher supplied each field study participant with a journal note book and requested that they write about their daily wellness experiences and challenges. At the end of the field study, the participants wrote a summary of their wellness journey and submitted this to the researcher. According to Jaye (2010: 43), writing about stressful events and how one reacts to these could be a coping mechanism, also enabling one to develop an action plan to minimise such stressors in the future (Michie, 2002: 70).

As previously mentioned, applied intervention research is not often utilised because researchers do not include a control group, owing to their notion that to exclude a group from a positive intervention is unethical (Randall et al., 2005: 23-41). The researcher of this current study found a way to include a control group and to offer them simple basic wellness activities that do not constitute the entire wellness intervention. Therefore, the experimental

group members received all five wellness activities, compared to the control group members who only received one health lunch per week (Tuesday), one introduction focus group discussion and kept a wellness reflection journal.

The researcher received funding from University X's University Research Fund (URF) to pay for the Kauai health lunches, yoga mats, physiotherapy and reflection journal note books. The field study was conducted over a five-week period from 29 April – 31 May 2013, which was in the middle of the second academic term and just before the mid-year June assessment period. It was important to time the field study so that it did not fall immediately after the 10-day March break, yet was before the busy assessment period. In a similar EWP study conducted by Edries, Jelsma and Maart (2013: 25), a six-week period was selected for their cognitive behaviour therapy intervention. However, the researcher of the current study could only source five weeks owing to the above time constraints. The field study was conducted on the Cape Town campus during lunch time, between 13h00 and 14h00. The venues for yoga, physiotherapy and the support or focus groups were booked in different buildings to remove the experimental group participants from their normal faculty environment.

The employee wellness questionnaires, including the field study informed consent forms, were printed and distributed to the experimental group on the first day (29 April 2013) of the wellness intervention and to the control group on their first day (30 April 2013). The questionnaires constituted the source of the pre-test measurement quantitative data. The employee wellness intervention schedule for the experimental group is summarised in this table:

Table 5.1: Employee wellness intervention with the experimental group

Date:	Time:	Venue:	Wellness Intervention:
Monday: 29 April	13h00-14h00	Multipurpose hall	Pre-measurement employee wellness questionnaire. Introduction of employee wellness, purpose of reflection journaling, 30-min yoga session and health lunch.
Thursday: 2 May	13h00-14h00	Multipurpose hall	Focus group discussion: Environmental health and wellness (ergonomics of offices and general staff facilities), health lunch and reflection journaling.
Friday: 3 May	13h00-14h00	Multipurpose hall	30-min. yoga session, health lunch and reflection journaling.
Monday: 6 May	13h00-14h00	Ships, 6th floor, Admin Building	30-min. yoga session, health lunch and reflection journaling.
Wednesday: 8 May	10h30-13h00	Ships, 6th floor, Admin Building	Free 30-min. physiotherapy session for 5 participants.

Thursday: 9 May	13h00-14h00	Ships, 6th floor, Admin Building	Focus group discussion: Environmental health and wellness (creating a wellness working environment), health lunch and reflection journaling.
Friday: 10 May	13h00-14h00	Ships, 6th floor, Admin Building	30-min. yoga session, health lunch and reflection journaling.
Monday: 13 May	13h00-14h00	Ships 6th floor, Admin Building	30-min. yoga session, health lunch and reflection journaling.
Wednesday: 15 May	10h30-13h00	Ships, 6th floor, Admin Building	Free 30-min. physiotherapy session for 5 participants.
Thursday: 16 May	13h00-14h00	Multipurpose hall	Focus group discussion: Social health and wellness (sense of belonging & friendships), health lunch and reflection journaling.
Friday: 17 May	13h00-14h00	Multipurpose hall	30-min. yoga session, health lunch and reflection journaling.
Monday: 20 May	13h00-14h00	Multipurpose hall	30-min. yoga session, health lunch and reflection journaling.
Wednesday: 22 May	10h30-13h00	Ships, 6th floor, Admin Building	Free 30-min. physiotherapy session for 5 participants.
Thursday: 23 May	13h00-14h00	Multipurpose hall	Focus group discussion: Coping strategies for work and personal stress, health lunch and reflection journaling.
Friday: 24 May	13h00-14h00	Multipurpose hall	30-min. yoga session, health lunch and reflection journaling.
Monday: 27 May	13h00-14h00	Ships, 6th floor, Admin Building	30-min. yoga session, health lunch and reflection journaling.
Wednesday: 29 May	10h30-13h00	Ships, 6th floor, Admin Building	Free 30-min. physiotherapy session for 5 participants.
Thursday: 30 May	13h00-14h00	Ships, 6th floor, Admin Building	Focus group discussion: Physical health and wellness (nutrition), health lunch and reflection journaling.
Friday: 31 May	13h00-14h00	Ships, 6th floor, Admin Building	30-min. yoga session, health lunch and reflection journaling. Post-measurement employee wellness questionnaire.
7 June – hand in of reflection journal summary			

The experimental group had Tuesdays free, as this was originally the day scheduled for control group focus group discussions. As previously mentioned, only one introduction focus group discussion was conducted with the control group, as the researcher did not want to influence them. Therefore, no further focus group discussions were held with the control group and the wellness themes were given to them as guidance for writing in their wellness

reflection journal. However, the researcher continued to provide the health lunch to the control group participants on a Tuesday.

The employee wellness questionnaire was printed and distributed to both the experimental and control group participants on the last day of the field study, 31 May 2013. These questionnaires were the source of the post-test measurement quantitative data. The researcher took field notes during the experimental group support or focus group discussions; and the wellness reflection journal summaries from both groups were submitted to the researcher on 7 June 2013, contributing qualitative data.

<u>Ethical considerations</u>

The researcher received ethical clearance from the university issuing the doctoral degree, as well as from the six HEIs whose staff indicated their willingness to participate, although only three provided staff e-mail addresses. The ethical clearance certificates were issued based on four ethical considerations, namely that: (1) no research participant was physically or emotionally harmed; (2) participation in this research study was voluntary and all participating HEIs and respondents remained anonymous; (3) all research data was treated as confidential and quality control and secure storage of data was maintained; and lastly, (4) all research participants received and had to sign an informed consent form for completing the questionnaires and participating in the field study.

5.8 Data analysis

The triangulation mixed methods applied in this research study combines with equal importance both quantitative and qualitative data that are brought together for comparison in order to interpret the phenomenon of employee wellness (De Vos et al., 2013: 442). According to Johnson and Onwuegbuzie (2004: 22), there are seven typical stages for mixed methods data analysis, namely:

(i)   Data reduction – reducing the volume of data by converting quantitative data via descriptive statistics and/or exploratory factor analysis; and qualitative data via exploratory themes.

(ii) Data displays – selecting appropriate visual illustrations for quantitative date via tables and/or graphs; and qualitative data via matrix or network displays.

(iii) Data transformation – converting quantitative data into themes; and/or qualitative data into numerical codes.

(iv) Data correlation – integrating quantitative and qualitative data.

(v)   Data consolidation – combining quantitative and qualitative data into a consolidated set of data.

(vi) Data comparison – comparing quantitative and qualitative data.

(vii) Data integration – integrating both quantitative and qualitative data, either into a whole or two separate sets.

For the purpose of this research study, the pre-test and post-test measurements of the employee wellness questionnaires of both the experimental and control groups constituted the quantitative data; and the focus or support group discussions and wellness reflection journal summaries or personal documents constituted the qualitative data.

During this research study, two qualified statisticians assisted the researcher, one of whom was initially involved during the questionnaire design and who conducted the preliminary analysis; the other conducted the detailed statistical analysis after the field study and produced the descriptive and inferential statistics.

The researcher imported all questionnaire data onto Excel spreadsheets, which the statistician imported into SAS (statistical analysis software) through the SAS ACCESS module. Descriptive statistics were used to summarise the data (Welman et al., 2009: 231) and these were displayed in frequency tables with percentages and charts to show the distribution of the employee wellness statement responses. Detailed statistical analysis was done to measure the central tendency via means and standard deviation, although not all descriptive tables were included owing to the volume of data from the 79 employee wellness statements. Data had to be reduced from unmanageable quantities of detail to manageable summaries (Babbie et al., 2008: 460) in accordance with the stages of mixed methods data analysis.

The construct validity of the employee wellness questionnaire was determined by conducting factor analysis that indicated the extent to which wellness categories were successfully measured (De Vos et al., 2013: 174-175). The factor analysis discovered patterns (Babbie et al., 2008: 472) amongst the 79 employee wellness statements and clustered it together in order to measure particular wellness constructs (De Vos et al., 2013: 175). Cronbach's Alpha coefficient was applied to determine the reliability of the questionnaire and so indicate its ability to provide consistent results if applied again (Babbie, 2007: 143). According to Schindler and Cooper (2001: 216-217), Cronbach's Alpha is an "…index of reliability associated with the variation accounted for by the true score of the *underlying construct*". Cronbach's Alpha coefficient ranges from zero to one (De Vos et al., 2013: 177); values lower than 0,6 are considered poor; values ranging between 0,6 – 0,7 are considered acceptable; and values of more than 0,8 are considered good (Sekaran, 2003: 205), indicating high reliability.

Inferential statistics were used to interpret univariate and multivariate sample findings from the largest faculty within University X. These statistics were used as a basis from which to draw inferences about the target research population of University X (Babbie et al., 2008: 475). The statistician used Chi-square (two-sample) tests for determining the association between the experimental and control groups' biographical variables. The Mann-Whitney U test or Wilcoxon rank-sum test, which is a non-parametric test for assessing whether two samples of observations come from the same distribution, was also used. The null hypothesis was that the two samples were drawn from a single population and therefore their probability distributions were equal (Schindler & Cooper, 2001: 499). The analysis of variance (ANOVA) was used to measure the statistical significant differences (Welman et al., 2009: 231) between the pre-test and post-test measurement means between the experimental and control groups. However, Babbie et al. (2008: 476) state that "…the ultimate test of significance rests with [the researcher's] ability to persuade [the] audience of the [variables] association's significance".

The qualitative data consisted of focus or support group discussions, five with the experimental and one with the control group; and the wellness reflection journal summaries (personal documents) from all field study participants. The qualitative data was reduced according to theme identification. Welman et al. (2009: 211) concur with Ryan and Bernard (n.d.) that theme identification is vital in qualitative data analysis. Owing to the triangulation mixed methods approach, the researcher decided to use the same 13 factors (identified in the employee wellness questionnaire factor analysis) as the qualitative themes, which also facilitated the descriptive coding for the qualitative text. The focus or support group discussions and wellness reflection journal summaries were visually represented via network displays. Qualitative data displays enabled the researcher to obtain an overall and complete picture of the data; and specifically network displays enabled the researcher to create "maps" in order to understand how variables are connected and influence one another (Welman et al., 2009: 219-220).

The process of data transformation, data correlation and data consolidation was facilitated by using the same 13 factors identified during the employee wellness questionnaire factor analysis. By using the same 13 factors as the qualitative themes for the focus or support group discussions and wellness reflection journal summaries, the researcher could combine both quantitative and qualitative data for data comparison and to interpret whether the employee wellness intervention had improved the experimental participants' wellness status.

5.9 Summary

This research study followed the interpretive or phenomenological approach to social science. The mixed methods research design consisted of a combination of case study and quasi-experimental research designs, which enabled the researcher to conduct the wellness intervention in the actual everyday university workplace environment. The field study was conducted at University X and a combination of purposive and snowball sampling techniques were utilised. The employee wellness questionnaire was compiled via the exploratory mixed method, which was followed by the triangulation mixed method during the quasi-experimental field study. Three data collection instruments were utilised and included: the employee wellness questionnaire, which produced the quantitative data; and the focus or support group discussions plus wellness reflection journal summaries (personal documents), which produced the qualitative data. The quantitative and qualitative data were analysed via the mixed methods seven stages of data analysis. Descriptive statistics summarised the quantitative data and were displayed via frequency tables, while inferential statistics were used to interpret the sample findings. The qualitative data was reduced according to theme identification (these themes were the same 13 factors identified during the employee wellness questionnaire factor analysis) and illustrated via network displays. The quantitative and qualitative data were integrated in order to interpret the research findings.

The research results, consisting of both quantitative and qualitative data, will be presented in the next chapter, followed by a detailed discussion thereof in Chapter seven. The research results also revealed specific recommendations for University X which will be discussed in Chapter eight. The construction of the Holistic Employee Wellness Programme (HEWP) Model will be the focus of Chapter nine. Chapter ten, the final chapter of this research study, will draw conclusions based on the research objectives and contribution to the HR body of knowledge.

CHAPTER SIX
PRESENTATION OF RESEARCH RESULTS

6.1 Introduction

The previous chapter explained the research methodology followed during this research study. This chapter will present both quantitative and qualitative data according to the triangulation mixed methods data analysis as previously explained.

This chapter commences with the original employee wellness questionnaire results which were summarised via pie and bar charts. Firstly, the respondents' biographical information was presented, followed by the employee wellness statement results. Cronbach's Alpha coefficient was applied to the six wellness categories, three of which produced acceptable levels of 0.7 (Sekaran, 2003: 205), proving that these items are reliable and consistent. This was followed by factor analysis which produced 13 employee wellness factors, and 11 produced acceptable levels of Cronbach's Alpha. The quasi-experimental field study results produced three indicators of statistical significance for the employee wellness intervention.

In this chapter, the focus or support group discussions and field study participants' wellness reflection journal summaries are visually presented via network displays in order to illustrate their wellness journey. The same 13 employee wellness factors were applied for purposes of theme identification to facilitate the data integration between the quantitative and qualitative research results.

6.2 Quantitative data

The quantitative data was collected via self-administered questionnaires. The objective of the employee wellness questionnaire was to determine the wellness needs and expectations of HEIs' staff. Although the 79 – employee wellness statements were mixed together in the questionnaire and not in the order of the wellness categories, the researcher has presented the questionnaire results in its original wellness categories to facilitate the analysis.

The Likert scale 1-4 was used to determine the respondents' attitudes (Neuman, 2006: 207) and perceptions regarding their own wellness and is as follows:

Scale (statements 1-26):	Scale (statements 27-79):
1= Never	1= Strongly disagree
2= Seldom	2= Disagree
3= Most of the time	3= Agree
4= All of the time	4= Strongly agree

The above scale coding was done from the lesser/negative value to the bigger/positive value, which facilitated the interpretation thereof. In accordance with the latter, responses that indicated the opposite of wellness (for example if a respondent 'agreed' or 'strongly agreed' with a negative statement) were re-coded to reflect that, when respondents agreed or strongly agreed with a statement, it implied that wellness was achieved. The actual wording of these statements was also amended to reflect the correct meaning, and was indicated with a "_n" at the end of the statement.

6.2.1 Original employee wellness questionnaire results

The self-administered employee wellness questionnaire was electronically sent to staff e-mail addresses provided by the three participating HEIs. Of the 623 e-mailed questionnaires, 49 completed, eligible questionnaires were returned, the majority of which (45) were from University X, which eventually become the case study unit. The total employee wellness questionnaire response rate was 8%, which is far less than the acceptable norm of 30%. Fortunately, Grinnell and Williams (1990: 127) indicate that 30 units of analysis are sufficient to conduct an investigation with basic statistical analysis.

The frequency table for the original questionnaire results is attached as Appendix B. The results are displayed via pie charts for the biographical information, and bar charts for the employee wellness statements. The Cronbach's Alpha coefficient is indicated at the end of the bar charts for each wellness category. The original questionnaire results conclude with an exploratory factor analysis with each factor's Cronbach's Alpha coefficient.

6.2.1.1 Respondents' biographical information

The respondents' biographical information includes their age, gender, occupation, length of service and highest qualification obtained and will be presented via pie charts.
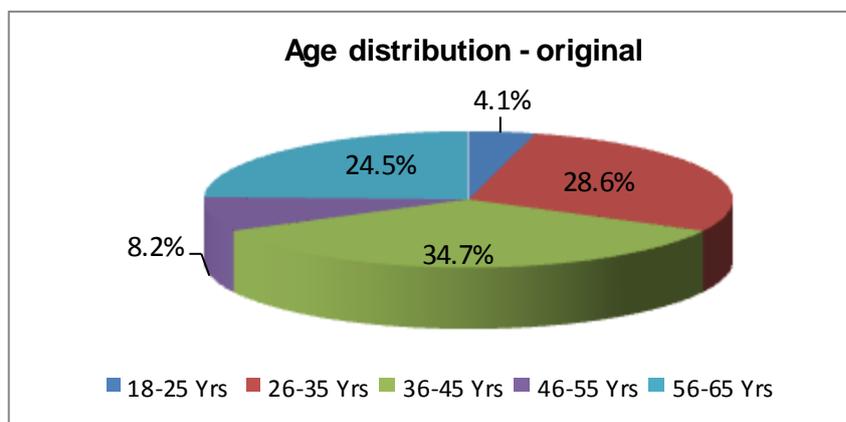
Figure 6.1: Age grouping

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Most of the respondents (34.7%) were aged 36-45 years. Interestingly, 32.7% of the respondents were both younger and older than the majority grouping.

Gender distribution - original
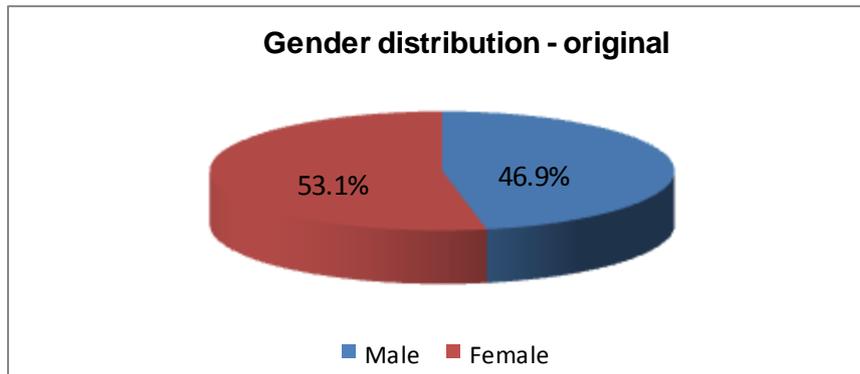
Figure 6.2: Gender

The majority of the respondents who participated in the original employee wellness questionnaire were female (53.1%).

Occupation distribution - original
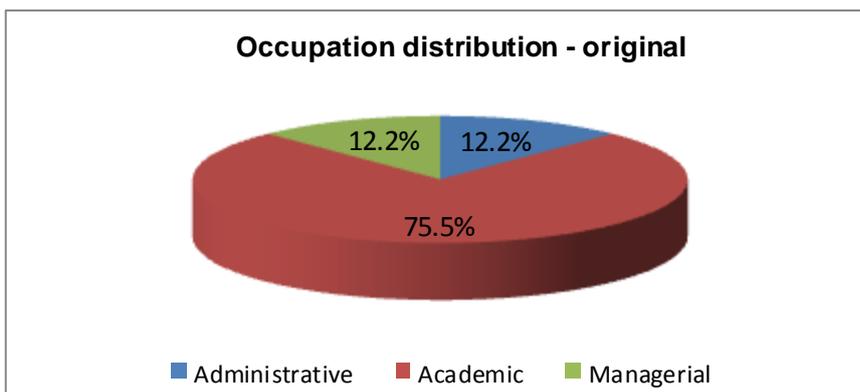
Figure 6.3: Occupation

A substantial percentage (75.5%) of the respondents was academic staff, while the distribution between administrative and managerial staff was equal at 12.2%.

Distribution of length of service - original
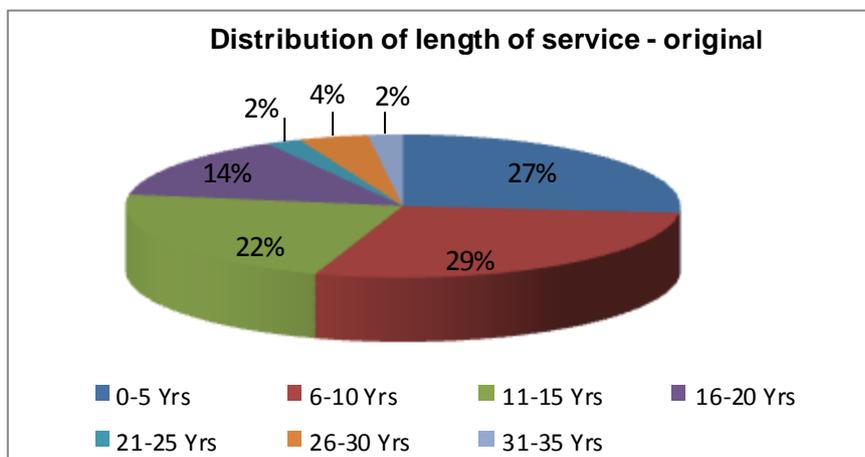
Figure 6.4: Length of service in higher education

The majority of respondents (78%) had worked fewer than or equal to fifteen years in higher education, compared to 22% who had 16-35 years of service.
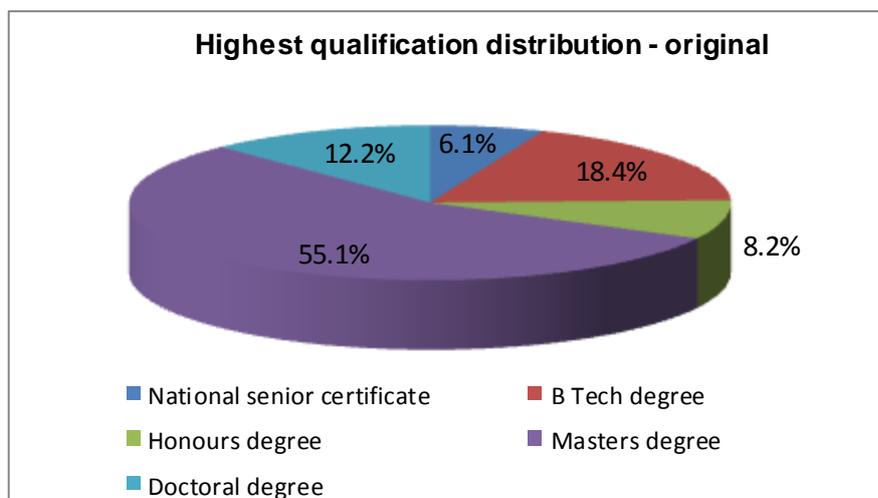
Figure 6.5: Highest qualification obtained

Almost all of the respondents (93.9%) held a tertiary qualification, of which 55, 1% had Master's degrees and 12.2% had Doctoral degrees.

The original questionnaire respondents were predominantly female (53%), between 36-45 years; they were academic staff with fifteen or fewer years of service in higher education; and they had completed their Master's and/or Doctoral degrees (67.3%).

6.2.1.2 Employee wellness statements

The employee wellness statements consisted of six wellness categories, namely (1) wellness dimensions with three subcategories (body, mind and spirit), (2) coping strategies, (3) job performance and service delivery, (4) job burnout, (5) staff wellness expectations, and (6) wellness working environment as presented in the below bar charts.

Wellness category 1: Wellness dimensions

The wellness dimensions consisted of three subcategories namely body: physical and environmental health and wellness; mind: mental and emotional health and wellness; and spirit: spiritual and social health and wellness.

<u>Body: Physical and environmental health and wellness</u>

The first subcategory included nine employee wellness statements in order to understand the respondents' physical and environmental health and wellness.

Q1: I maintain a healthy diet
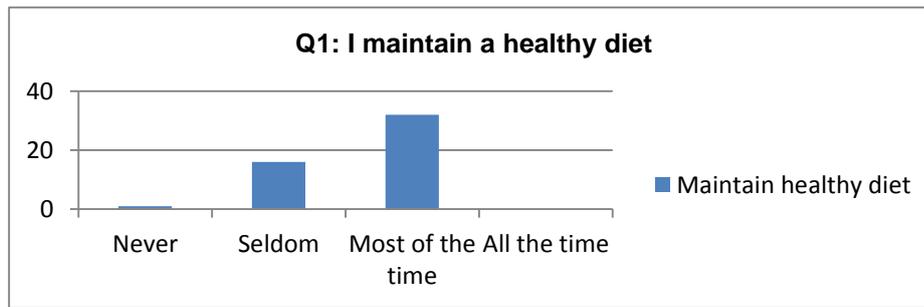
Figure 6.6: Healthy diet

The majority (65.3%) of the respondents indicated that they maintained a healthy diet most of the time, compared to 34.7% who indicated that they did not.

Q2: I find it easy to maintain my ideal body weight
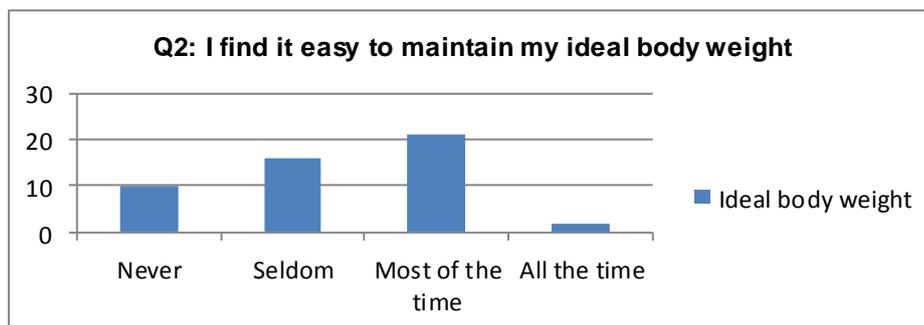
Figure 6.7: Ideal body weight

A substantial percentage (42.9 + 4.1 = 47%) of the respondents indicated that they were able to maintain their ideal body weight; however, the majority (20.4 + 32.6 = 53%) indicated that they struggled to do so.

Q3: I sleep the required 7-8 hours each night
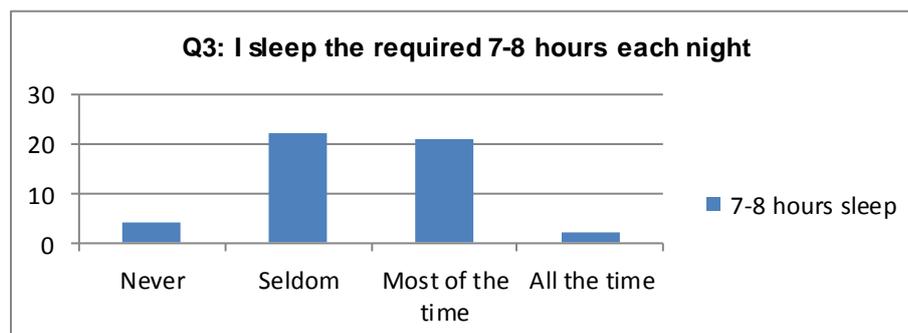
Figure 6.8: 7-8 hours' sleep

Most of the respondents (53%) indicated that they did not sleep the required 7-8 hours per night, compared to 47% who regularly got the required night's sleep. It could be assumed that the same respondents (53%) who did not get the required night's sleep also struggled to maintain their ideal body weight in Q2.

Q4: I have enough energy to meet my daily work and family responsibilities
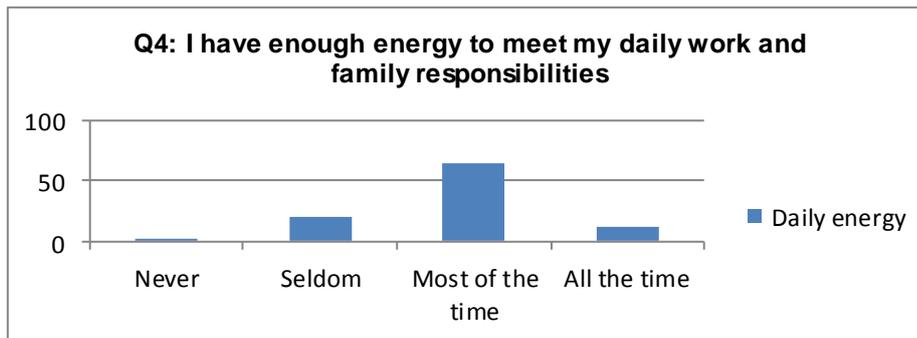
Figure 6.9: Daily energy

More than three-quarters of the respondents (77.5%) indicated that they had enough energy to meet their daily work and family responsibilities.

Q6: I schedule regular body massages
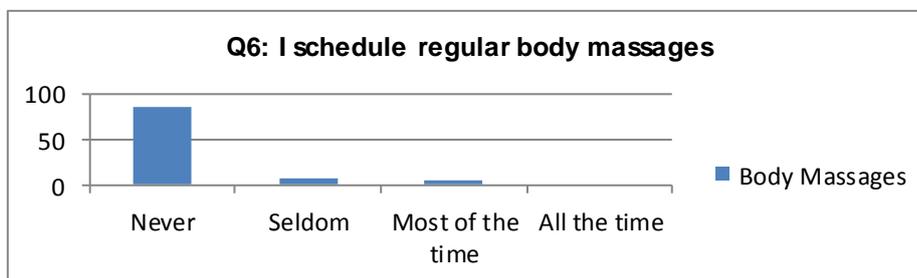
Figure 6.10: Body massages

An overwhelming majority (85.7 + 8.2 = 93.9%) of respondents did not schedule regular body massages.

Q7: I engage in regular physical activities, including walking, running, swimming, cycling and/or yoga
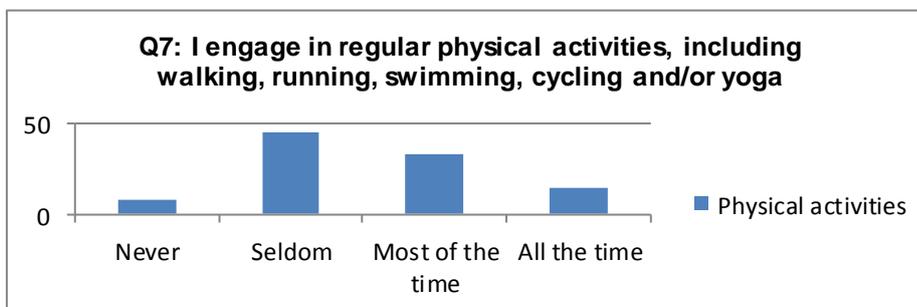
Figure 6.11: Physical activities

The majority of the respondents (8.2 + 44.9 = 53.1%) did not engage in regular physical activities, compared to 46.9% (32.6 + 14.3) who did.
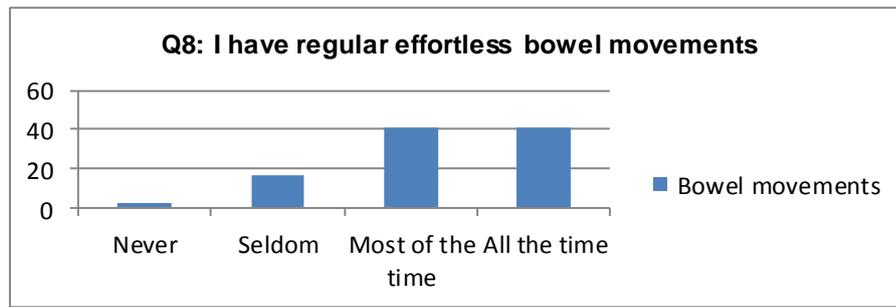
Figure 6.12: Bowel movements

The majority of respondents (81.6%) had regular, effortless bowel movements.
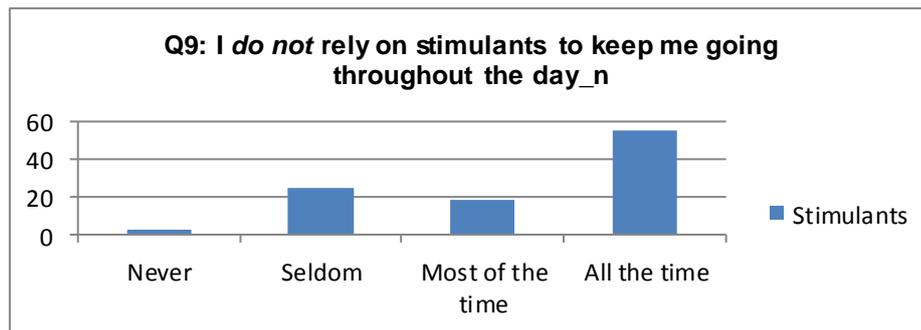
Figure 6.13: Stimulants

More than half of the respondents (55.1%) do not relied on stimulants, while 18.4% seldom used stimulants to keep them going throughout the day, compared to 26.5% who were reliant on stimulants.
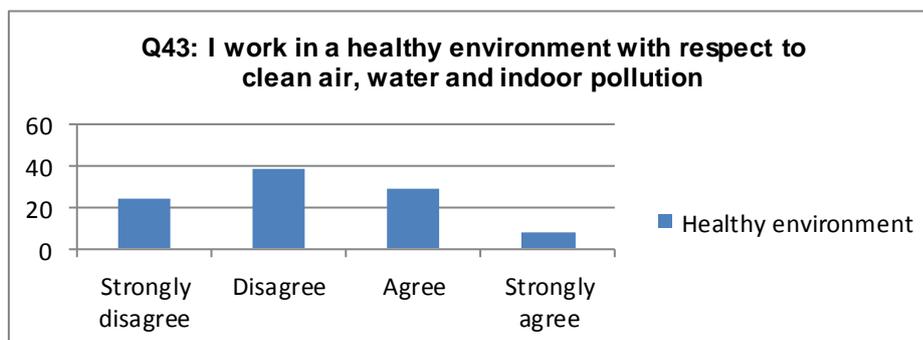
Figure 6.14: Healthy environment

A large percentage of respondents (24.5 + 38.8 = 63.3%) were of the opinion that they did not work in a healthy environment with respect to clean air, water and indoor pollution, while 36.7% indicated that they believed that they did.

The Cronbach's Alpha coefficient for all the items serving as a measure of the Body: Physical and environmental health and wellness sub-category of the questionnaire was:

- 0.4862 for raw variables; and
- 0.4943 for standardised variables.

These results are less than the acceptable level of between 0.6 - 0.7 (Sekaran, 2003: 205) and thus prove that these items are unreliable.

<u>Mind: Mental and emotional health and wellness</u>

The second subcategory included nine employee wellness statements in order to understand the respondents' mental and emotional health and wellness.

Q46: I have specific goals in my professional life
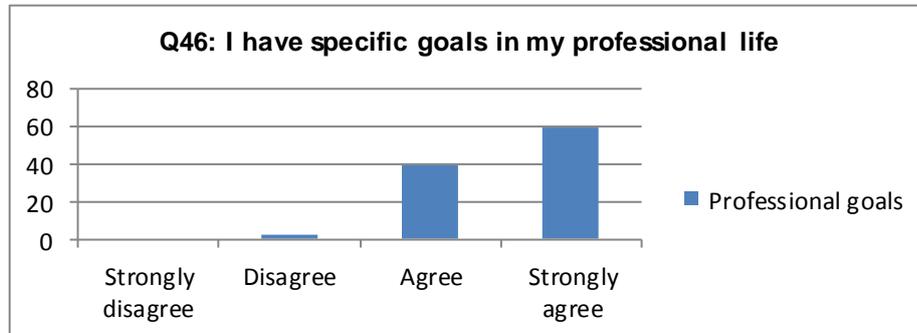
Figure 6.15: Professional goals

Almost all of the respondents (98%) indicated that they had specific goals for their professional life.

Q10: I have the ability to concentrate on my job tasks
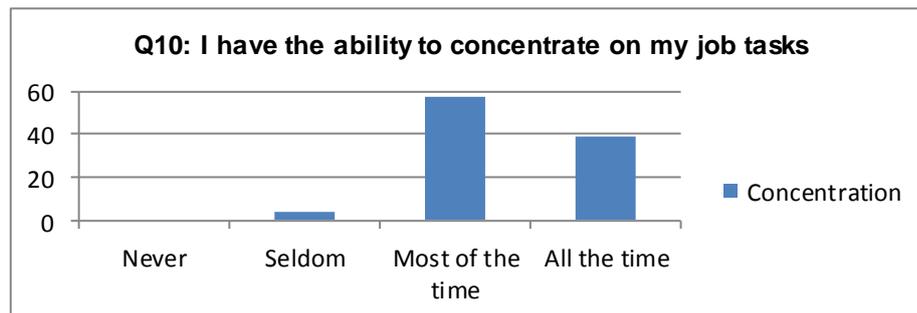
Figure 6.16: Concentration

Almost all of the respondents (95.9%) indicated that they had the ability to concentrate on their job tasks.

Q51: I believe that change is a normal part of life and need to adapt to it
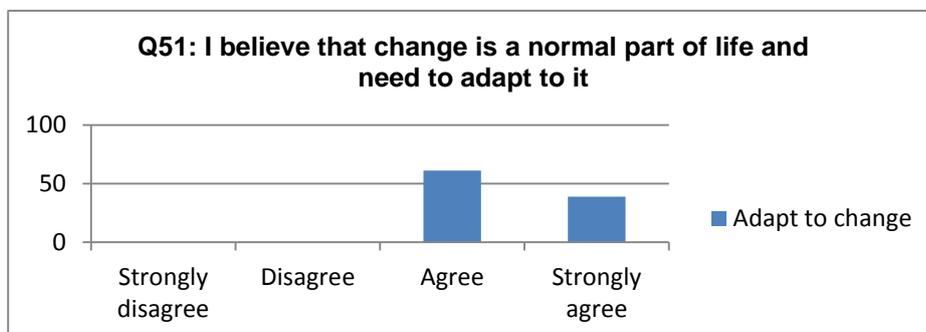
Figure 6.17: Adapt to change

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All of the respondents (100%) believed that change is a normal part of life and one needs to adapt to it.

Q54: I have an optimistic outlook on work and life
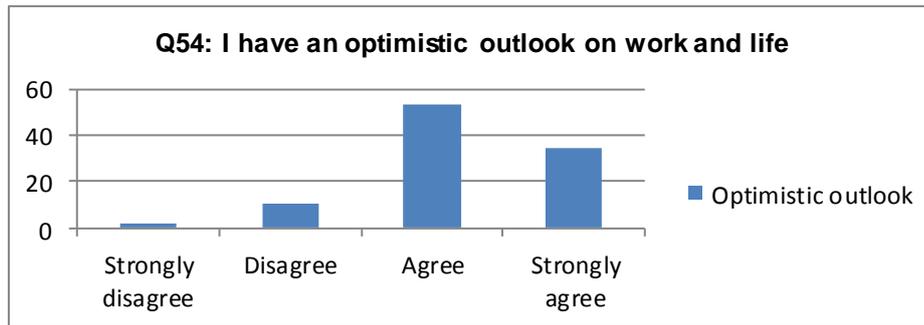
Figure 6.18: Optimistic outlook

A large percentage of respondents (87.8%) indicated that they had an optimistic outlook on work and life.

Q57: My current job utilises my strenghts and talents
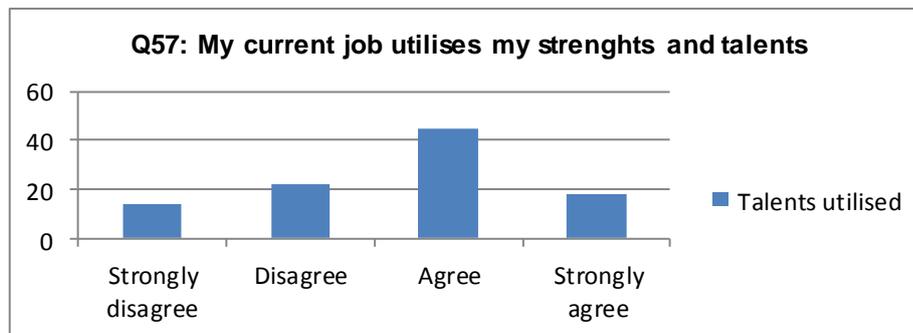
Figure 6.19: Talents utilised

The majority of respondents (44.9 +18.4 = 63.3%) reported that their current job utilised their strengths and talents, compared to 36.7% who did not experience this.

Q11: I am able to adjust my attitude as a result of the changing work environment
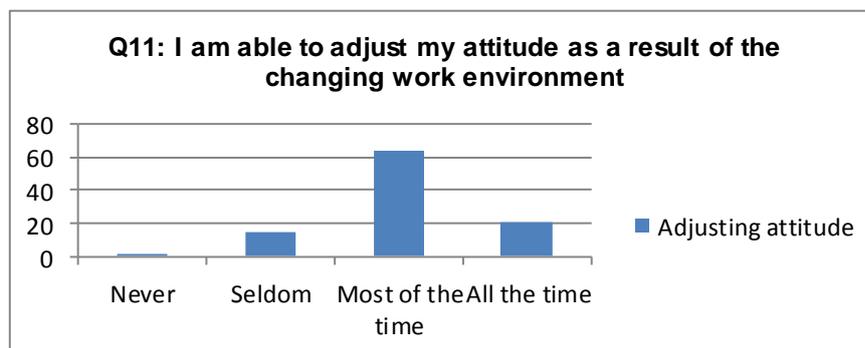
Figure 6.20: Adjusting attitude

A large percentage of respondents (83.7%) indicated that they were able to adjust their attitudes when the work environment changed, compared to 16.3% who struggled to do so.
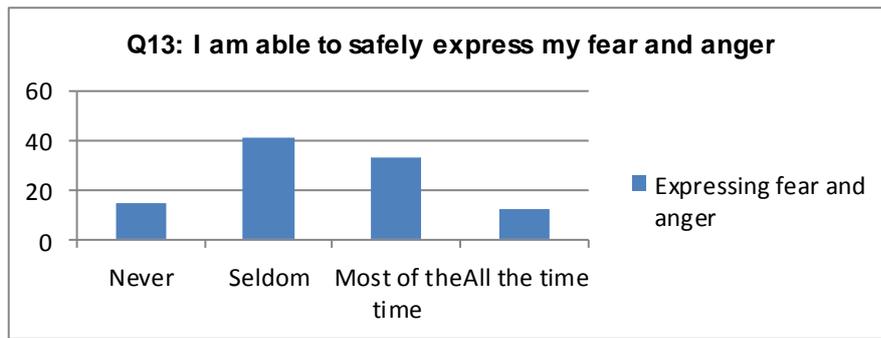
Figure 6.21: Expressing fear and anger

More than half of the respondents (14.3 + 40.8 = 55.1%) were not able to safely express their fear and anger, compared to 44.8% who were able to do this.
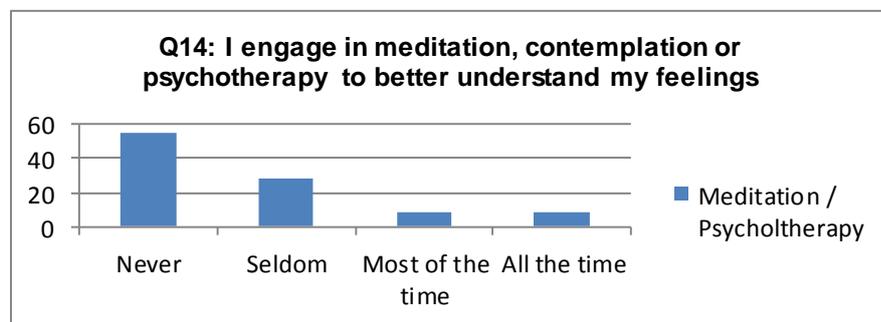
Figure 6.22: Meditation / Psychotherapy

The majority of respondents (55.1%) did not engage in any activities to understand their feelings better; 28.6% seldom did; and only 16.3% engaged in meditation, contemplation or psychotherapy.
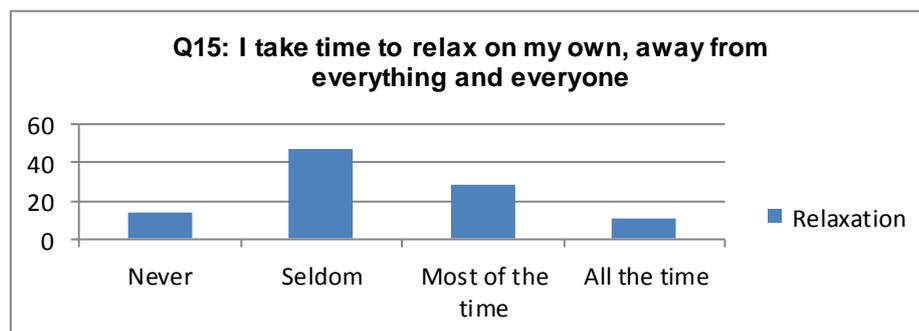
Figure 6.23: Relaxation

A substantial percentage of respondents (14.3 + 46.9= 61.2%) did not take time to relax on their own, while 38.8% took time away from everything and everyone to relax.

The Cronbach's Alpha coefficient for all the items serving as a measure of the Mind: Mental and emotional health and wellness sub-category of the questionnaire was:

- 0.5910 for raw variables; and

- 0.6078 for standardised variables;

These results are less than the acceptable level of between 0.6 - 0.7 and thus prove that these items are unreliable.

<u>Spirit: Spiritual and social health and wellness</u>

The last subcategory included twelve employee wellness statements in order to understand the respondents' spiritual and social health and wellness.
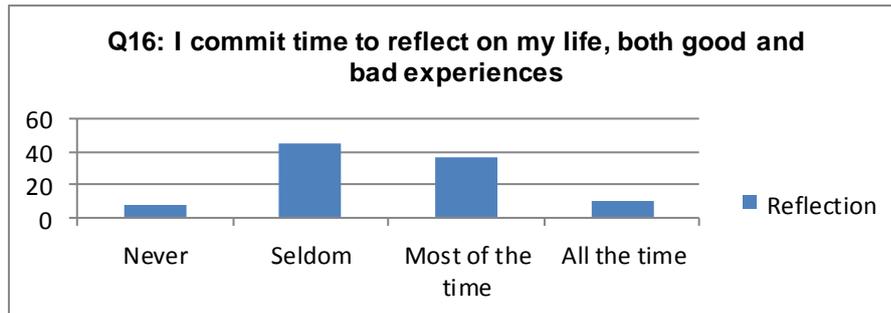
Figure 6.24: Reflection

More than half of the respondents (53.1%) indicated that they did not commit time to reflect on their life experiences, compared to 46.9% who took time to reflect on both good and bad experiences.
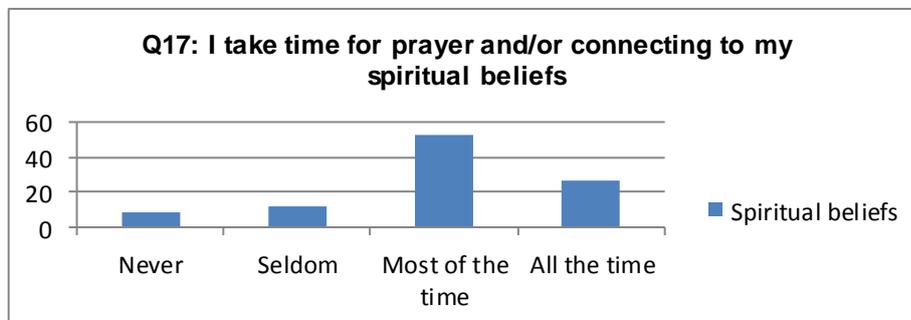
Figure 6.25: Spiritual beliefs

The majority of respondents (79.6%) indicated that they took time for prayer and/or connecting to their spiritual beliefs, compared to 20.4% who did not.
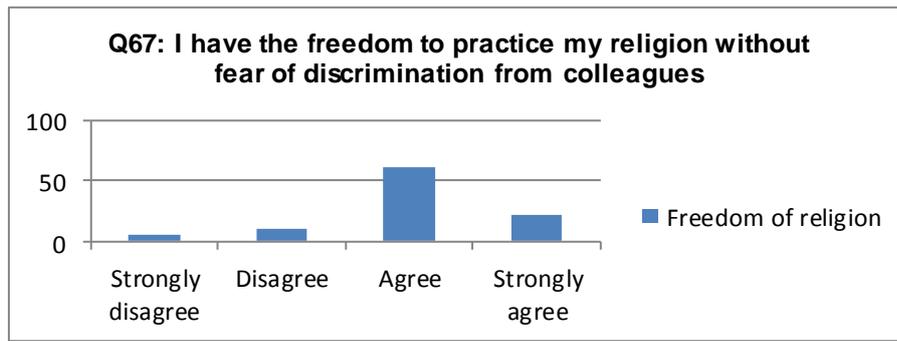
Figure 6.26: Freedom of religion

A large percentage of the respondents (83.6%) indicated that they had the freedom to practice their religion, compared to 16.3% who did not and who feared discrimination from colleagues.

Figure 6.27: Gratitude

Almost all of the respondents (98%) indicated that they were grateful for the blessings in their life.
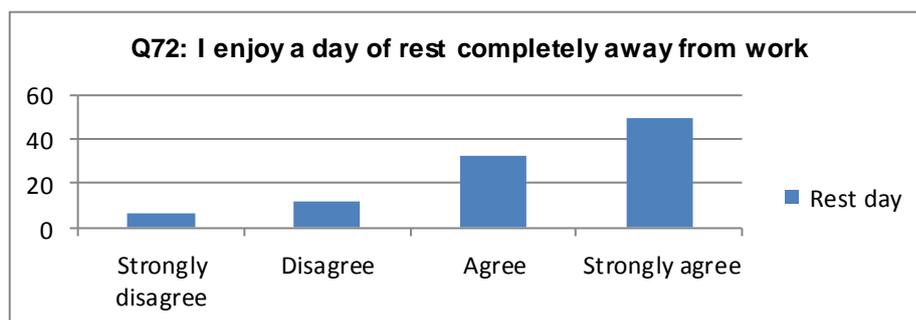
Figure 6.28: Rest day

A large percentage of respondents (81.6%) indicated that they enjoyed a day of rest completely away from work, while 18.4% did not.
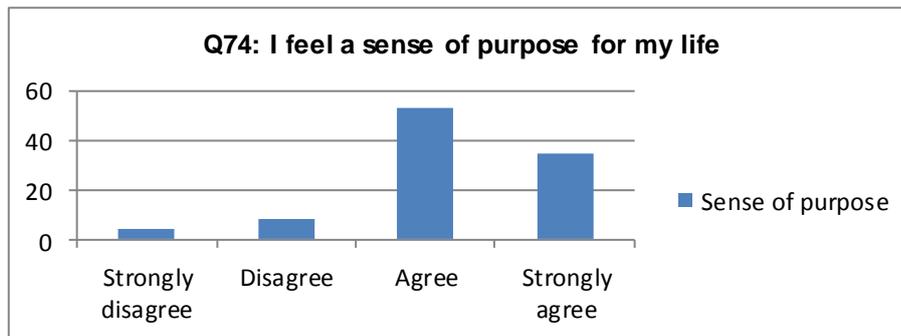
Figure 6.29: Sense of purpose

A large percentage of respondents (87.8%) indicated that they felt a sense of purpose for their life, compared to 12.2% who did not.
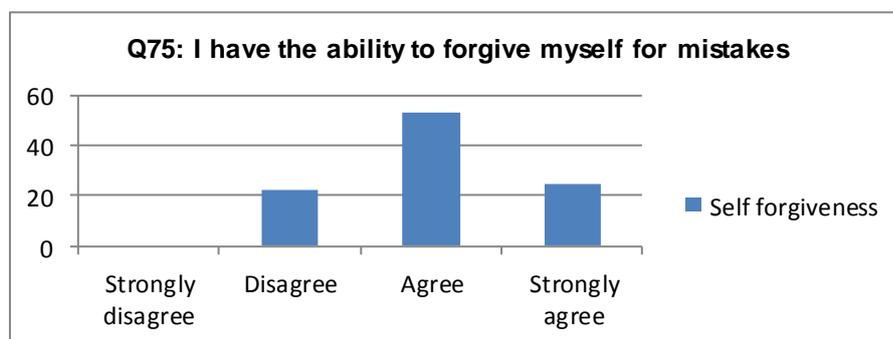
Figure 6.30: Self forgiveness

More than three-quarters of the respondents (77.6%) indicated that they had the ability to forgive themselves for mistakes, while 22.4% did not experience self-forgiveness.
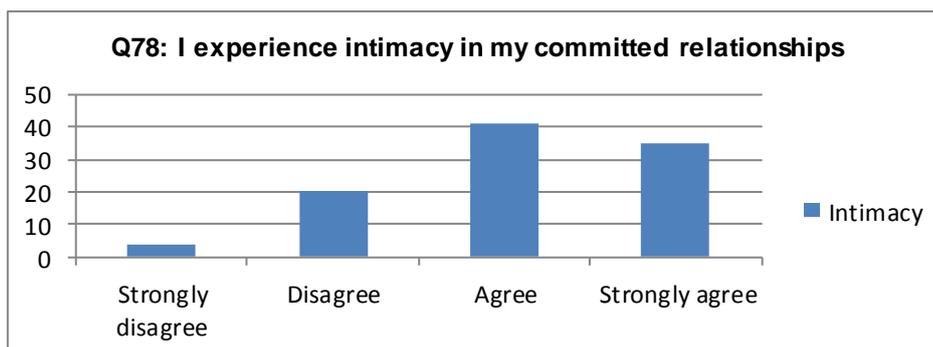
Figure 6.31: Intimacy

Three-quarters of the respondents (75.5%) experienced intimacy in their committed relationships, while 25% lacked intimate, committed relationships.
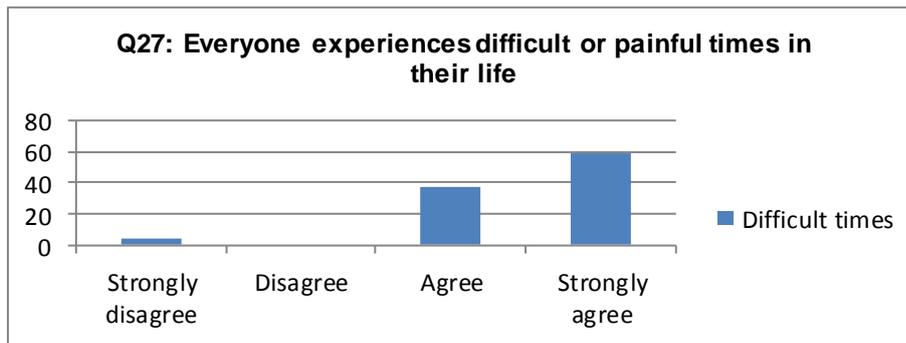
Figure 6.32: Difficult times

Almost all of the respondents (95.9%) agreed that everyone experiences difficult or painful times in their lives.
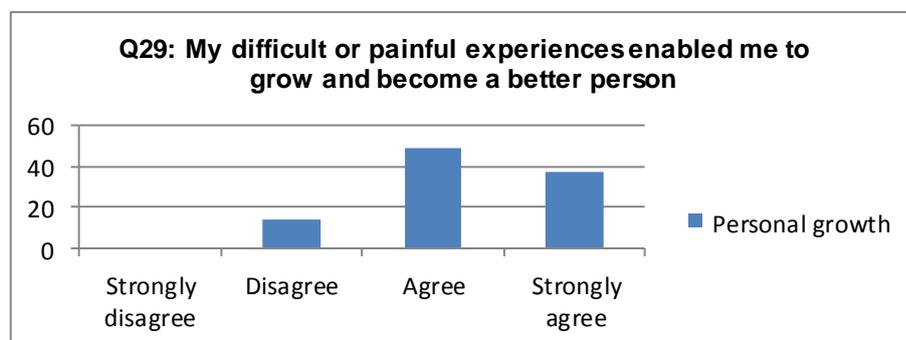
Figure 6.33: Personal growth

The majority of respondents (85.7%) indicated that their difficult or painful experiences enabled them to grow and become a better person.
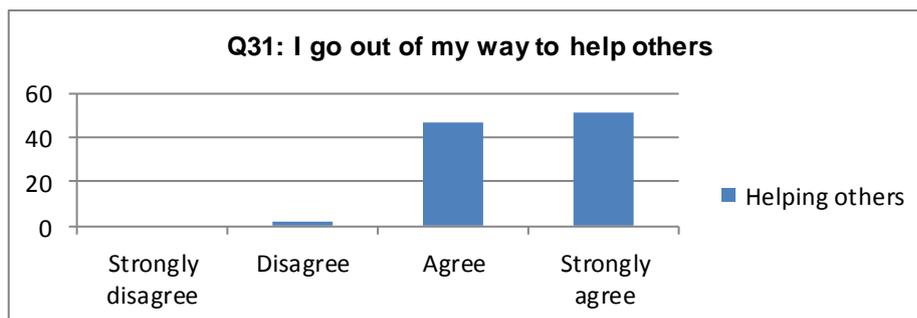
Figure 6.34: Helping others

Almost all of the respondents (97.9%) indicated that they went out of their way to help others.
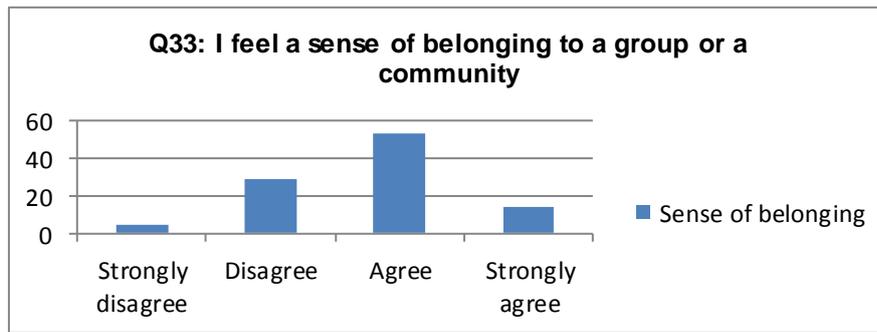
Figure 6.35: Sense of belonging

More than the majority of respondents (67.4%) indicated that they felt a sense of belonging to a group or community, while 32.7% did not experience a social sense of belonging.

The Cronbach's Alpha coefficient for all the items serving as a measure of the Spirit: Spiritual and social health and wellness sub-category of the questionnaire was:

- 0.5691 for raw variables; and
- 0.5742 for standardised variables.

These results are less than the acceptable level of between 0.6 - 0.7 and thus prove that these items are unreliable.

Wellness category 2: Coping strategies

The second wellness category consisted of six employee wellness statements in order to understand how the respondents' were coping with their everyday stressors.

Figure 6.36: Stress

Three-quarters of the respondents (75.5%) were of the opinion that stress was good for them and kept them on their toes, while 24.5% were of the opposite opinion.

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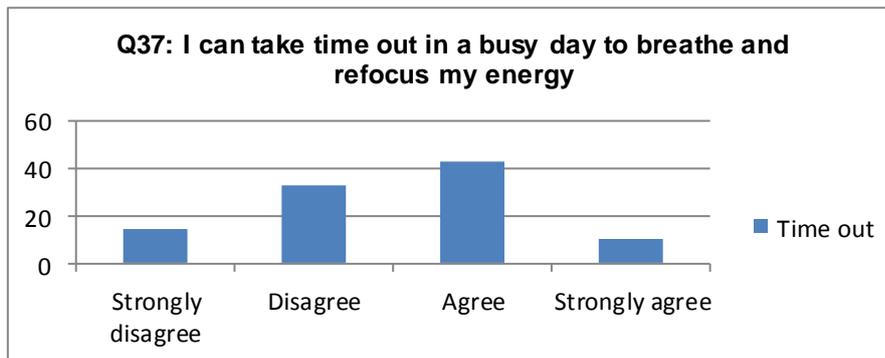
Figure 6.37: Time out

More than half of the respondents (53.1%) indicated that they could take time out in a busy day to breathe and refocus their energy, compared to 46.9% who could not.
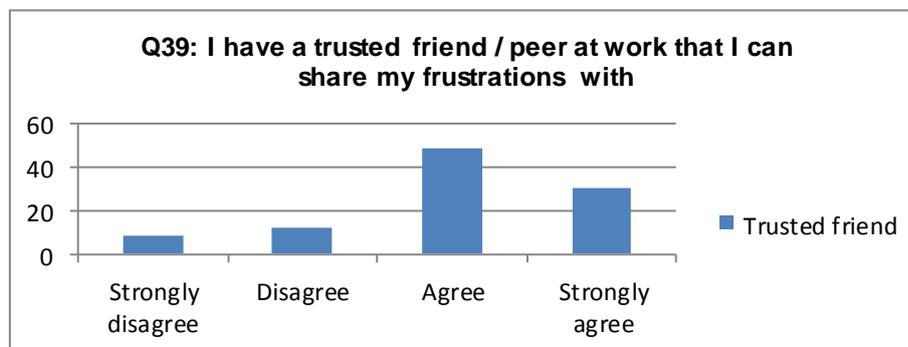
Figure 6.38: Trusted friend

The majority of respondents (79.6%) indicated that they had a trusted friend / peer at work with whom they could share their frustrations, while 20.4% did not.
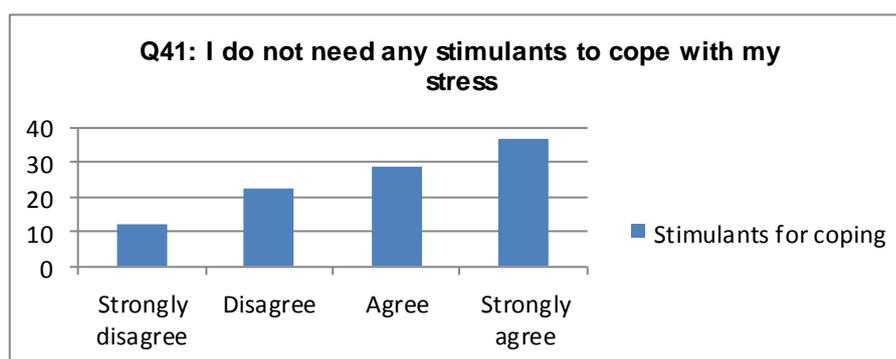
Figure 6.39: Stimulants for coping

The majority of respondents (65.3%) indicated that they did not need any stimulants to cope with their stress, while 34.6% used stimulants as coping mechanisms.

Figure 6.40: Self-confidence

The majority of respondents (61.2%) reported that they had self-confidence to discuss work problems with their immediate superior, while 38.8% do not have this self-confidence.
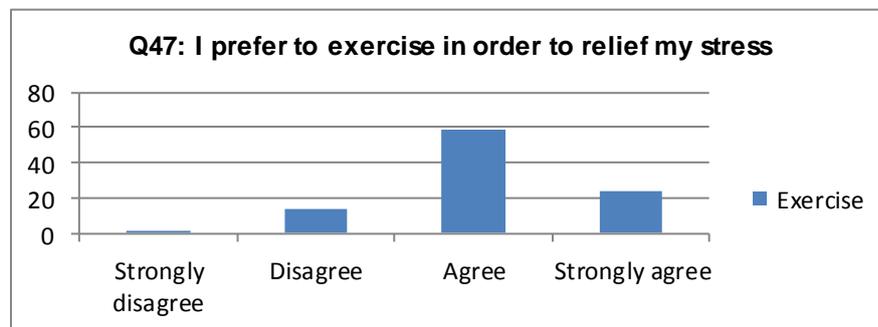
Figure 6.41: Exercise

A large percentage of respondents (83.7%) preferred to exercise in order to relieve their stress.

The Cronbach's Alpha coefficient for all the items serving as a measure of wellness category 2: Coping strategies of the questionnaire was:

- 0.5124 for raw variables; and
- 0.5313 for standardised variables.

These results are less than the acceptable level of between 0.6 - 0.7 and thus prove that these items are unreliable.

Wellness category 3: Job performance and service delivery

The third wellness category consisted of eight employee wellness statements in order to understand how the respondents' job performance and service delivery is affected by their everyday stressors.
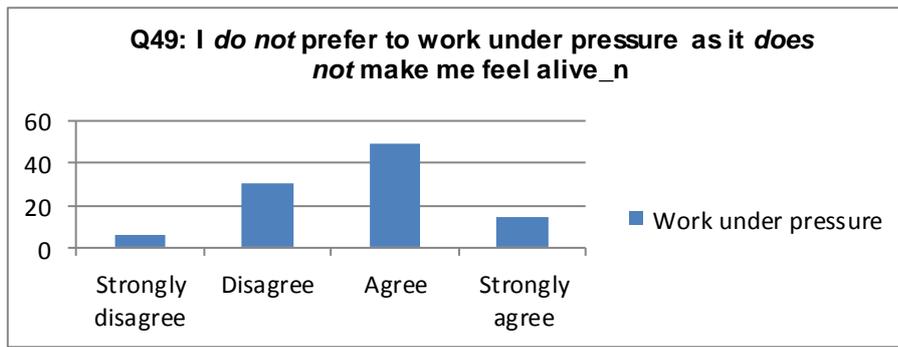
Figure 6.42: Work under pressure

More than half of the respondents (63.3%) did not prefer to work under pressure, while 36.7% did, as it made them feel 'alive'.
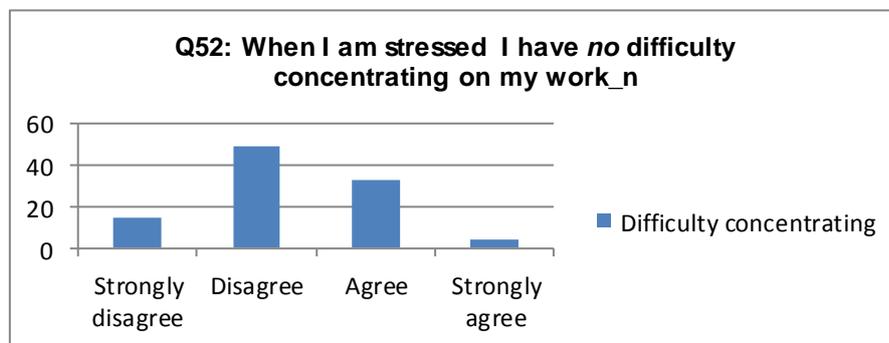
Figure 6.43: Difficulty concentrating

More than half of the respondents (63.3%) had difficulty concentrating on their work when stressed, while 36.7% had no difficulty. It could be assumed from this that the respondents who indicated in Q49 (above) that stress made them feel alive, had no difficulty concentrating when stressed.
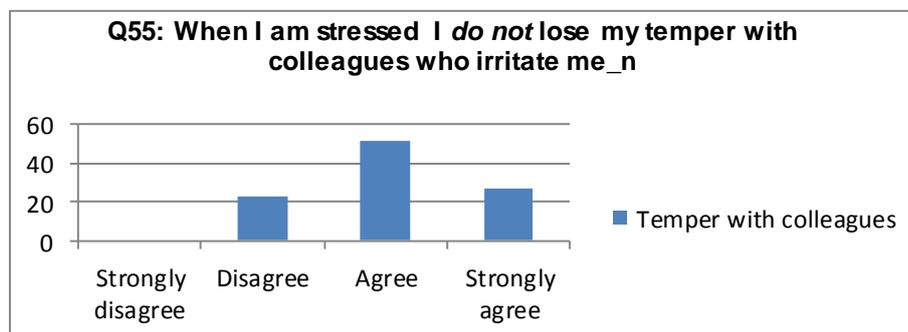
Figure 6.44: Temper with colleagues

More than three-quarters of the respondents (77.6%) reported that they did not lose their temper with colleagues who irritated them while they were stressed, compared to 22.4% who confessed that they did lose their temper.
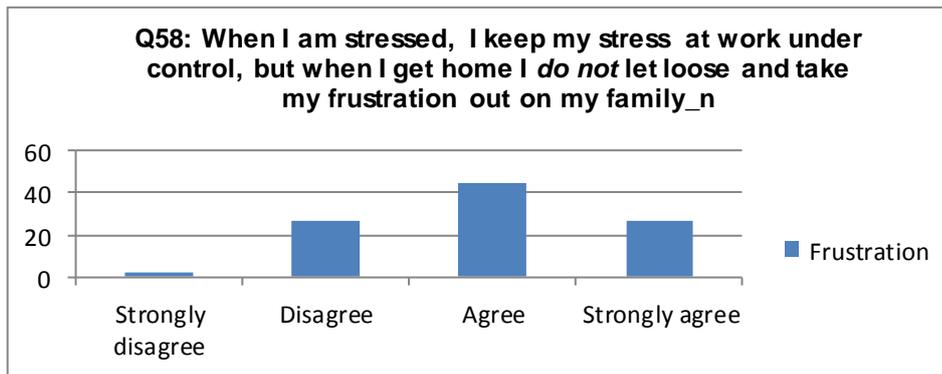
Figure 6.45: Frustration

A large percentage of the respondents (71.4%) reported that they did not take their frustrations out on their family when stressed, compared to 28.6% who unfortunately did.
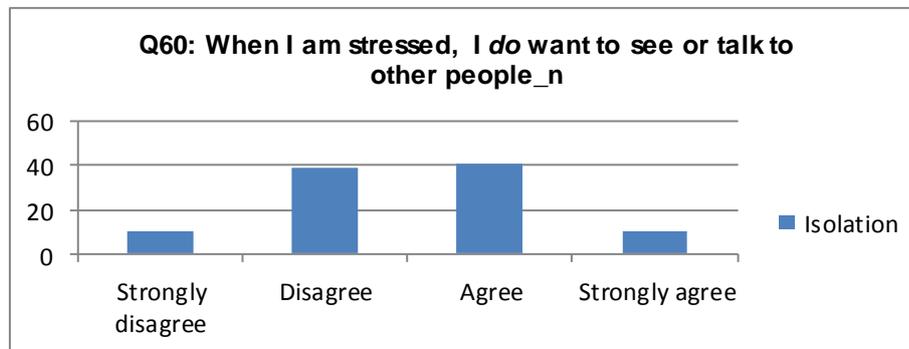
Figure 6.46: Isolation

Approximately half of the respondents (49%) did not want to see or talk to other people while stressed, compared to 51% who reported that they did want to do so.

Figure 6.47: Abusive language

A substantial percentage of respondents (87.8%) reported that they did not scream or shout or curse people who made them upset, compared to 12.2% who reported that they were verbally abusive when stressed.
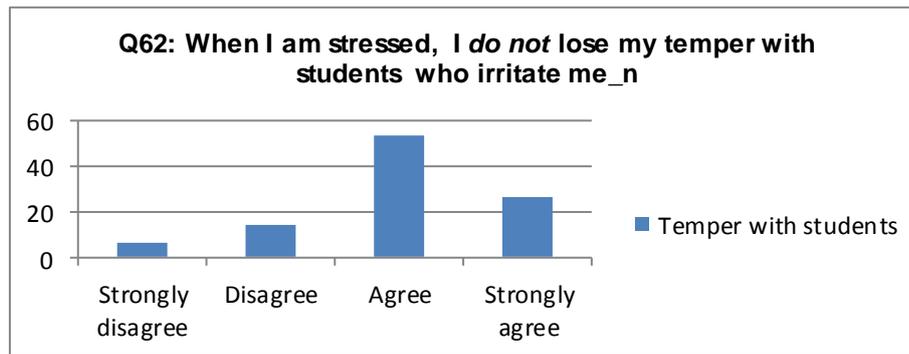
Figure 6.48: Temper with students

More than three-quarters of the respondents (79.6%) did not lose their temper with students who irritated them, compared to 20.4% who did so when experiencing stress.
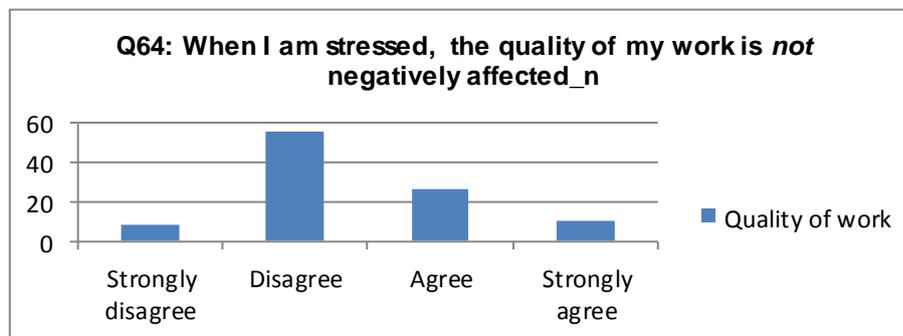
Figure 6.49: Quality of work

A large percentage of respondents (63.3%) indicated that the quality of their work was negatively affected while experiencing stress, compared to 36.7% who reported that their work was not negatively affected by stress.

The Cronbach's Alpha coefficient for all the items serving as a measure of wellness category 3: Job performance and service delivery of the questionnaire was:

- 0.6019 for raw variables; and
- 0.5980 for standardised variables.

These results are less than the acceptable level of between 0.6 - 0.7 and thus prove that these items are unreliable.

Wellness category 4: Job burnout

The forth wellness category consisted of eleven employee wellness statement in order to determine to what extent the respondents' experienced job burnout, if any.

Q76: When I am stressed, I *do not* struggle to sleep at night_n
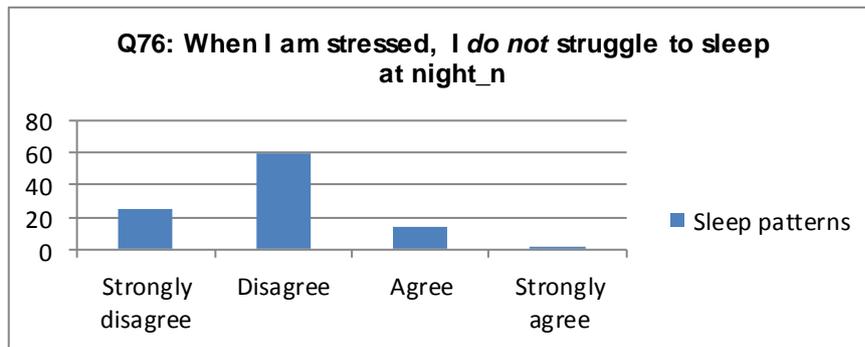
Figure 6.50: Sleep patterns

A large percentage of respondents (83.7%) indicated that they struggled to sleep at night while stressed, compared to 16.3% who did not struggle.

Q12: I *do not* feel that I am working harder and harder but not accomplishing as much as I put in_n
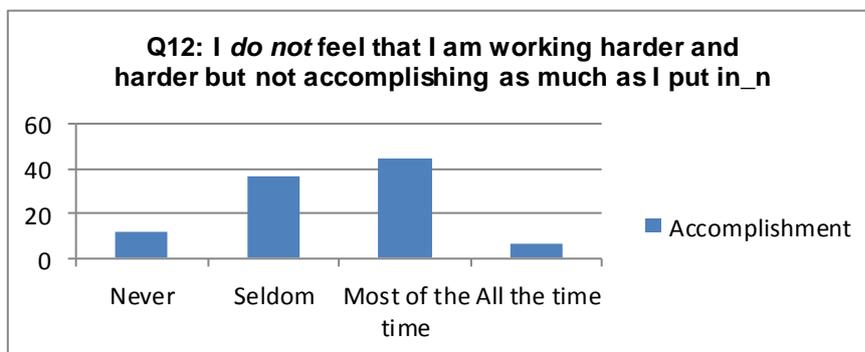
Figure 6.51: Accomplishment

Almost half of the respondents (49%) indicated that, despite working increasingly harder, their accomplishments did not reflect their effort, while the other half (51%) did not feel this way.

Q20: I *do not* feel irritable and short-tempered at home_n
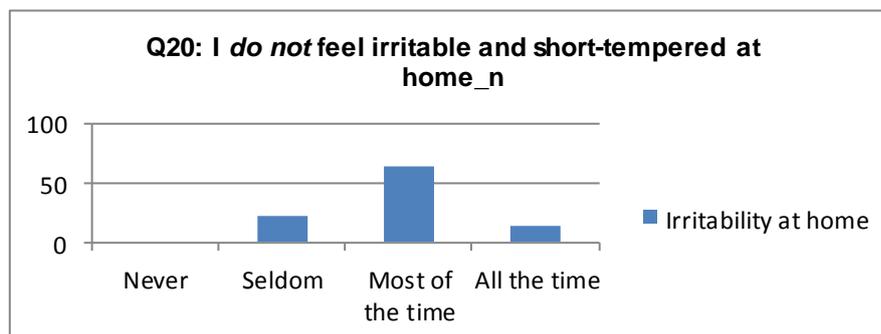
Figure 6.52: Irritability at home

A small percentage of respondents (22.4%) reported feeling irritable and short-tempered at home, while the majority (77.6%) did not feel this way.
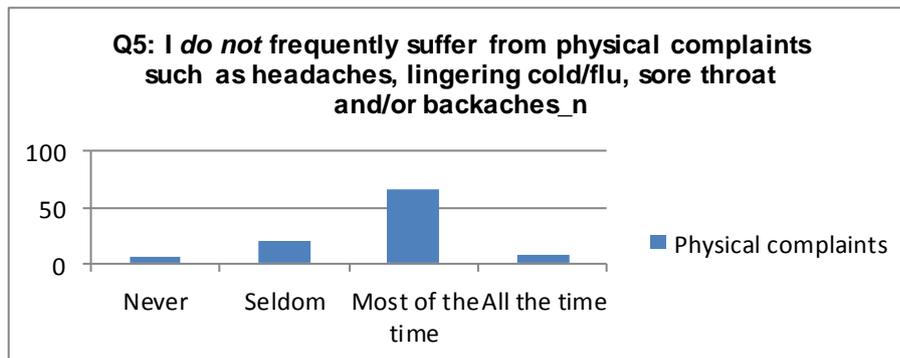
Figure 6.53: Physical complaints

A quarter of the respondents (26.5%) indicated that they frequently suffered from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches, while the majority (73.5%) did not experience these physical complaints.
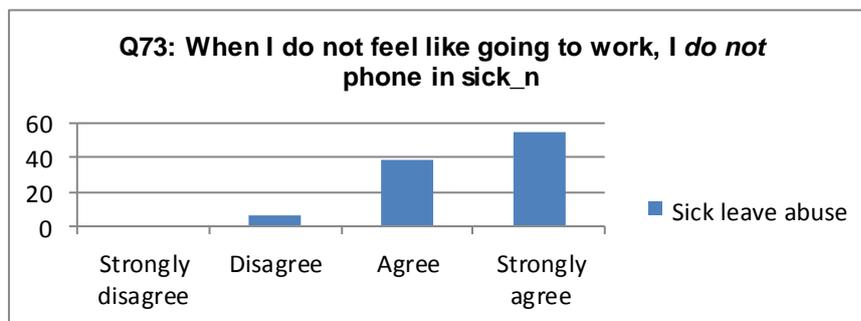
Figure 6.54: Sick leave abuse

An overwhelming percentage of respondents (93.9%) did not phone in sick when they did not feel like going to work, while 6.1% of respondents reported that they abused their sick leave.
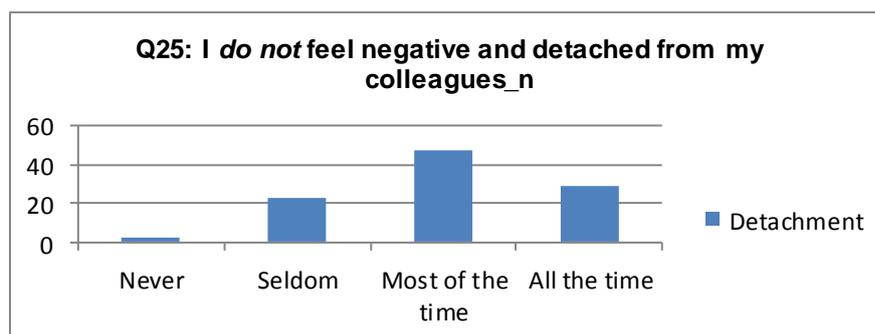
Figure 6.55: Detachment

A quarter of the respondents (24.5%) reported feeling negative and detached from their colleagues, while three-quarters (75.5%) did not feel this way.
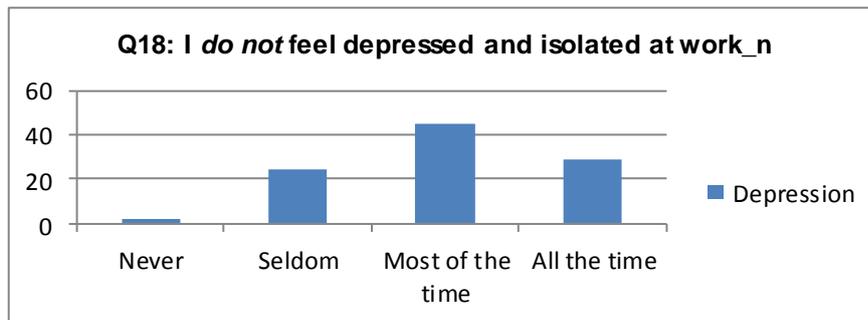
Figure 6.56: Depression

A quarter of the respondents (26.5%) reported feeling depressed and isolated at work, while the majority did not.
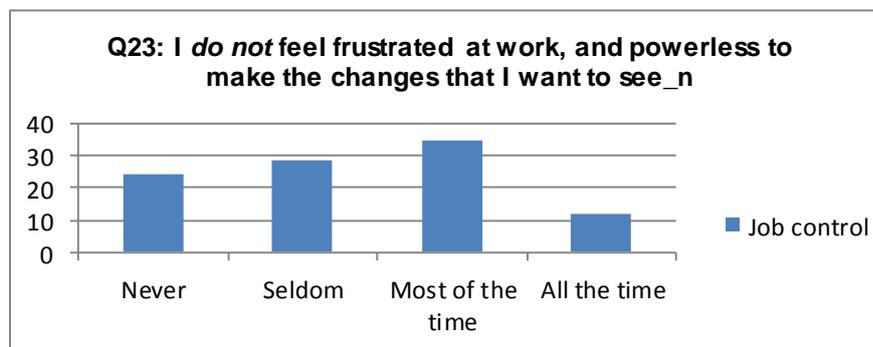
Figure 6.57: Job control

More than half of the respondents (24.5 + 28.6 = 53.1%) reported feeling frustrated at work and powerless to make the changes they wanted to see, while 46.9% did not feel this way.

Figure 6.58: Physical medical condition

More than half of the respondents (55.1%) indicated that they had experienced a physical medical condition caused by job stress, compared to 44.9% who had not.
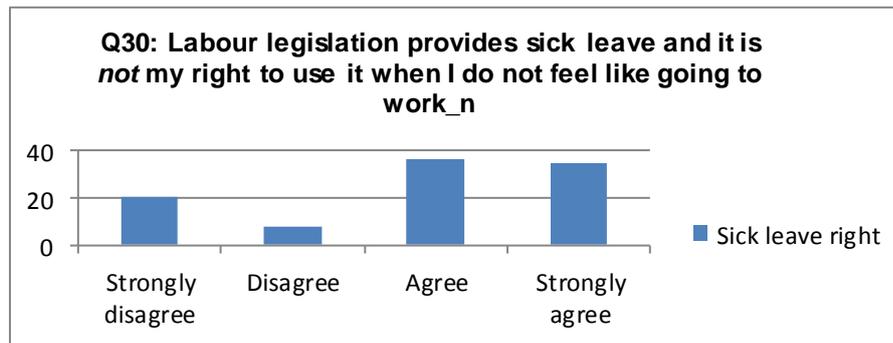
Figure 6.59: Sick leave right

The majority of respondents (71.4%) agreed that they did not have the right to abuse their sick leave when they did not feel like going to work, compared to 28.6% who felt that they had the right to use their allocated sick leave for this purpose.

Figure 6.60: Emotional / mental condition

Almost half of the respondents (49%) reported that they had experienced an emotional/mental condition caused by job stress, while 51% had not.

The Cronbach's Alpha coefficient for all the items serving as a measure of wellness category 4: Job burnout of the questionnaire are:

- 0.7825 for raw variables; and
- 0.7923 for standardised variables.

These results are more than the acceptable level of 0.7 (Sekaran, 2003: 205) and thus prove that these items are reliable and consistent.

Wellness category 5: Staff wellness expectations

The fifth wellness category consisted of eleven employee wellness statements in order to determine what staff wellness expectations the respondents' have from a higher education institution.

Q34: I expect my employer to provide a comprehensive medical aid for me and my family
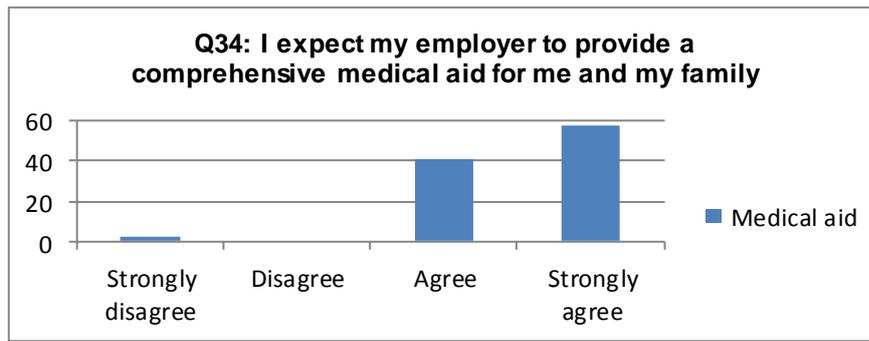
Medical aid

Figure 6.61: Medical aid

Almost all of the respondents (98%) indicated their expectation of a comprehensive medical aid from the employer.

Q36: I expect my employer to provide staff counseling via EAP

EAP
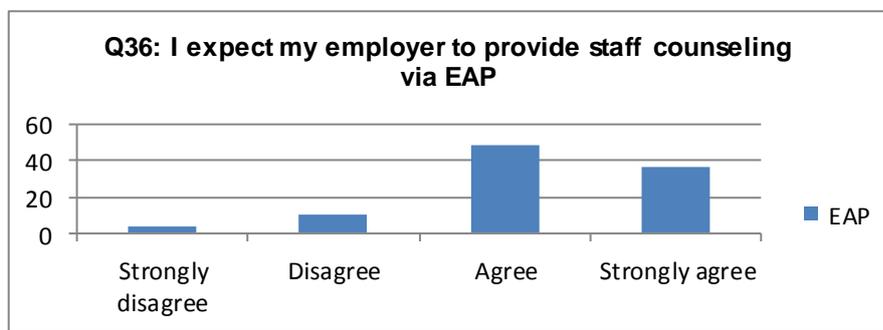
Figure 6.62: EAP

The majority of respondents (85.7%) indicated their expectation for staff counseling via EAP from the employer, while 14.3% did not share this expectation.

Q38: I expect my employer to provide sustainable pension/provident fund for my retirement

Pension/Provident fund
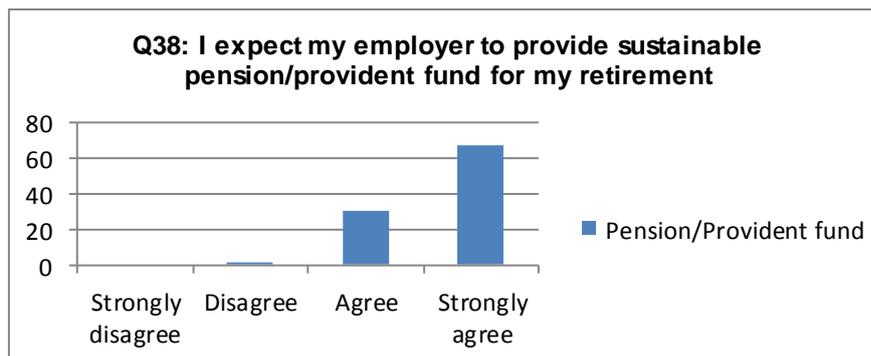
Figure 6.63: Pension/Provident fund

Almost all of the respondents (98%) indicated their expectation of a sustainable pension/provident fund for their retirement from the employer.
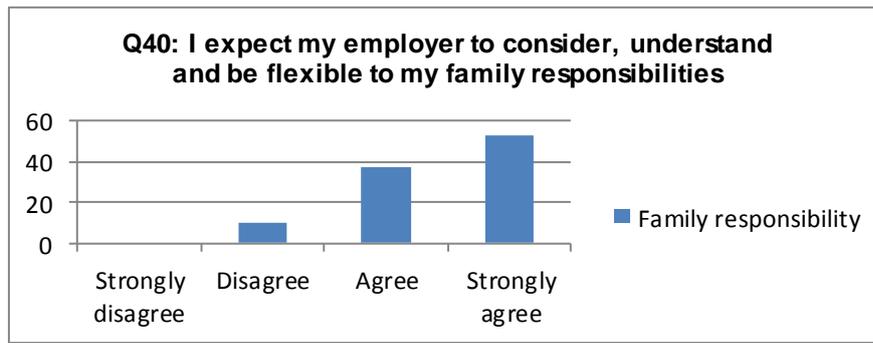
Figure 6.64: Family responsibility

An overwhelming percentage of respondents (89.8%) indicated their expectation of consideration, understanding and flexibility for their family responsibilities from the employer.
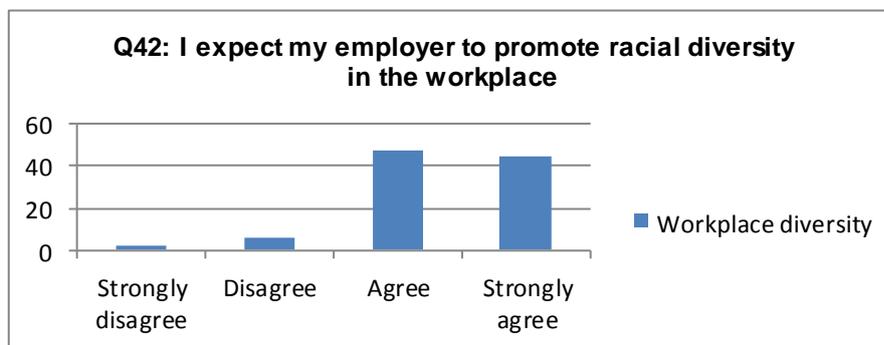
Figure 6.65: Workplace diversity

An overwhelming percentage of respondents (91.8%) indicated that they expected their employer to promote racial diversity in the workplace.
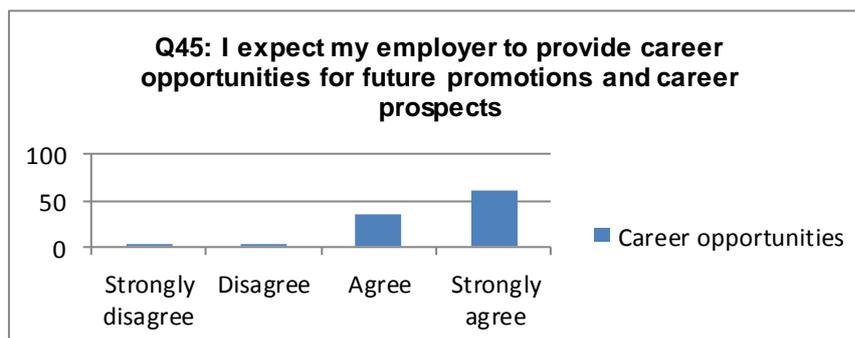
Figure 6.66: Career opportunities

Almost all of the respondents (95.9%) indicated their expectation of career opportunities for future promotion and career prospects from the employer.

Figure 6.67: Quality of work life balance

Almost all of the respondents (98%) indicated their expectation of quality of work life balance from the employer.
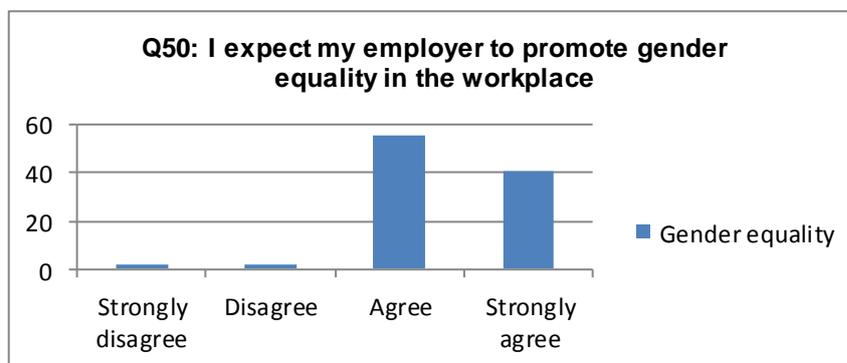
Figure 6.68: Gender equality

Almost all of the respondents (96%) indicated their expectation of the promotion of gender equality in the workplace.
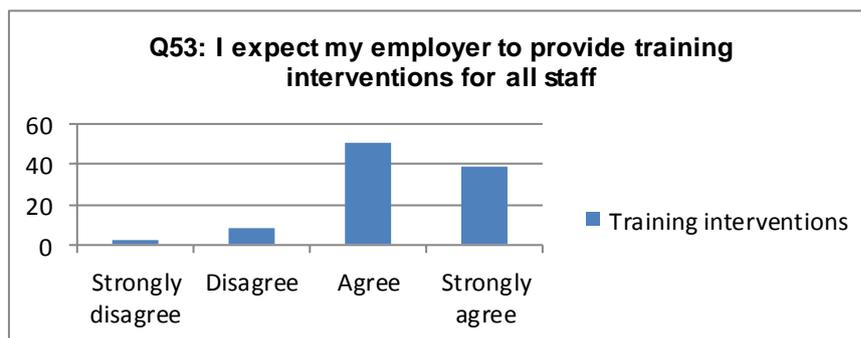
Figure 6.69: Training interventions

The majority of respondents (89.9%) indicated their expectation of training interventions for all staff in the workplace.
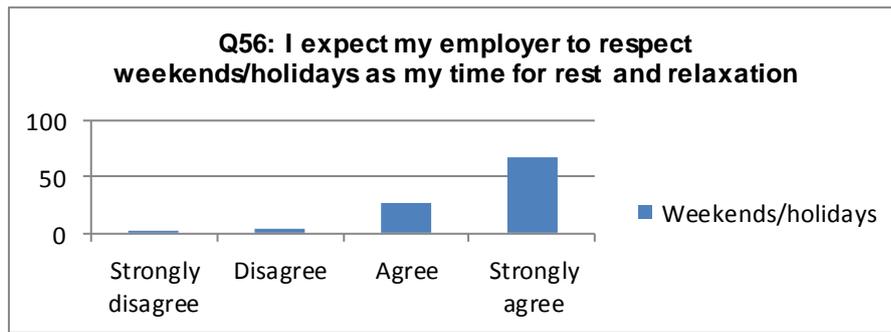
Figure 6.70: Weekends / holidays

Almost all of the respondents (93.9%) indicated their expectation that the employer would respect weekends / holidays as their time for rest and relaxation.
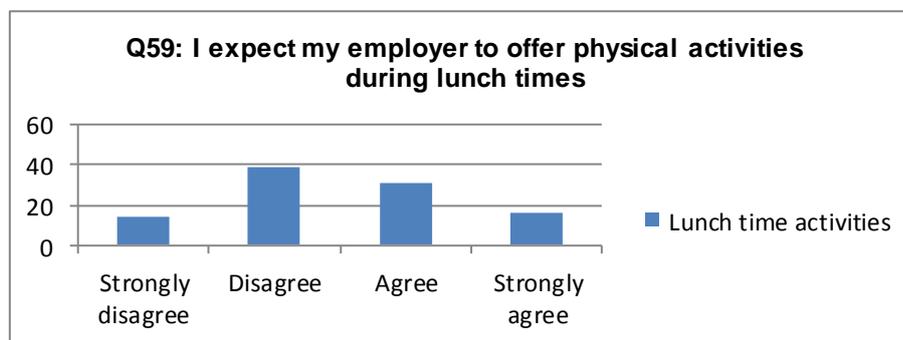
Figure 6.71: Lunch time activities

The majority of respondents (53.1%) did not expect their employer to offer physical activities during lunch times, while 46.9% expected this.

The Cronbach's Alpha coefficient for all the items serving as a measure of wellness category 5: Staff wellness expectations of the questionnaire are:

- 0.7301 for raw variables; and
- 0.7368 for standardised variables;

These results are more than the acceptable level of 0.7 and thus prove that these items are reliable and consistent.

Wellness category 6: Wellness working environment

The last wellness category consisted of thirteen employee wellness statements in order to determine what wellness working environment the respondents' were seeking from a higher education institution.
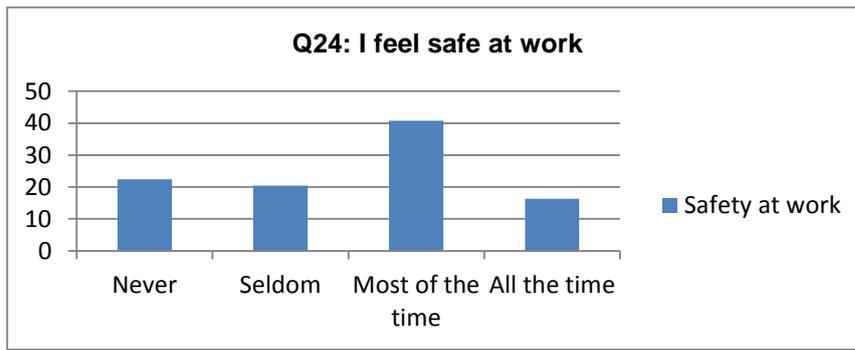
Figure 6.72: Safety at work

The majority of respondents (57.2%) indicated that they felt safe at work, while 42.8% do not.
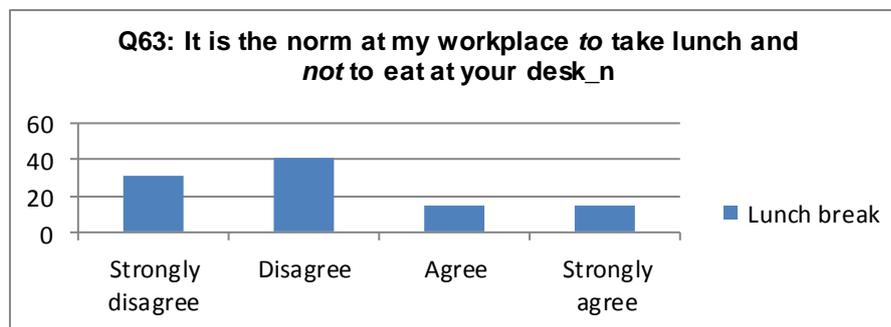
Figure 6.73: Lunch break

The majority of respondents (71.4%) reported that it was the norm at their workplace not to take lunch and eat at their desk, while 28.6% did not share this opinion.
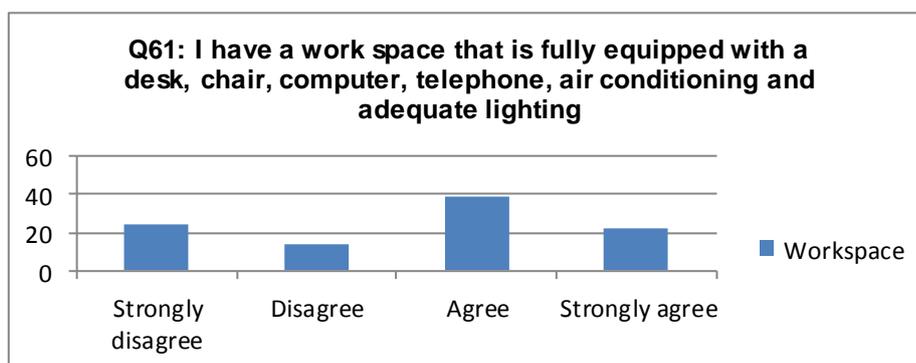
Figure 6.74: Workspace

A substantial percentage of respondents (61.2%) agreed that they had a workspace that was fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting, compared to 14.3% who disagreed and 24.5% who strongly disagreed.
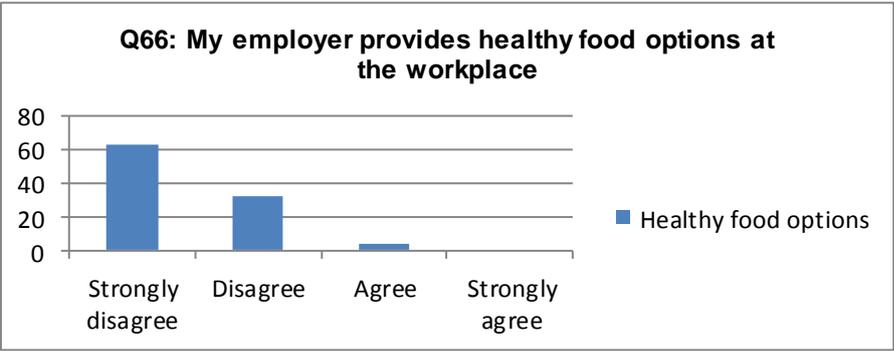
Figure 6.75: Healthy food options

Almost all of the respondents (95.9%) reported that their employer did not provide healthy food options at the workplace.
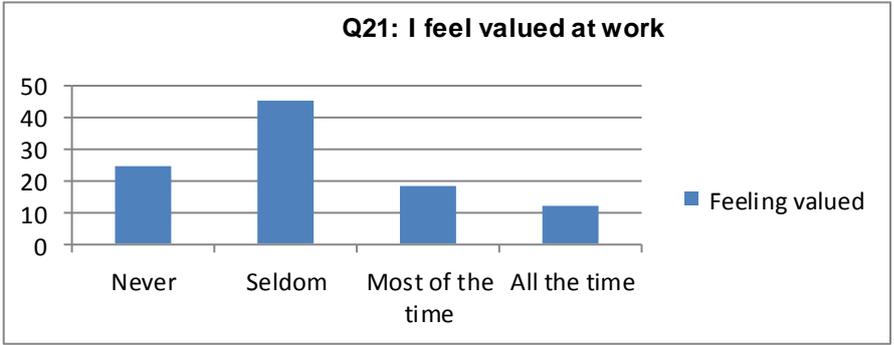
Figure 6.76: Feeling valued

The majority of respondents (69.4%) indicated that they did not feel valued at work, while 30.6% indicated that they did.
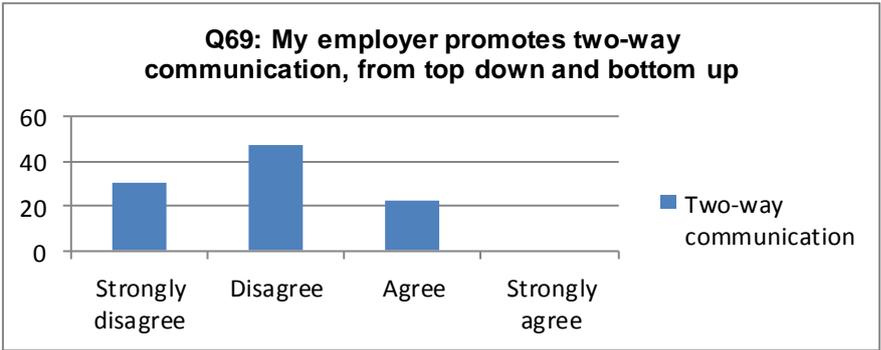
Figure 6.77: Two-way communication

More than three-quarters of the respondents (77.5%) indicated that their employer did not promote two-way communication, while 22.4% agreed that it occurred from the top down and bottom up.
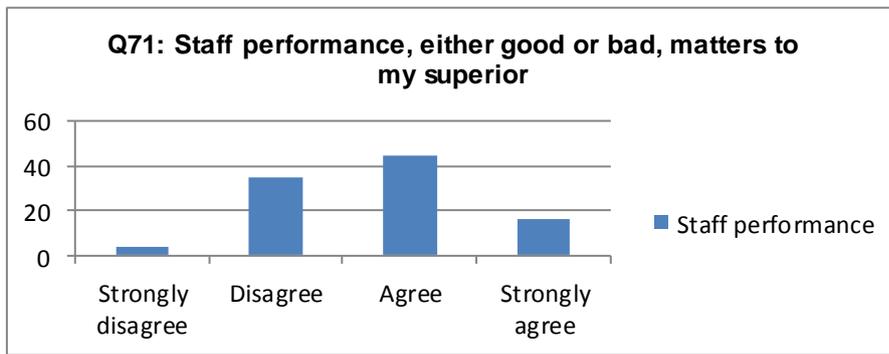
Figure 6.78: Staff performance

The majority of respondents (61.2%) indicated that staff performance mattered to their superior, while 38.8% indicated that neither good nor bad performance mattered to their superior.
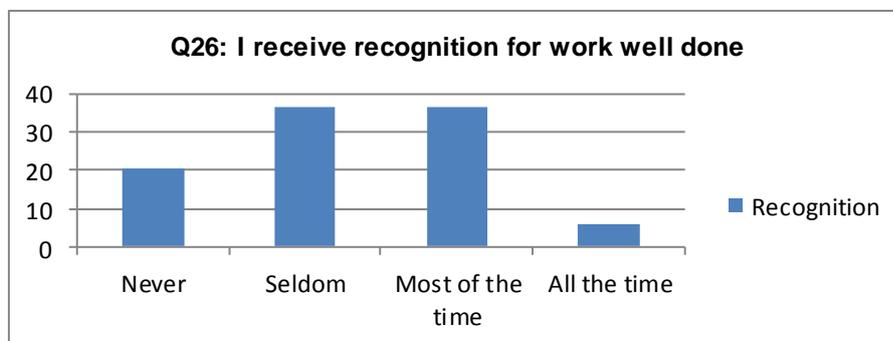
Figure 6.79: Recognition

More than half of the respondents (57.1%) reported that they did not receive recognition for work well done, compared to 42.8% who reported that they did.
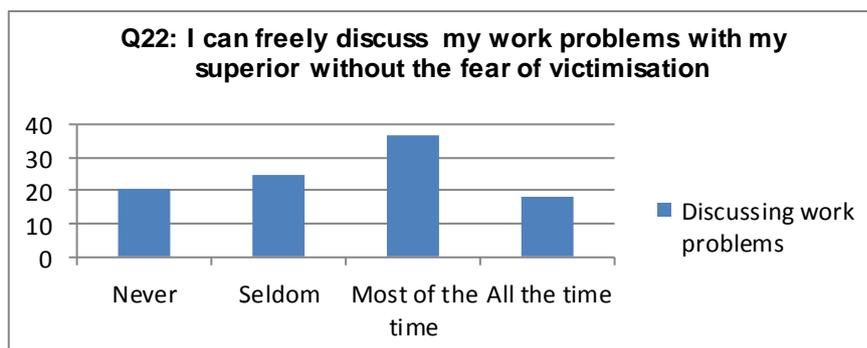
Figure 6.80: Discussing work problems

More than half of the respondents (55.1%) reported that they could freely discuss their work problems with their superior without fear of victimisation, while 44.9% reported that they could not.

Q77: I have long-term career prospects with my current employer
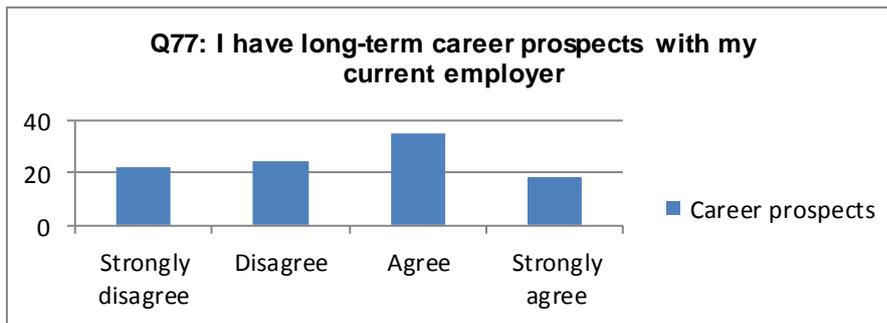
Figure 6.81: Career prospects

More than half of the respondents (53.1%) indicated that they foresaw long-term career prospects with their current employer, while 46.9% did not.

Q79: I have trust in our executive management

Figure 6.82: Trust in executive management

More than three-quarters of the respondents (77.5%) indicated that they did not trust their university's executive management.

Q19: Equipment necessary to perform my job functions are working and available for usage
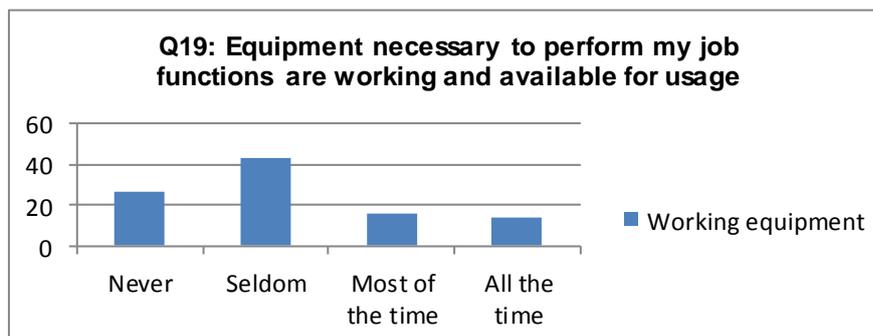
Figure 6.83: Working equipment

The majority of respondents (69.4%) indicated that the equipment necessary to perform their job functions was not working and available for usage, compared to 30.6% who reported that they had functioning equipment available for their work.
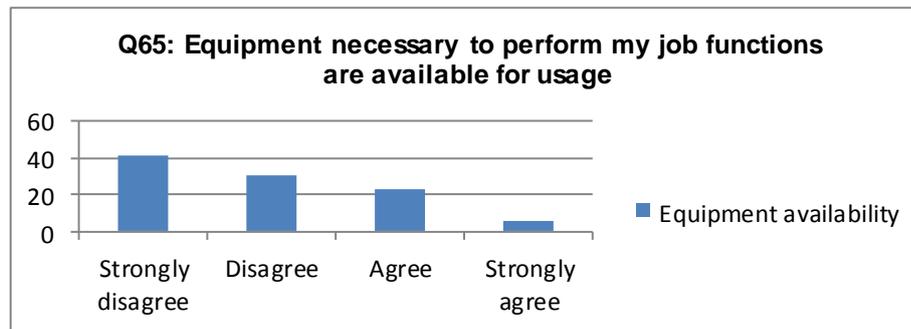
Figure 6.84: Equipment availability

The majority of respondents (71.4%) indicated that the equipment necessary to perform their job functions was not available for usage.

The Cronbach's Alpha coefficient for all the items serving as a measure of wellness category 6: Wellness working environment of the questionnaire are:

- 0.8453 for raw variables; and
- 0.8391 for standardised variables.

These results are more than the acceptable level of 0.7 and thus prove that these items are reliable and consistent.

6.2.1.3 Exploratory factor analysis with Cronbach's Alpha coefficient

Owing to the fact that only three wellness categories produced reliable and consistent scores according to Cronbach's Alpha coefficients, an exploratory factor analysis was conducted on all 79-employee wellness statements to reduce the number of variables as well as identify the underlying constructs that were measured.

Exploratory factor analysis was used to investigate the factor structure underlying the set of original observed variables that represented the measurement of employee wellness at HEIs. The factor analysis discovered patterns (Babbie et al., 2008: 472) amongst the 79-employee wellness statements and clustered these together to measure particular wellness constructs (De Vos et al., 2013: 175).

A qualified statistician subjected the wellness statements to an exploratory factor analysis using squared multiple correlations (SMC) as prior communality estimates. The principal factor method was used to extract the factors, and this was followed by a Varimax (orthogonal) rotation. A scree test suggested 13 meaningful factors, and only these factors were retained for rotation.

In interpreting the rotated factor pattern, an item was said to load on a given factor if the

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factor loading was 0.40 or greater for that factor, and was less than 0.40 for the other. In total, 76 out of the 79 items loaded on a given factor, according to the above-mentioned criteria. Using this criterion, thirteen items were found to load on the first factor, which was subsequently labelled the *Engagement* factor. Eight items loaded on the second factor, which was labelled the *Wellness working environment* factor. Ten items loaded on the third factor, which was labelled the *Psychological health and wellness* factor. Six items loaded on the fourth factor, which was labelled the *Organisation intervention expectations* factor. Four items loaded on the fifth factor, which was labelled the *Social support* factor. Four items loaded on the sixth factor which was labelled the *Lifestyle* factor. Five items loaded on the seventh factor, which was labelled the *Organisational culture* factor. Five items loaded on the eight factor, which was labelled the *Resourcefulness* factor. Four items loaded on the ninth factor, which was labelled the *Resilience* factor. Five items loaded on the tenth factor, which was labelled the *Human relations* factor. Four items loaded on the eleventh factor, which was labelled the *Organisational wellness support* factor. Four items loaded on the twelfth factor, which was labelled the *Physical health and wellness* factor; and, lastly, four items loaded on the thirteenth factor that was labelled the *Basic work life skills* factor. It should be noted that the following statements (questions, Q25; Q27 and Q46) did not load on any factor. If items had loadings on more than one factor, it was kept in the analysis to feature in the factor on which it loads the most. The reliability test, Cronbach's Alpha coefficient, was conducted on all the 13 employee wellness factors and the results are presented in the following tables.

Table 6.1: Cronbach's Alpha Coefficients for Factor 1 – Engagement

Factor 1 – Engagement				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
11	I am able to adjust my attitude as a result of the changing work environment	Pre_Q11	0.5608	0.8658
14	I engage in meditation, contemplation or psychotherapy to better understand my feelings	Pre_Q14	0.3733	0.8764
20	I do not feel irritable and short-tempered at home	Pre_Q20n	0.6451	0.8630
23	I do not feel frustrated at work, and powerless to make the changes that I want to see	Pre_Q23n	0.6527	0.8593
28	I have not experienced a physical medical condition caused by job stress	Pre_Q28n	0.5902	0.8633
32	I have not experienced and emotional/mental condition caused by job stress	Pre_Q32n	0.6618	0.8589
33	I feel a sense of belonging to a group or a community	Pre_Q33	0.6402	0.8612
55	When I am stressed, I do not lose my temper with colleagues who irritate me	Pre_Q55n	0.2611	0.8789
57	My current job utilises my strengths and talents	Pre_Q57	0.4974	0.8690

Factor 1 – Engagement				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
58	When I am stressed, I keep my stress at work under control, but when I get home I <u>do not</u> let loose and take my frustration out on my family	Pre_Q58n	0.5043	0.8679
60	When I am stressed, I <u>do</u> want to see or talk to other people	Pre_Q60n	0.5419	0.8659
62	When I am stressed, I <u>do not</u> lose my temper with students who irritate me	Pre_Q62n	0.6894	0.8579
76	When I am stressed, I <u>do not</u> struggle to sleep at night	Pre_Q76n	0.6549	0.8612
Cronbach's Coefficient Alpha for raw variables				**0.8745**
Cronbach's Coefficient Alpha for standardised variables				**0.8789**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 1 in the questionnaire are:

- 0.8745 for raw variables; and
- 0.8789 for standardised variables.

These results are more than the acceptable level of 0.7, proving that these items are reliable and consistent.

Table 6.2: Cronbach's Alpha Coefficients for Factor 2 – Wellness working environment

Factor 2 – Wellness working environment				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
10	I have the ability to concentrate on my job tasks	Pre_Q10	0.4935	0.8944
19	Equipment necessary to perform my job functions are working and available for usage	Pre_Q19	0.6929	0.8764
21	I feel valued at work	Pre_Q21	0.7127	0.8744
24	I feel safe at work	Pre_Q24	0.6886	0.8770
26	I receive recognition for work well done	Pre_Q26	0.5500	0.8893
43	I work in a healthy environment with respect to clean air, water and indoor pollution	Pre_Q43	0.7104	0.8748
61	I have a work space that is fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting	Pre_Q61	0.7096	0.8755
65	Equipment necessary to perform my job functions are available for usage	Pre_Q65	0.8183	0.8638
Cronbach's Coefficient Alpha for raw variables				**0.8923**
Cronbach's Coefficient Alpha for standardised variables				**0.8918**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 2 in the questionnaire are:

- 0.8923 for raw variables; and
- 0.8918 for standardised variables.

These results are more than the acceptable level of 0.7, proving that these items are reliable and consistent.

Table 6.3: Cronbach's Alpha Coefficients for Factor 3 – Psychological health and wellness

	Factor 3 – Psychological health and wellness			
Number	**Statements**	**Variable no.**	**Correlation with total**	**Cronbach's Alpha Coefficient**
5	I <u>do not</u> frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Pre_Q5n	0.5126	0.8483
13	I am able to safely express my fear and anger	Pre_Q13	0.4831	0.8521
15	I take time to relax on my own, away from everything and everyone	Pre_Q15	0.6343	0.8376
16	I commit time to reflect on my life, both good and bad experiences	Pre_Q16	0.7150	0.8308
35	I certain amount of stress is <u>not</u> good for keeping me on my toes	Pre_Q35n	0.5217	0.8477
37	I can take time out in a busy day to breathe and refocus my energy	Pre_Q37	0.5081	0.8494
39	I have a trusted friend/peer at work that I can share my frustrations with	Pre_Q39	0.5702	0.8437
49	I <u>do not</u> prefer to work under pressure as it <u>doesn't</u> make me feel alive	Pre_Q49n	0.5452	0.8456
54	I have an optimistic outlook on work and life	Pre_Q54	0.6108	0.8408
74	I feel a sense of purpose for my life	Pre_Q74	0.5707	0.8435
Cronbach's Coefficient Alpha for raw variables				**0.8574**
Cronbach's Coefficient Alpha for standardised variables				**0.8596**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 3 in the questionnaire are:

- 0.8574 for raw variables; and
- 0.8596 for standardised variables.

These results are more than the acceptable level of 0.7, proving that these items are reliable and consistent.

Table 6.4: Cronbach's Alpha Coefficients for Factor 4 – Organisational intervention expectations

	Factor 4 – Organisational intervention expectations			
Number	**Statements**	**Variable no.**	**Correlation with total**	**Cronbach's Alpha Coefficient**
30	Labour legislation provides sick leave and it is <u>not</u> my right to use it when I do not feel like going to work	Pre_Q30n	0.4925	0.7651
36	I expect my employer to provide staff counseling via EAP	Pre_Q36	0.6984	0.7000
52	When I am stressed, I have <u>no</u> difficulty concentrating on my work	Pre_Q52n	0.3423	0.7827
53	I expect my employer to provide training interventions for all staff	Pre_Q53	0.6480	0.7180

Factor 4 – Organisational intervention expectations				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
59	I expect my employer to offer physical activities during lunch times	Pre_Q59	0.6324	0.7120
73	When I do not feel like going to work, I <u>do not</u> phone in sick	Pre_Q73n	0.4153	0.7675
Cronbach's Coefficient Alpha for raw variables				**0.7761**
Cronbach's Coefficient Alpha for standardised variables				**0.7851**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 4 in the questionnaire are:

- 0.7761 for raw variables; and
- 0.7851 for standardised variables.

These results are more than the acceptable level of 0.7, proving that these items are reliable and consistent.

Table 6.5: Cronbach's Alpha Coefficients for Factor 5 - Social Support

Factor 5 - Social Support				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
22	I can freely discuss my work problems with my superior without the fear of victimisation	Pre_Q22	0.6110	0.6545
44	I have self-confidence to discuss my work problems with my immediate superior	Pre_Q44	0.7071	0.5970
69	My employer promotes two-way communication, from top down and bottom up	Pre_Q69	0.4475	0.7448
77	I have long-term career prospects with my current employer	Pre_Q77	0.4548	0.7499
Cronbach's Coefficient Alpha for raw variables				**0.7506**
Cronbach's Coefficient Alpha for standardised variables				**0.7523**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 5 in the questionnaire are:

- 0.7506 for raw variables; and
- 0.7523 for standardised variables.

These results are more than the acceptable level of 0.7, proving that these items are reliable and consistent.

Table 6.6: Cronbach's Alpha Coefficients for Factor 6 – Lifestyle

Factor 6 – Lifestyle				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
1	I maintain a healthy diet	Pre_Q1	0.3637	0.6708
17	I take time for prayer and/or connecting to my spiritual beliefs	Pre_Q17	0.5214	0.5641
40	I expect my employer to consider, understand and be flexible to my family responsibilities	Pre_Q40	0.4878	0.5971
63	It is the norm at my workplace <u>to</u> take lunch and <u>not to</u> eat at your desk	Pre_Q63n	0.5238	0.5784
Cronbach's Coefficient Alpha for raw variables				**0.6755**
Cronbach's Coefficient Alpha for standardised variables				**0.6842**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 6 in the questionnaire are:

- 0.6755 for raw variables; and
- 0.6842 for standardised variables.

These results reflect an acceptable level of between 0.6 and 0.7 and prove that the items are reliable and consistent.

**Table 6.7: Cronbach's Alpha Coefficients for Factor 7 – Organisational culture**

Factor 7 – Organisational culture				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
31	I go out of my way to help others	Pre_Q31	0.3659	0.6490
45	I expect my employer to provide career opportunities for future promotions and career prospects	Pre_Q45	0.4366	0.6202
51	I believe that change is a normal part of life and need to adapt to it	Pre_Q51	0.4771	0.6086
56	I expect my employer to respect weekends/holidays as my time for rest and relaxation	Pre_Q56	0.4004	0.6404
66	My employer provides healthy food options at the workplace	Pre_Q66	0.4851	0.5978
Cronbach's Coefficient Alpha for raw variables				**0.6742**
Cronbach's Coefficient Alpha for standardised variables				**0.6804**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 7 in the questionnaire are:

- 0.6742 for raw variables; and
- 0.6804 for standardised variables.

These results reflect an acceptable level of between 0.6 and 0.7 and prove that these items are reliable and consistent.

Table 6.8: Cronbach's Alpha Coefficients for Factor 8 - Resourcefulness

	Factor 8 - Resourcefulness			
Number	**Statements**	**Variable no.**	**Correlation with total**	**Cronbach's Alpha Coefficient**
7	I engage in regular physical activities, including walking, running, swimming, cycling, and/or yoga	Pre_Q7	0.4065	0.6138
47	I prefer to exercise in order to relief my stress	Pre_Q47	0.5143	0.5639
70	I am grateful for the blessings in my life	Pre_Q70	0.5038	0.5791
75	I have the ability to forgive myself for mistakes	Pre_Q75	0.3546	0.6329
79	I have trust in our executive management	Pre_Q79	0.3407	0.6503
Cronbach's Coefficient Alpha for raw variables				**0.6597**
Cronbach's Coefficient Alpha for standardised variables				**0.6751**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 8 in the questionnaire are:

- 0.6597 for raw variables; and
- 0.6751 for standardised variables.

These results reflect an acceptable level of between 0.6 and 0.7 and prove that these items are reliable and consistent.

Table 6.9: Cronbach's Alpha Coefficients for Factor 9 – Resilience

	Factor 9 - Resilience			
Number	**Statements**	**Variable no.**	**Correlation with total**	**Cronbach's Alpha Coefficient**
9	I do not rely on stimulants to keep me going throughout the day	Pre_Q9n	0.6936	0.4994
29	My difficult or painful experiences enabled me to grow and become a better person	Pre_Q29	0.3183	0.7309
41	I do not need any stimulants to cope with my stress	Pre_Q41	0.5880	0.5827
68	When I am stressed, I do not scream or shout or curse people who make me upset	Pre_Q68n	0.4118	0.6879
Cronbach's Coefficient Alpha for raw variables				**0.7055**
Cronbach's Coefficient Alpha for standardised variables				**0.6971**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 9 in the questionnaire are:

- 0.7055 for raw variables; and
- 0.6971 for standardised variables.

These results reflect an acceptable level of between 0.6 and 0.7 and prove that these items are reliable and consistent.

Table 6.10: Cronbach's Alpha Coefficients for Factor 10 – Human relations

Factor 10 – Human relations				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
12	I <u>do not</u> feel that I am working harder and harder but not accomplishing as much as I put in	Pre_Q12n	0.4882	0.6092
18	I <u>do not</u> feel depressed and isolated at work	Pre_Q18n	0.5265	0.5909
42	I expect my employer to promote racial diversity in the workplace	Pre_Q42	0.5150	0.6020
50	I expect my employer to promote gender equality in the workplace	Pre_Q50	0.3204	0.6773
78	I experience intimacy in my committed relationships	Pre_Q78	0.3565	0.6744
Cronbach's Coefficient Alpha for raw variables				**0.6831**
Cronbach's Coefficient Alpha for standardised variables				**0.6855**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 10 in the questionnaire are:

- 0.6831 for raw variables; and
- 0.6855 for standardised variables.

These results reflect an acceptable level of between 0.6 and 0.7 and prove that these items are reliable and consistent.

Table 6.11: Cronbach's Alpha Coefficients for Factor 11 – Organisational wellness support

Factor 11 – Organisational wellness support				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
2	I find it easy to maintain my ideal body weight	Pre_Q2	0.2746	0.7338
34	I expect my employer to provide a comprehensive medical aid for me and my family	Pre_Q34	0.6282	0.4236
38	I expect my employer to provide sustainable pension/provident fund for my retirement	Pre_Q38	0.4922	0.5401
48	I expect my employer to promote quality of work life balance	Pre_Q48	0.4013	0.5894
Cronbach's Coefficient Alpha for raw variables				**0.6410**
Cronbach's Coefficient Alpha for standardised variables				**0.6810**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 11 in the questionnaire are:

- 0.6410 for raw variables; and
- 0.6810 for standardized variables;

These results reflect an acceptable level of between 0.6 and 0.7 and prove that these items are reliable and consistent.

Table 6.12: Cronbach's Alpha Coefficients for Factor 12 – Physical health and wellness

Factor 12 – Physical health and wellness				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
3	I sleep the required 7-8 hours each night	Pre_Q3	0.4114	0.3667
4	I have enough energy to meet my daily work and family responsibilities	Pre_Q4	0.2267	0.5226
6	I schedule regular body massages	Pre_Q6	0.3886	0.4179
72	I enjoy a day of rest completely away from work	Pre_Q72	0.2886	0.5076
Cronbach's Coefficient Alpha for raw variables				**0.5264**
Cronbach's Coefficient Alpha for standardised variables				**0.5498**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 12 in the questionnaire are:

- 0.5264 for raw variables; and
- 0.5498 for standardised variables.

These results reflect less than the acceptable level of between 0.6 and 0.7 and prove that these items are not reliable and consistent.

Table 6.13: Cronbach's Alpha Coefficients for Factor 13 - Basic work life skills

Factor 13 - Basic work life skills				
Number	Statements	Variable no.	Correlation with total	Cronbach's Alpha Coefficient
8	I have regular effortless bowel movements	Pre_Q8	0.2411	0.2557
64	When I am stressed, the quality of my work is <u>not</u> negatively affected	Pre_Q64n	0.1152	0.3952
67	I have the freedom to practice my religion without fear of discrimination from colleagues	Pre_Q67	0.2568	0.2400
71	Staff performance, either good or bad, matters to my superior	Pre_Q71	0.1850	0.3200
Cronbach's Coefficient Alpha for raw variables				**0.3699**
Cronbach's Coefficient Alpha for standardised variables				**0.3708**

The Cronbach's Alpha Coefficients for all the above items serving as measures for factor 13 in the questionnaire are:

- 0.3699 for raw variables; and
- 0.3708 for standardised variables.

These results less than the acceptable level of between 0.6 and 0.7 and prove these items are not reliable and consistent.

Eleven out of thirteen employee wellness factors recorded a Cronbach's Alpha coefficient of 0.6 and above, which proves that these wellness factors are reliable and consistent for

analysis. A description for each employee wellness factor, relevant to this research study, is presented in the table below.

Table 6.14: Employee wellness factors description

Employee wellness factor	Description
Engagement	The employee's "physical, cognitive and emotional involvement in job tasks and roles" (Bergh, 2012: 363).
Wellness working environment	Similar to Herzberg's hygiene – motivational factors and refers to "work related factors that result in job satisfaction if present and dissatisfaction if absent" (Bergh, 2012: 364).
Psychological health and wellness	The "integrated, real and subjective perception of being healthy in the emotional and social domains of human functioning" (Bergh, 2012: 368).
Organisational intervention expectations	The organisation's wellness objectives supported by internal resources to promote organizational health and wellness (Bergh, 2012: 367).
Social support	Social support from colleagues (Johnson & Hall, 1988: 1336-1342; Leather et al., 1998: 161-178).
Lifestyle	The way in which people manage their nutrition and relaxation.
Organisational culture	The "system of shared values, beliefs, customs, habits and preferred behaviour in an organisation" (Bergh, 2012: 367).
Resourcefulness	The ability to search for ways of doing things and solving problems (*Oxford Advanced Learner's Dictionary*, 2004: 1001).
Resilience	The ability to bounce back from a setback of failure (Block & Kremen, 1996: 349-361).
Human relations	People interaction and their social needs in the workplace (Bergh, 2012: 264).
Organisational wellness support	Coordinated organisational policies and programmes that support employee-organisational health and wellness.
Physical health and wellness	Maintaining the human body for survival and optimal level of performance.
Basic work life skills	Basic skills for everyday work and life functioning.

6.2.2 Quasi-experimental field study results

As previously mentioned, the quasi-experimental research design was suitable for this research study, owing to the fact that research participants could not have been randomly selected for the experimental and control groups (Welman et al., 2009: 88; De Vos et al.,

2013: 149). The comparison group pretest-posttest design was selected as the specific quasi-experimental design, as both the experimental and control group received the pre-test and post-test measurements at the time (De Vos et al., 2013: 150). Both purposive and snowball sampling techniques were used to select the 40 field study research participants, with 20 participants in each of the groups. Two experimental group participants dropped out during the study, leaving a total of 38 research participants who commenced and completed the five week field study.

The original survey was not analysed with the experimental and control groups as the researcher could not confirm or deny if some respondents had been repeated in the experimental and/or control groups.

Descriptive statistics comparing the pre-test and post-test measurements for both experimental and control groups are presented in frequency tables and attached as Appendix B. The biographical information for both groups is presented in bar charts below. Since the factor analysis produced higher Cronbach's Alpha coefficients for the 13 factors compared to the six wellness categories, the quasi-experimental data will be displayed according to the wellness factors. Inferential statistics were applied to interpret the univariate and multivariate sample findings from the largest faculty within University X, as a basis to make inferences about the population, University X (Babbie et al., 2008: 475).

6.2.2.1 Field study respondents' biographical results

The experimental and control group biographical results were presented next to each other in one figure in order to illustrate either the similarities or differences between the two groups of field study respondents.

The majority of field study respondents were aged 26-35 years.
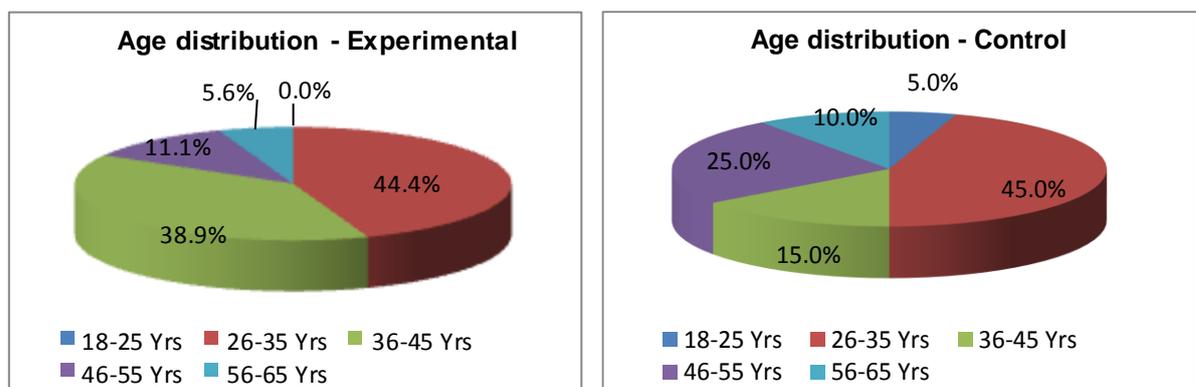
Figure 6.85: Age distribution for experimental and control groups

The experimental group and control group were compared with respect to their age distribution to determine whether the two groups used for this field study were similar. According to Table 6.15 that follows, the null hypothesis could not be rejected, which indicates that the age distributions were similar for both groups.

Table 6.15: Chi-square statistics for age distribution

Statistic	DF	Value	Prob
Chi-Square	4	4.1842	0.3817
Likelihood Ratio Chi-Square	4	4.6536	0.3247
Mantel-Haenszel Chi-Square	1	0.1341	0.7142
Phi Coefficient		0.3318	
Contingency Coefficient		0.3149	
Cramer's V		0.3318	
WARNING: 70% of the cells have expected counts less than 5. Chi-Square may not be a valid test.			

Sample Size = 38

The majority of field study respondents were female.
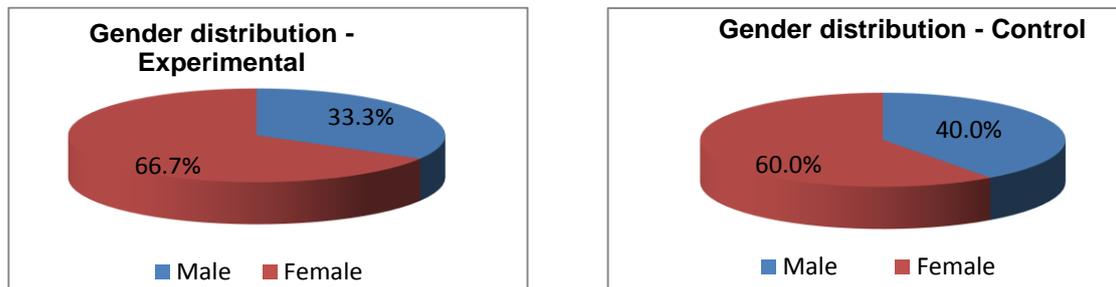
Figure 6.86: Gender distribution for experimental and control groups

The experimental group and control group were compared with respect to their gender distribution to determine whether the two groups that were used for this field study were similar. According to Table 6.16 below, the null hypothesis could not be rejected, which indicates that the gender distributions are similar for both groups.

Table 6.16: Chi-square statistics for gender distribution

Statistic	DF	Value	Prob
Chi-Square	1	0.1810	0.6706
Likelihood Ratio Chi-Square	1	0.1814	0.6702
Continuity Adj. Chi-Square	1	0.0079	0.9294
Mantel-Haenszel Chi-Square	1	0.1762	0.6747
Phi Coefficient		-0.0690	

Statistic	DF	Value	Prob
Contingency Coefficient		0.0688	
Cramer's V		-0.0690	

Sample Size = 38

The majority of respondents were administrative or non-academic staff members.
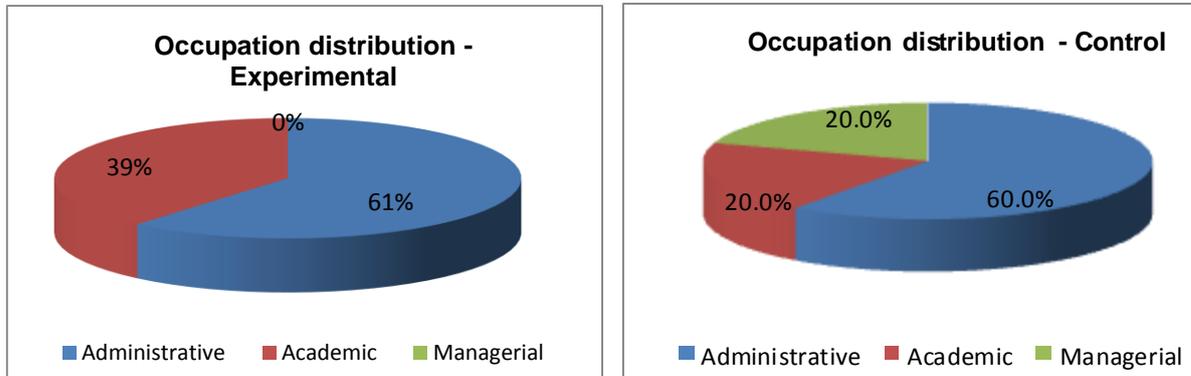
Figure 6.87: Occupation distribution for experimental and control groups

The experimental group and control group were compared with respect to their occupation distribution in order to determine whether the two groups used for this field study were similar. According to Table 6.17, the null hypothesis could not be rejected, which indicates that the occupation distributions are similar for both groups.

Table 6.17: Chi-square statistics for occupation distribution

Statistic	DF	Value	Prob
Chi-Square	2	4.7696	0.0921
Likelihood Ratio Chi-Square	2	6.3120	0.0426
Mantel-Haenszel Chi-Square	1	0.8927	0.3447
Phi Coefficient		0.3543	
Contingency Coefficient		0.3339	
Cramer's V		0.3543	
WARNING: 33% of the cells have expected counts less than 5. Chi-Square may not be a valid test.			

Sample Size = 38

The majority of respondents in the experimental group (72%) had ten and fewer years of service, while the majority of respondents in the control group (65%) had fifteen and fewer years of service.

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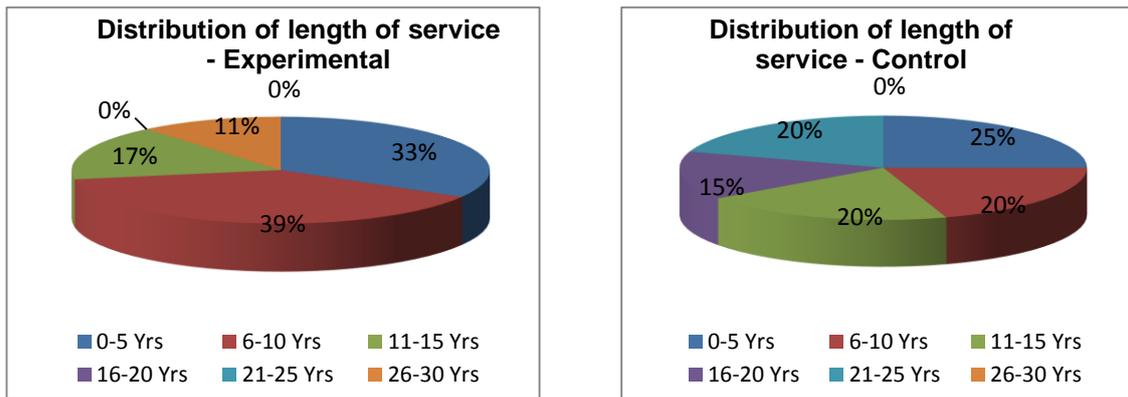
Figure 6.88: Length of service distribution for experimental and control groups

The experimental group and control group were compared with respect to their length of service distribution to determine whether the two groups used for this field study were similar. According to Table 6.18 below, the null hypothesis could not be rejected, which indicates that the length of service distributions were similar for both groups.

Table 6.18: Chi-square statistics for length of service distribution

Statistic	DF	Value	Prob
Chi-Square	5	9.9743	0.0760
Likelihood Ratio Chi-Square	5	13.4344	0.0196
Mantel-Haenszel Chi-Square	1	1.3461	0.2460
Phi Coefficient		0.5123	
Contingency Coefficient		0.4560	
Cramer's V		0.5123	
WARNING: 67% of the cells have expected counts less than 5. Chi-Square may not be a valid test.			

Sample Size = 38

The experimental group respondents had an equal percentage (27.8%) of Baccalaureas Technologiae and Magister Technologiae degrees as their highest qualification; in the control group, by comparison, the majority of respondents (30%) had a 3-year Diploma followed by National Senior Certificate (25%).
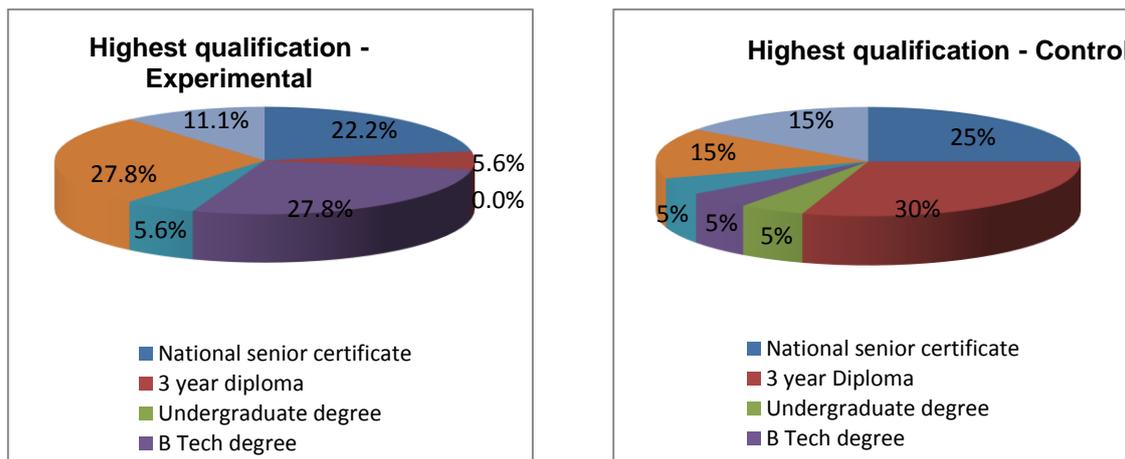
Figure 6.89: Highest qualification distribution for experimental and control groups

The experimental group and control group were compared with respect to their highest qualification distribution to determine whether the two groups used for this field study were similar. According to Table 6.19 that follows, the null hypothesis could not be rejected, which indicates that the highest qualification distributions were similar for both groups.

Table 6.19: Chi-square statistics for highest qualification distribution

Statistic	DF	Value	Prob
Chi-Square	6	7.9660	0.2406
Likelihood Ratio Chi-Square	6	8.9725	0.1751
Mantel-Haenszel Chi-Square	1	1.1025	0.2937
Phi Coefficient		0.4579	
Contingency Coefficient		0.4163	
Cramer's V		0.4579	
WARNING: 100% of the cells have expected counts less than 5. Chi-Square may not be a valid test.			

Sample Size = 38

No statistically significant differences were found between the experimental and control groups with respect to the biographical variables.

6.2.2.2 Field study employee's wellness statements results

Table 6.20 below indicates Cronbach's Alpha coefficients for the 13 employee wellness factors for the different data sets, including the pre-test and post-test measurements. It should be noted that, due to the fact that there were more variables than respondents, certain required assumptions were not met for the factor analysis, and used to give an indication of constructs that exists in the data.

Table 6.20: Cronbach's Alpha coefficients for Employee Wellness Factors

Employee wellness factor	Original survey	Experimental Pre	Experimental Post	Control Pre	Control Post
Factor 1 – Engagement	0.8745	0.6931	0.6398	0.8176	0.8193
Factor 2 – Wellness working environment	0.8923	0.7036	0.6839	0.8369	0.8441
Factor 3 – Psychological health and wellness	0.8574	0.7108	0.7890	0.6934	0.7560
Factor 4 – Organisational intervention expectations	0.7761	0.7156	0.7090	0.3945	0.6366
Factor 5 - Social support	0.7506	0.5955	0.7017	0.8097	0.6400
Factor 6 – Lifestyle	0.6755	0.5463	0.4862	0.4332	0.5297
Factor 7 – Organisational culture	0.6742	0.3983	0.3853	0.3709	0.5143
Factor 8 - Resourcefulness	0.6597	0.5304	0.4261	0.5959	0.6292
Factor 9 - Resilience	0.7055	0.6789	0.4670	0.7113	0.6620
Factor 10 – Human relations	0.6831	0.7162	0.6853	0.4694	0.3813
Factor 11 – Organisational wellness support	0.6410	0.5254	0.6428	0.4803	0.5528
Factor 12 – Physical health and wellness	0.5264	0.3434	0.4564	0.3986	0.5937
Factor 13 – Basic work life skills	0.3699	0.4593	0.5544	0.2883	0.5393

The first three employee wellness factors indicate an acceptable Cronbach's Alpha coefficient of between 0.6 and 0.7 (Sekaran, 2003: 205) for all the data sets, including pre-test and post-test measurements, proving that these items are reliable and consistent for analysis. In addition, the experimental group has an acceptable Cronbach's Alpha coefficient for factors 4 and 10 for both pre-test and post-test; whereas, the control group had an acceptable Cronbach's Alpha coefficient for factors 5 and 9.

This field study was conducted to develop and empirically test a holistic employee wellness programme that meets the needs and expectations of University X's staff. In order to determine if the five wellness activities selected for this field study's wellness interventions had any effect on the experimental group, the statistical difference between the pre-test and post-test had to be calculated. SAS computed a P-value (Probability value) that measured the statistical significance. Results were regarded as significant if the p-values were smaller than 0.05, as this value presents an acceptable level of 95% confidence interval ($p \leq 0.05$) (Schindler & Cooper, 2001: 509).

The analysis of variance (ANOVA) was used to measure the statistical differences between the pre-test and post-test measurement means between the experimental and control groups. Firstly, the pre-test measurements between the experimental and control groups were compared to determine whether the means differed. Secondly, the pre-test and post-test measurements were compared, determining whether there was a difference after the wellness intervention was completed. In order to ensure that pre-test measurement differences did not influence the outcome regarding whether or not the wellness intervention

had made a difference, the General Linear Model (PROC GLM) procedure of SAS was also conducted by entering the group and pre-test measurements variables as the independent variables and the post-test measurements as the dependent variables. Owing to the fact that there was doubt whether data was normally distributed (which is a pre-assumption to be adhered to when ANOVA is performed), the Mann Whitney rank order test for non-parametric data was also performed on the pre-test measurements. The differences between the pre-test and post-test means for the experimental and control groups are summarised in Table 6.21:

Table 6.21: Differences between pre-test and post-test means for experimental and control groups

Employee wellness factor	Experimental Group			Control Group		
	N	Pre Mean	Post Mean	N	Pre Mean	Post Mean
Factor 1 - Engagement	18	2.50	**2.64**	20	2.59	**2.64**
Factor 2 – Wellness working environment	18	2.31	**2.34**	20	2.61	2.59
Factor 3 – Psychological health and wellness	18	2.66	**2.85**	20	2.61	2.60
Factor 4 – Organisational intervention expectations	18	3.03	**3.18**	20	2.97	**3.06**
Factor 5- Social Support	18	2.29	**2.39**	20	2.49	**2.51**
Factor 6 - Lifestyle	18	2.92	2.90	20	2.68	**2.75**
Factor 7 – Organisational culture	18	3.29	3.18	20	3.01	2.96
Factor 8 - Resourcefulness	18	2.70	**2.93**	20	2.75	**2.79**
Factor 9 - Resilience	18	2.86	**3.11**	20	2.92	**2.99**
Factor 10 – Human Relations	18	2.91	**3.14**	20	3.04	**3.08**
Factor 11 – Organisational wellness support	18	3.21	**3.49**	20	3.22	**3.26**
Factor 12 – Physical health and wellness	18	2.39	**2.49**	20	2.36	2.31
Factor 13 – Basic work life skills	18	2.78	**2.81**	20	2.91	2.90

The experimental group pre-test means increased in the post-test for all of the factors, except for factor 6 and factor 7. The control group post-test means did not share the same increases as the experimental group, with only eight factors means increasing between pre-test and post-test.

Next, the mean differences between pre-test and post-test measurements were compared between the experimental and control groups to determine whether the experimental group improved more than the control group on the employee wellness factors. Statistical differences were recorded in two employee wellness factors, namely factor 12 – Physical health and wellness; and factor 3 – Psychological health and wellness.

In employee wellness factor 12 – Physical health and wellness, variable 6 (I schedule regular

body massages) displayed a statistically significant difference for the pre-test and post-test means between the experimental and control groups. The below the boxplot in Figure 6.90 illustrates this difference.
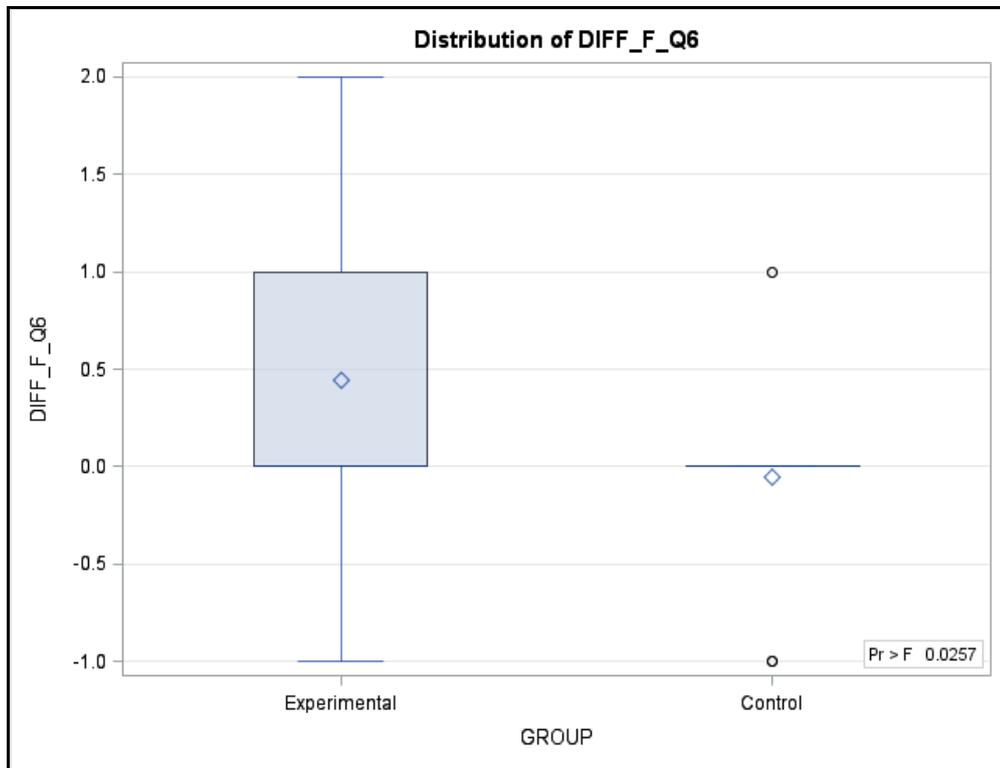
Figure 6.90: Boxplot difference between pre-test and post-test measurement for physical health and wellness statement 6

In addition to the boxplot illustration, the ANOVA and Mann Whitney rank sums are presented in the tables below to show the statistical difference.

Table 6.22: ANOVA statistics for wellness statement 6

Analysis of Variance for Variable DIFF_F_Q6 Classified by Variable GROUP		
GROUP	**N**	**Mean**
Experimental	18	0.444444
Control	20	-0.050000

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Among	1	2.316082	2.316082	5.4162	0.0257
Within	36	15.394444	0.427623		
Average scores were used for ties.					

Table 6.23: Statistics for Mann Whitney rank sums for statement 6

Wilcoxon Scores (Rank Sums) for Variable DIFF_F_Q6 Classified by Variable GROUP					
GROUP	N	Sum of Scores	Expected Under H0	Std Dev Under H0	Mean Score
Experimental	18	412.50	351.0	28.784775	22.916667
Control	20	328.50	390.0	28.784775	16.425000
Average scores were used for ties.					

Wilcoxon Two-Sample Test	
Statistic	412.5000
Normal Approximation	
Z	2.1192
One-Sided Pr > Z	0.0170
Two-Sided Pr > |Z|	0.0341
t Approximation	
One-Sided Pr > Z	0.0204
Two-Sided Pr > |Z|	0.0408
Z includes a continuity correction of 0.5.	

Kruskal-Wallis Test	
Chi-Square	4.5648
DF	1
Pr > Chi-Square	0.0326

It is apparent that, from before the wellness intervention to thereafter, the experimental group values for statement 6 (I schedule regular body massages) increased statistically more than those of the control group. As the control group did not receive the wellness activities, it shows that it is statistically significant that more respondents from the experimental group scheduled regular body massages after the wellness intervention than before the field study.

Employee wellness factor 3 - Psychological health and wellness - is the only complete factor in which a statistically significant difference was recorded. The increase in values for the experimental group was statistically significantly higher than the increases in the control group. The higher the value, the more respondents agreed with a statement and, in relation to this factor, with all the statements. It seems that the experimental group respondents who participated in the wellness intervention improved their psychological health and wellness more than the control group respondents did. The inferential statistical tables (Tables 6.24

and 6.25) and scatterplot (Figure 6.91) below illustrate this statistically significant difference for employee wellness factor 3 – Psychological health and wellness.

Table 6.24: Inferential statistics for factor 3: Psychological health and wellness

Dependent Variable: FACTOR3_POST					
Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	2	1.14944174	0.57472087	5.05	0.0118
Error	35	3.98108457	0.11374527		
Corrected Total	37	5.13052632			

R-Square	Coeff Var	Root MSE	FACTOR3_POST Mean
0.224040	12.41854	0.337261	2.715789

Source	DF	Type I SS	Mean Square	F Value	Pr > F
GROUP	1	0.61602632	0.61602632	5.42	0.0259
FACTOR3_PRE	1	0.53341543	0.53341543	4.69	0.0372

Source	DF	Type III SS	Mean Square	F Value	Pr > F
GROUP	1	0.53083646	0.53083646	4.67	0.0377
FACTOR3_PRE	1	0.53341543	0.53341543	4.69	0.0372
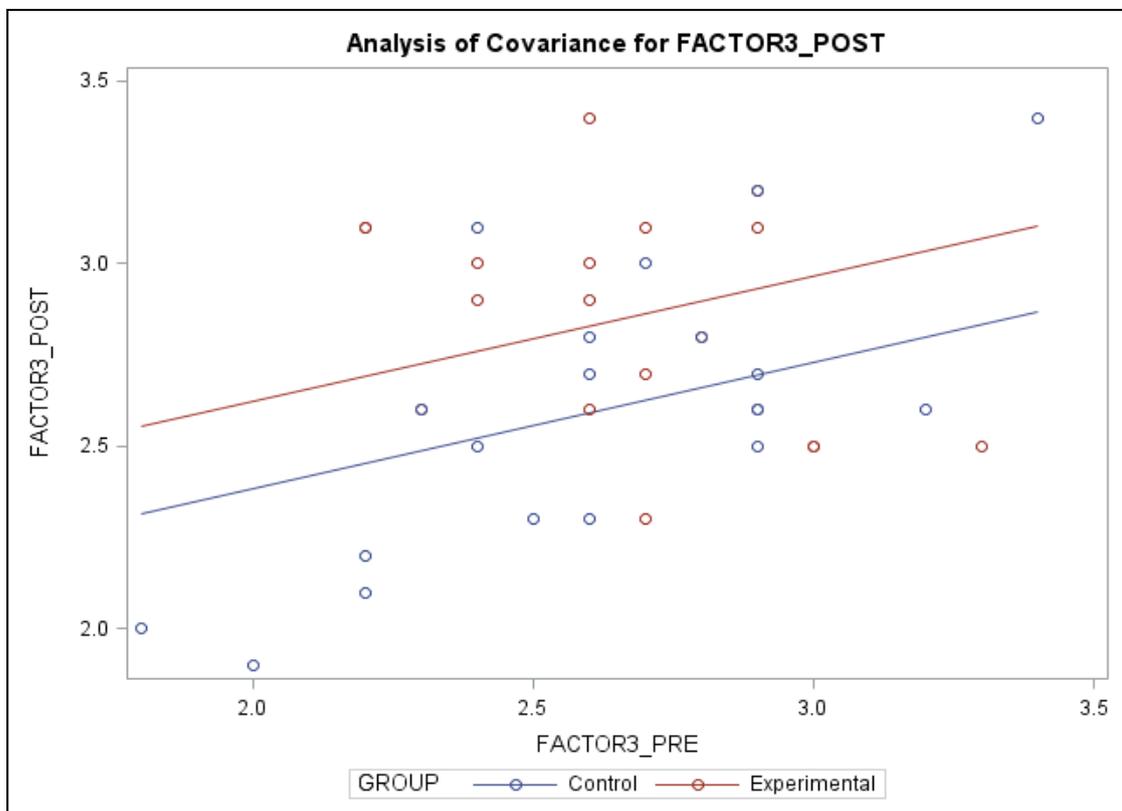
Figure 6.91: Scatterplot difference between pre-test and post-test measurement of factor 3 Psychological health and wellness

Table 6.25: Least squares means

GROUP	FACTOR3_POST LSMEAN	H0:LSMean1=LSMean2
		Pr > |t|
Control	2.60335334	0.0377
Experimental	2.84071851	

The quasi-experimental results indicated that there was no statistical difference between the experimental and control groups with respect to their biographical variables, and it could be assumed that the two groups shared a similar biographical distribution. More respondents from the experimental group schedule regular body massages after the wellness intervention than before the field study. It seems that the experimental group respondents who participated in the wellness intervention improved their psychological health and wellness more than the control group respondents did.

6.3 Qualitative data

The qualitative data was obtained via (1) focus and support group discussions, and (2) personal documents in the form of wellness reflection journal summaries. Theme identification was used to reduce the qualitative data (Welman et al., 2009: 211) which was based on the 13 employee wellness factors identified during the quantitative factor analysis. Network displays were used to create a comprehensive picture of the qualitative data in order to understand how the variables are connected and influence one another (Welman et al., 2009: 219-220). As the experimental group received the complete wellness intervention while the control group did not, the qualitative data obtained during the field study is displayed under each group in order to present the group differences clearly.

6.3.1 Experimental group's qualitative field results

Five focus and support group discussions were conducted with the experimental group and each session had separate themes. The five wellness themes were as follows:

1) Environmental health and wellness - with regards to ergonomics, how staff experienced their offices and general facilities.
2) Environmental health and wellness - with regards to how University X should create a wellness working environment.
3) Social health and wellness - with regards to a sense of belonging and friendships.
4) Coping strategies for work and personal stressors.

5) Physical health and wellness – with regards to physical movement and nutrition.

The network displays below were created for each wellness theme and the relevant wellness factors that were identified. Arrows indicate the flow of independent variables and their effect on the dependent variable, employees' wellness status.
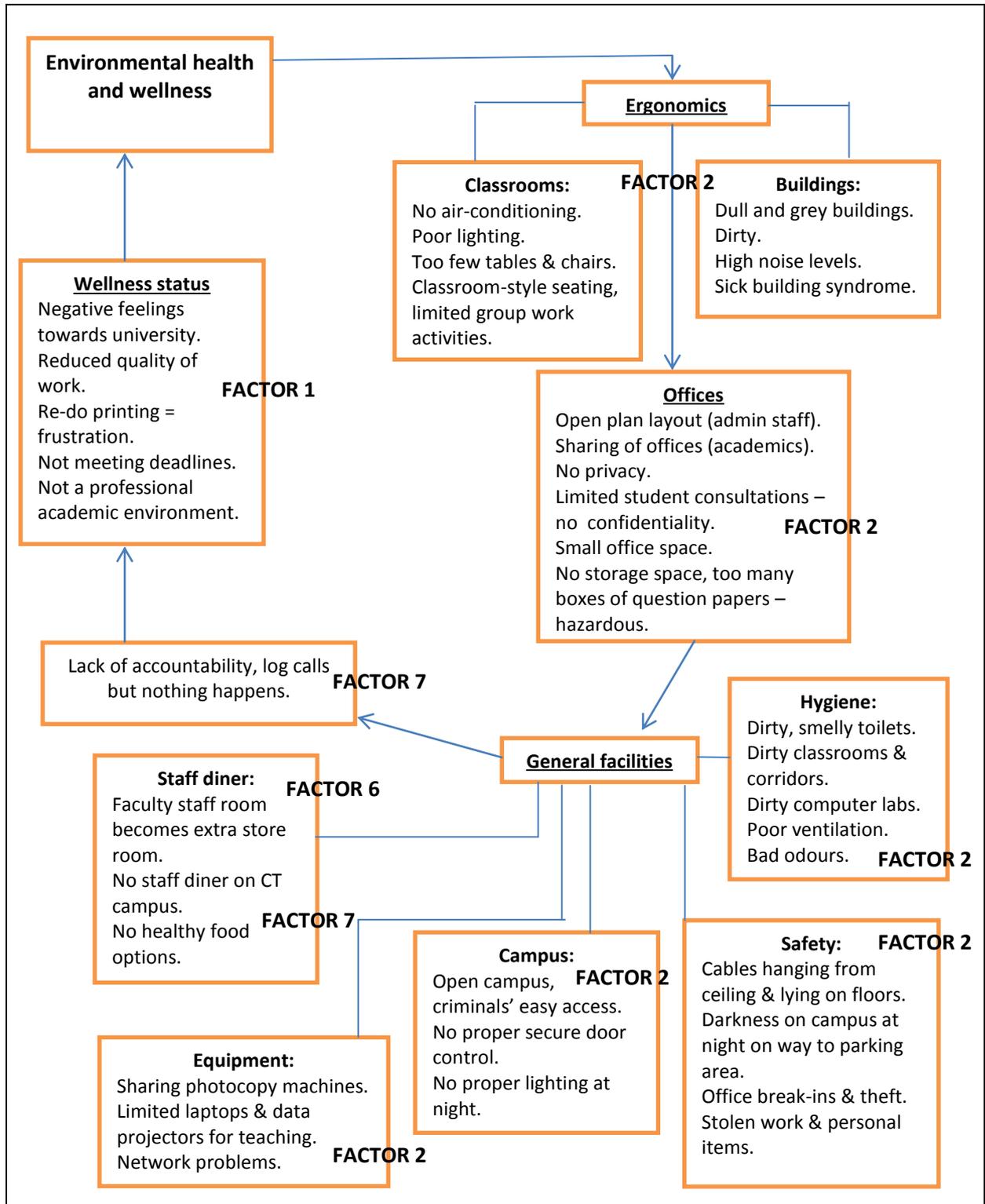
Figure 6.92 Experimental group – Environmental health and wellness

The environmental health and wellness focus and support group discussion, with particular reference to ergonomics, offices and general facilities (independent variables), identified three employee wellness factors, namely: Factor 2 – W*ellness working environment*, Factor 6 – *Lifestyle*, and Factor 7 – *Organisational culture* that impacted on staff wellness status. The dependent variable, Wellness status, showed strong similarities to Factor 1 *Engagement*.
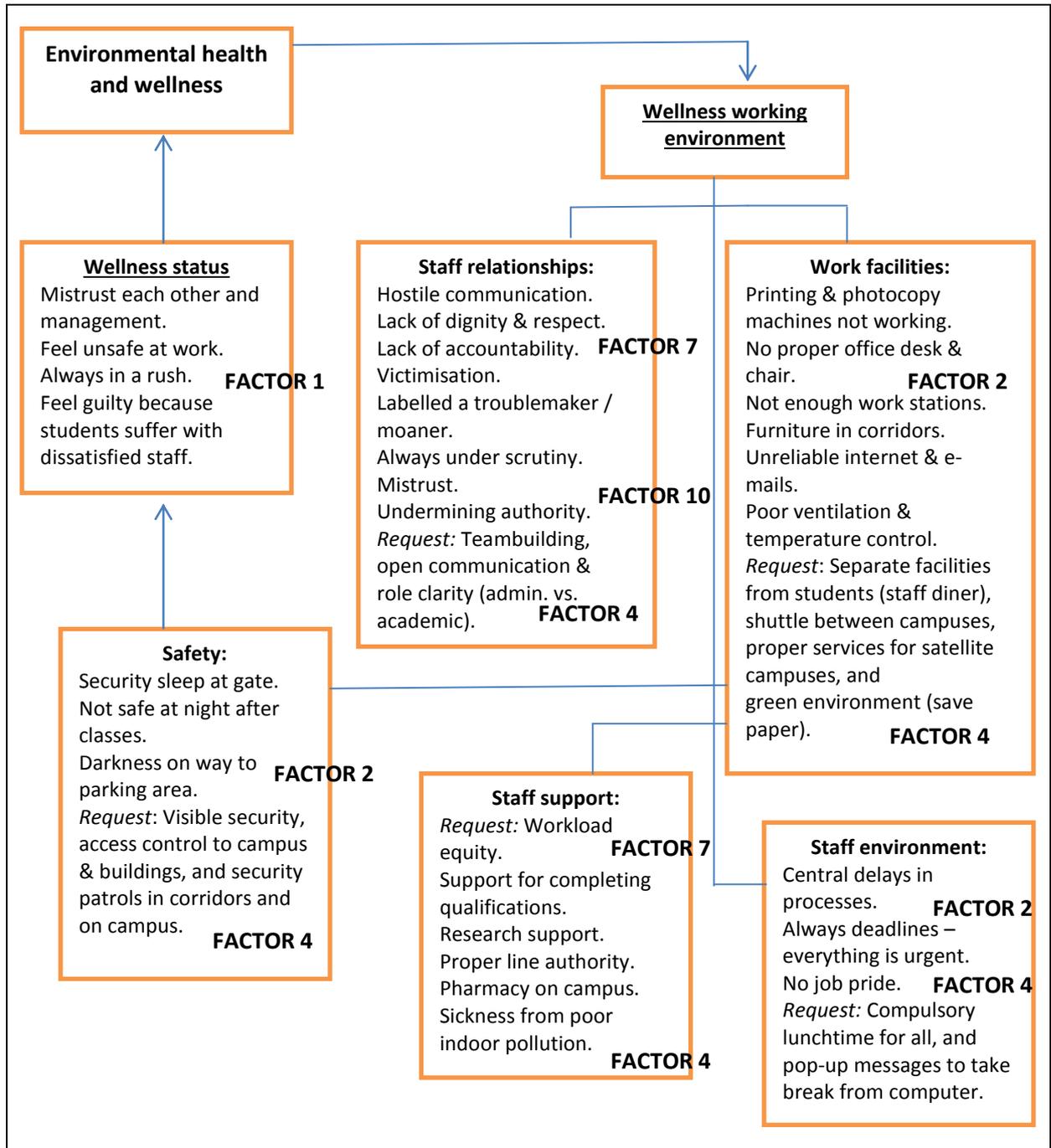
Figure 6.93 Experimental group - Environmental health and wellness for wellness working environment

The second environmental health and wellness focus and support group discussion with particular reference to University X's wellness working environment (work facilities, staff relationships, staff support, staff environment and safety) identified four employee wellness factors, namely: Factor 2 – *Wellness working environment*, Factor 4 – *Organisational intervention expectations*, Factor 7 – O*rganisational culture*, and Factor 10 – H*uman relations* that impacted on their wellness status or Factor 1 – *Engagement*.

Social health and wellness

Sense of belonging

Social networks:
Receive support from students.
Need someone to talk to.   **FACTOR 10**
Need motivation & encouragement.
Non-threatening environment.
Voice opinions.
Vent frustrations (get it out).
Relationships based on status.   **FACTOR 5**
Status of contract vs. permanent staff.

University X's culture:
Hostile.
Cold atmosphere.   **FACTOR 7**
Too much politics.
Added trade union politics.
Lack of work ethic.
Always looking over your shoulder.
Sadness rubs off on you.
Staff feel punished for being honest.
University consumes & drains you.
Two cultures: Tech A vs. Tech B.
Status orientated.
Mistrust.   **FACTOR 10**
Lack of mutual respect.
Watch what you say.
People only know you when they want something.
Lack of common decency.
Destructive messages as jokes.
Staff don't greet, many don't greet back.
Territorial over floors & classrooms.
Privileges for some staff.
14 staff members resigned between Jan-May 2013.

Wellness status
Students give lecturers more conversation than colleagues.   **FACTOR 1**
Student interaction more rewarding.
Feel lonely.
Staff hides in their offices because they are afraid.

Role identity:
Admin vs. Academic.
Who's job is it?
Lack of natural promotion (stuck).   **FACTOR 2**

Friendships

FACTOR 5   **Trusted work friend:**
Informal chats in corridor.
Limited "trusted" friends at work.   **FACTOR 3**

Family support: **FACTOR 5**
Reflecting at home.
Take work problems home.   **FACTOR 11**

Figure 6.94 Experimental group - Social health and wellness

The social health and wellness focus and support group discussion, with particular reference to sense of belonging and friendships, identified six employee wellness factors, namely: Factor 2 – *Wellness working environment*, Factor 3 – *Psychological health and wellness*, Factor 5 – S*ocial support*, Factor 7 – *Organisational culture*, Factor 10 – *Human relations,* and Factor 11 – *Organisational wellness support* that impacted on their wellness status or Factor 1 – *Engagement*.
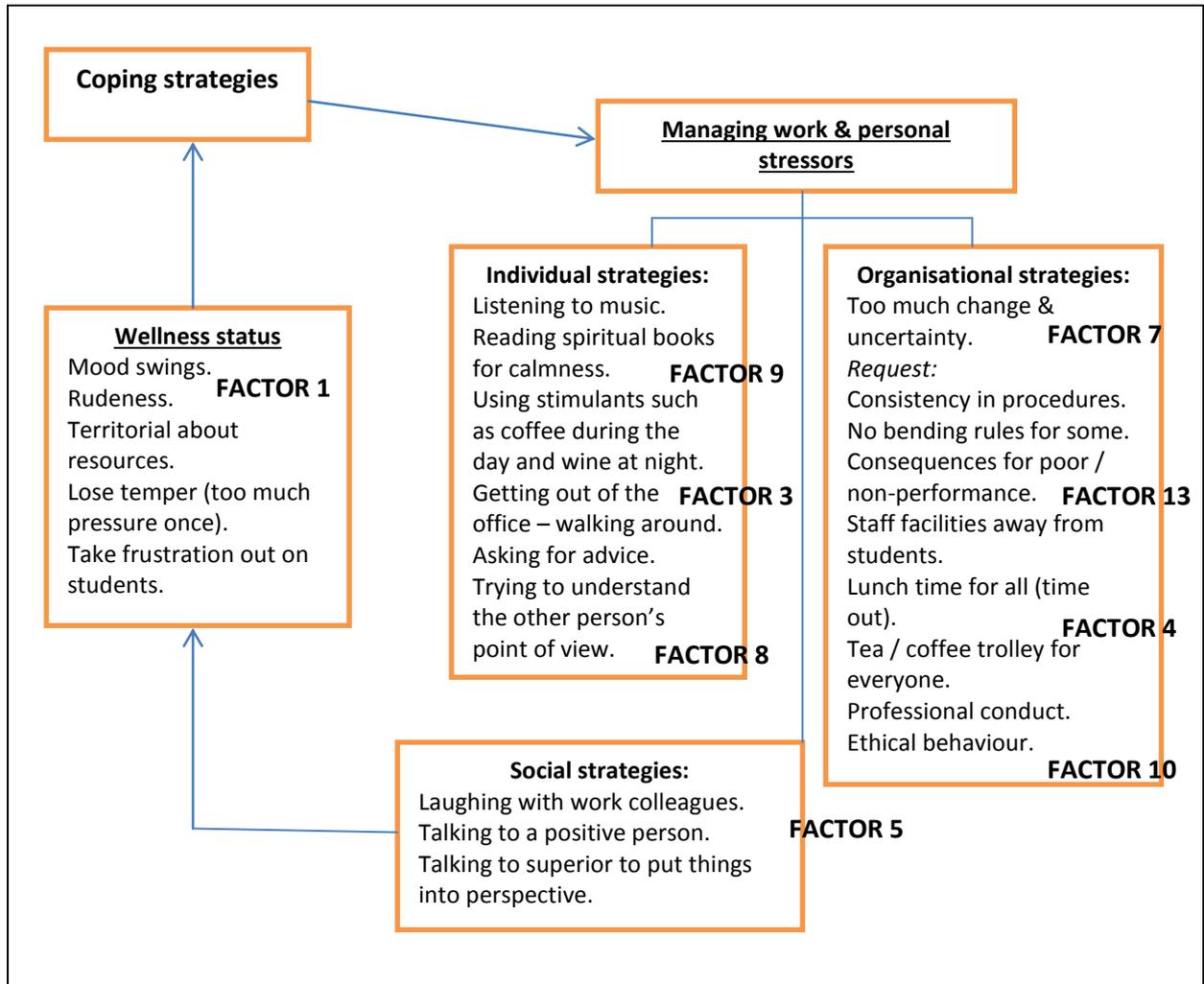
Figure 6.95 Experimental group – Coping strategies

The coping strategies focus and support group discussion, with particular reference to managing work and personal stressors, identified eight employee wellness factors, namely: Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations*, Factor 5 – S*ocial support*, Factor 7 – *Organisational culture*, Factor 8 – *Resourcefulness*, Factor 9 – *Resilience*, Factor 10 – *Human relations,* and Factor 13 – *Basic work life skills* that impacted on their wellness status or Factor 1 – *Engagement*.
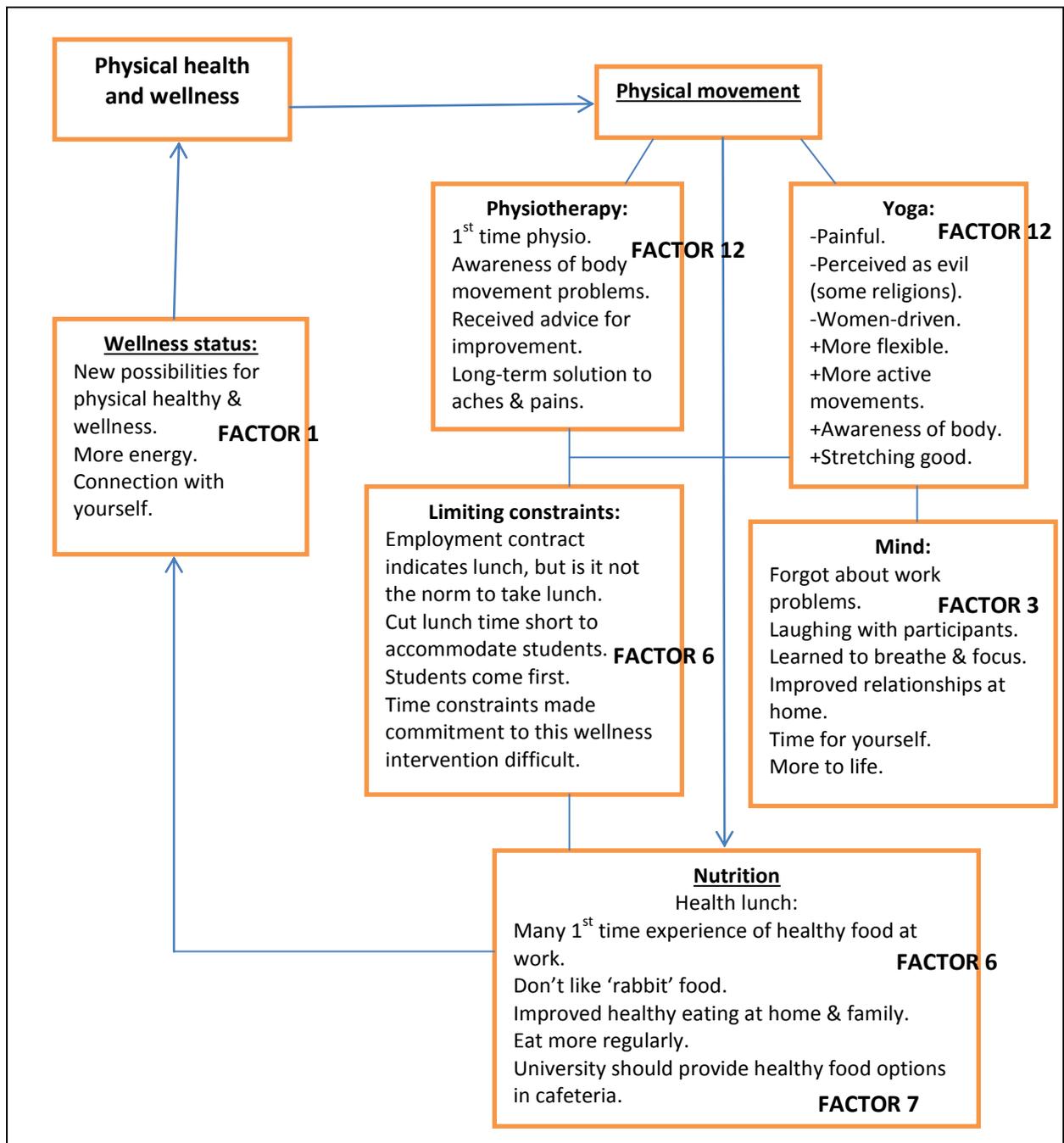
Figure 6.96 Experimental group – Physical health and wellness

The physical health and wellness focus and support group discussion with particular reference to physical movement and nutrition, also highlighting the mind and limiting constraints, identified four employee wellness factors, namely: Factor 12 – *Physical health and wellness*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, and Factor 3 – *Psychological health and wellness* that impacted on their wellness status or Factor 1 – *Engagement*.

At the beginning of the five-week field study (29 April 2013), each experimental group participant received a journal note book to write about their wellness journey during this

period. The researcher requested a summary of their wellness reflection journal to be submitted a week after the field study ended (7 June 2013). These personal documents, in the form of wellness reflection journal summaries, enriched the data collection and provided a holistic perspective (De Vos et al., 2013: 378) of University X's staff everyday wellness experiences. The researcher received eleven of a possible eighteen summaries from experimental group participants and, as far as possible, retained the participants' own words. The experimental groups' wellness reflection journal network displays are numbered E1 to E11 as illustrated below.
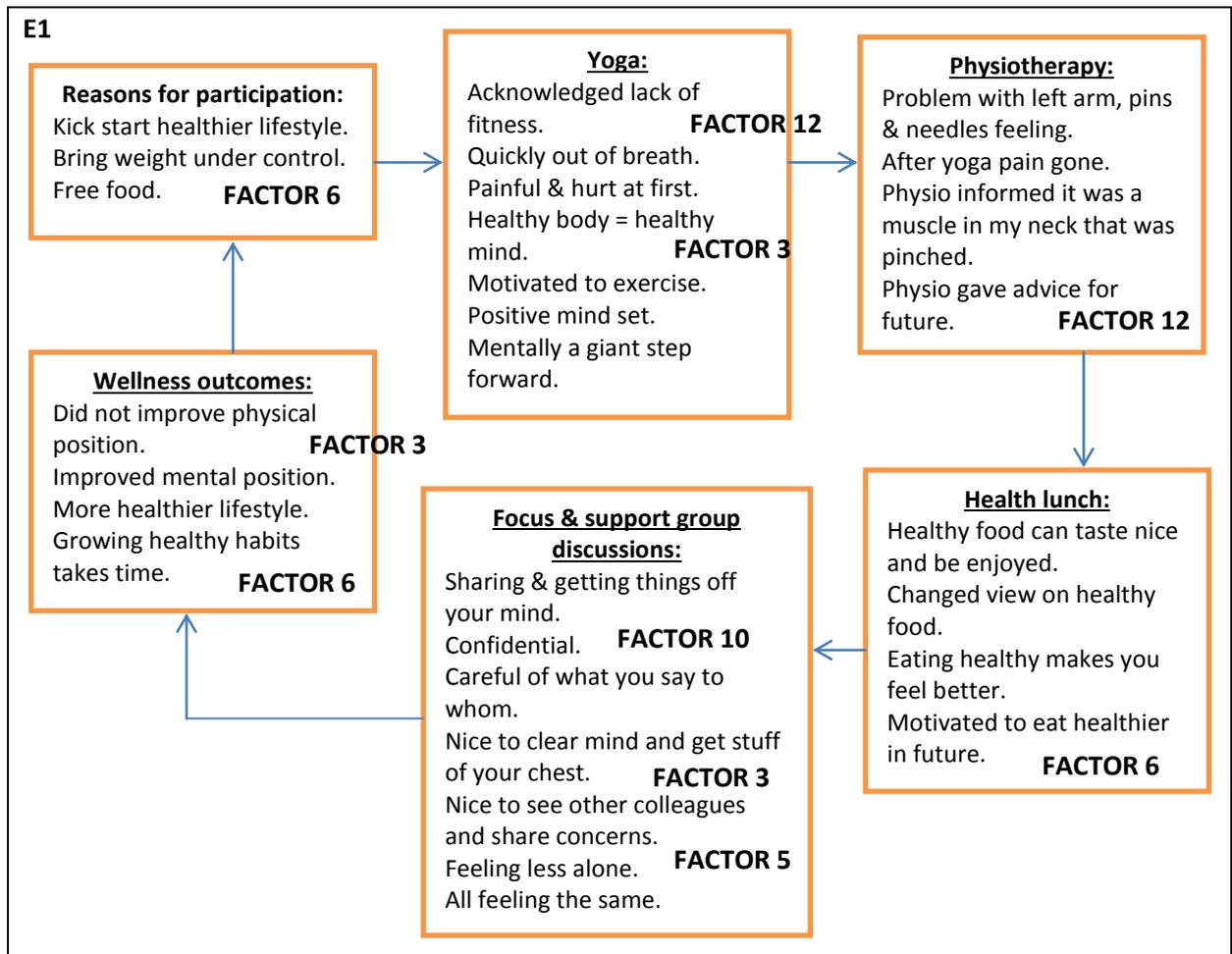
Figure 6.97 Experimental group participant 1 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 1 (E1) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 3 – *Psychological health and wellness*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 10 – *Human relations* and Factor 12 – *Physical health and wellness*.

E2

Reasons for participation:
Get away from desk for at least one hour, as lunch breaks is not done in the office.
Operation 24/7. **FACTOR 6**

Yoga / Physiotherapy:
Very painful. **FACTOR 12**
Acknowledge bad posture.
Learnt how to breathe and relax. **FACTOR 3**
Exercise should be provided in the workplace. **FACTOR 4**

Health lunch:
Had regular bowl movements. **FACTOR 6**
University should consider proper catering for healthy food options at work.
FACTOR 7

Wellness outcomes:
Lesser feeling to resign from this place. **FACTOR 3**
This place is driving me insane.
Fear of suffering from illness caused by work stress.
FACTOR 1

Focus & support group discussions:
Very informative. **FACTOR 5**
Sharing frustrations with colleagues.
Fear of victimisation. **FACTOR 10**
Spreading rumours / stories within faculty.

Figure 6.98 Experimental group participant 2 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 2 (E2) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – E*ngagement*, Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisation intervention expectations*, Factor 5 – *Social support,* Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 10 – *Human relations* and Factor 12 – *Physical health and wellness*.

E3

Reasons for participation:
Acknowledge inadequate health & wellness, and Wanted to improve. **FACTOR 12**
Extremely tense in the office, wanted to get out.
Personal life being affected by work tense.
FACTOR 1 & 3

Yoga / Physiotherapy:
Eye opening experience.
Stretches for beginners at home (extra hand-outs).
Extremely difficult.
Hurt. **FACTOR 12**
Found body parts did not know existed before.
Excited for more.

Health lunch:
Enjoyed smoothies for future. **FACTOR 6**
Cutting out unhealthy foods.

Wellness outcomes:
I feel like a burden. **FACTOR 3**
Going to miss the wellness intervention.
Changed mind about **FACTOR 6**
healthy living, never given it much thought.
Too much office politics.
FACTOR 7

Wellness journaling:
Scary to put thoughts on paper.
Helped to see things clearly. **FACTOR 3**
Going to continue with it.

Focus & support group discussions:
Speaking openly.
Take time to have conversation with other people. **FACTOR 10**
Getting to know other people.
Afraid of greeting people, might not greet back. **FACTOR 1**
Nice to smile and greet people.
Loved focus & support groups.
Must continue with get **FACTOR 3**
together away from work & politics. **FACTOR 5**

Figure 6.99 Experimental group participant 3 - Wellness reflection journal summary

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The wellness reflection journal summary of experimental group participant 3 (E3) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 10 – *Human relations* and Factor 12 – *Physical health and wellness*. This participant also shared the benefit of wellness reflection journaling.

E4

Reasons for participation:	Yoga / Physiotherapy:
Experiencing back & wrist pains.	1st time doing it.
Job stress.	Enjoyed activities.
FACTOR 12	Gained flexibility & balance. **FACTOR 12**
FACTOR 1	Improved respiratory & breathing.
	Feeling calm. **FACTOR 3**
	Concentrating on poses helped me to forget about work anxiety.

Wellness outcomes:	Focus & support group discussions:
Alleviated some physical problems. **FACTOR 12**	Networked with other colleagues.
Managed to let go of stress. **FACTOR 3**	Instead of being strangers, becoming colleagues. **FACTOR 5**
Learned how to relax.	Respecting other people regardless of
Practice a healthy lifestyle. **FACTOR 6**	race, religion or nationality. **FACTOR 10**

Figure 6.100 Experimental group participant 4 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 4 (E4) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 10 – *Human relations* and Factor 12 – *Physical health and wellness*.

E5

Reasons for participation:
Drowning in work. **FACTOR 3**
No social life. **FACTOR 11**
No work life balance.
Worked over weekends. **FACTOR 7**
No energy.
FACTOR 12

Yoga / Physiotherapy:
Stretching exercises helped me to realise the **FACTOR 12** importance of exercise.
Learning about my body.

Time out:
Becoming one with myself.
More meditation. **FACTOR 1**
Seeking time balance.
Improved mental capacity.
Connecting to Higher Power (Jesus Christ). **FACTOR 6**
Improved spiritual calmness.

Wellness outcomes:
Improved physical movements. **FACTOR 12**
Not working over weekends.
Feel healthier. **FACTOR 6**
Need to be more committed to my health.
More energy. **FACTOR 1**
Improved overall productivity.
Improved my mood. **FACTOR 3**

Health lunch:
Eat food that is nutritious.
Re-look at what I eat.
Eat food to feel good. **FACTOR 6**

Figure 6.101 Experimental group participant 5 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 5 (E5) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture,* and Factor 12 – *Physical health and wellness*. The participant's time out activity was a positive by-product of the yoga/physiotherapy wellness activity that contributed to Factors 1 and 6.

E6

Reason for participation:
Low fitness level.
FACTOR 12

Yoga:
Eye opening experience.
Revealed low level of fitness.
Stretching & breathing quite demanding.
Enjoyed activities. **FACTOR 12**
Practical exercises from book at home to practice.
Deep breathing helped.

Physiotherapy:
Revealed back problems.
Office chair gave me **FACTOR 2** muscular skeletal damage.
Physiotherapist gave advice.
Want to schedule more sessions. **FACTOR 12**

Wellness outcomes:
When stressed, I stretch & breathe and feel a sense of relief. **FACTOR 8**
More me-time. **FACTOR 3**
Improved breathing.
Lost 1 kg of weight. **FACTOR 6**
Can walk longer distances without getting tired.
Scheduled more gym sessions, want to improve fitness. **FACTOR 12**

Focus & support group discussions: **FACTOR 5**
Pleasure to share with colleagues.
Negative physical aliment from office ergonomics. **FACTOR 4**
University must listen to staff & make improvements. **FACTOR 7**
University has toxic environment.
Difficult to create friendships with other staff.
Request more social gatherings to expand social support group at work. **FACTOR 10**

Health lunch:
Did not enjoy healthy food.
Became better with change of menu. **FACTOR 6**
University should provide healthier food options. **FACTOR 7**

Figure 6.102 Experimental group participant 6 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 6 (E6) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 2 – *Wellness working environment,* Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 8 – *Resourcefulness,* Factor 10 – *Human relations,* and Factor 12 – *Physical health and wellness.*
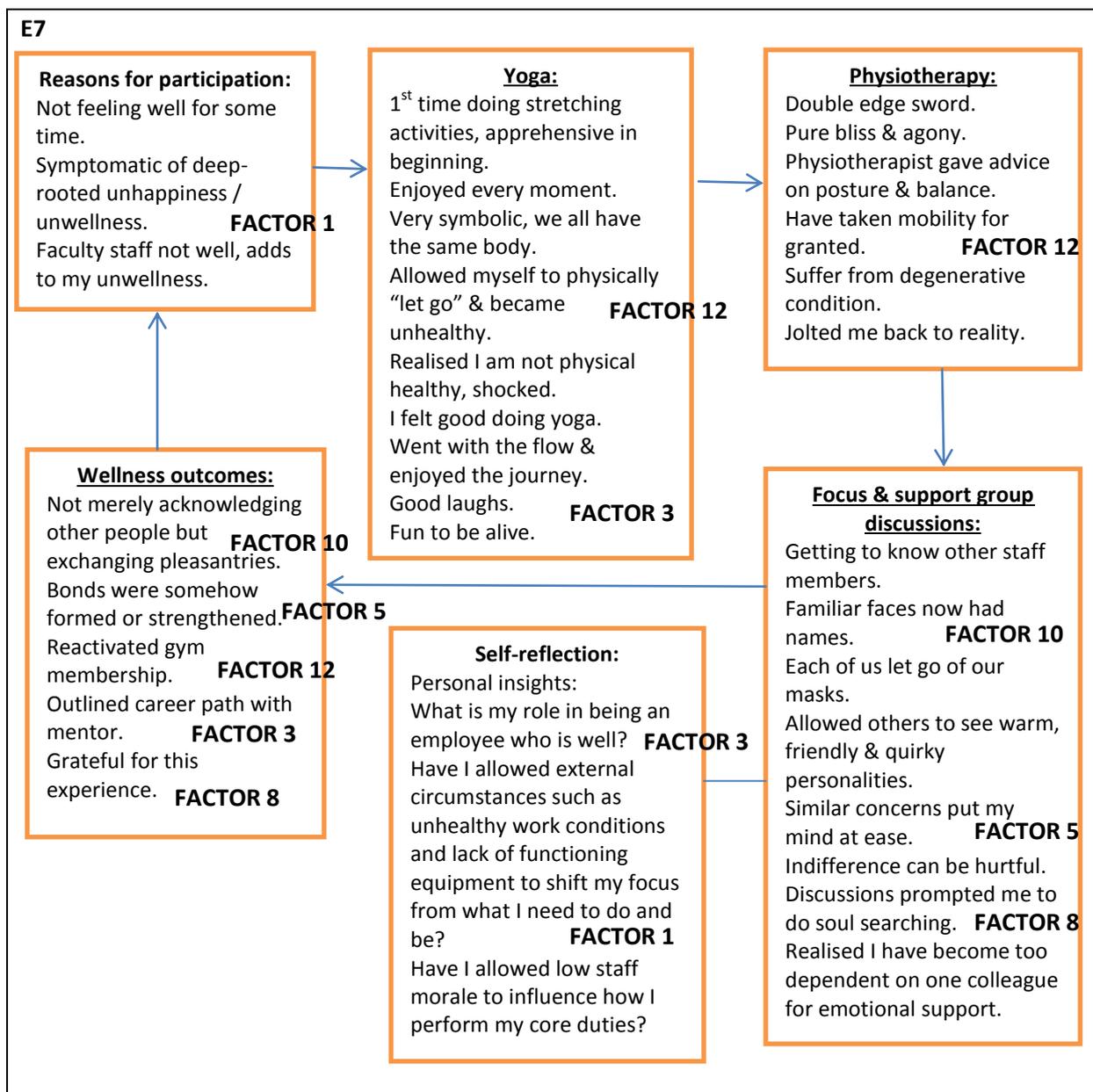
Figure 6.103 Experimental group participant 7 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 7 (E7) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 5 – *Social support*, Factor 8 – *Resourcefulness*, Factor 10 – *Human relations,* and Factor 12 –

Physical health and wellness. This participant also shared his/her self-reflection which was a positive by-product of the focus and support group discussions and strengthened wellness Factors 1 and 3.
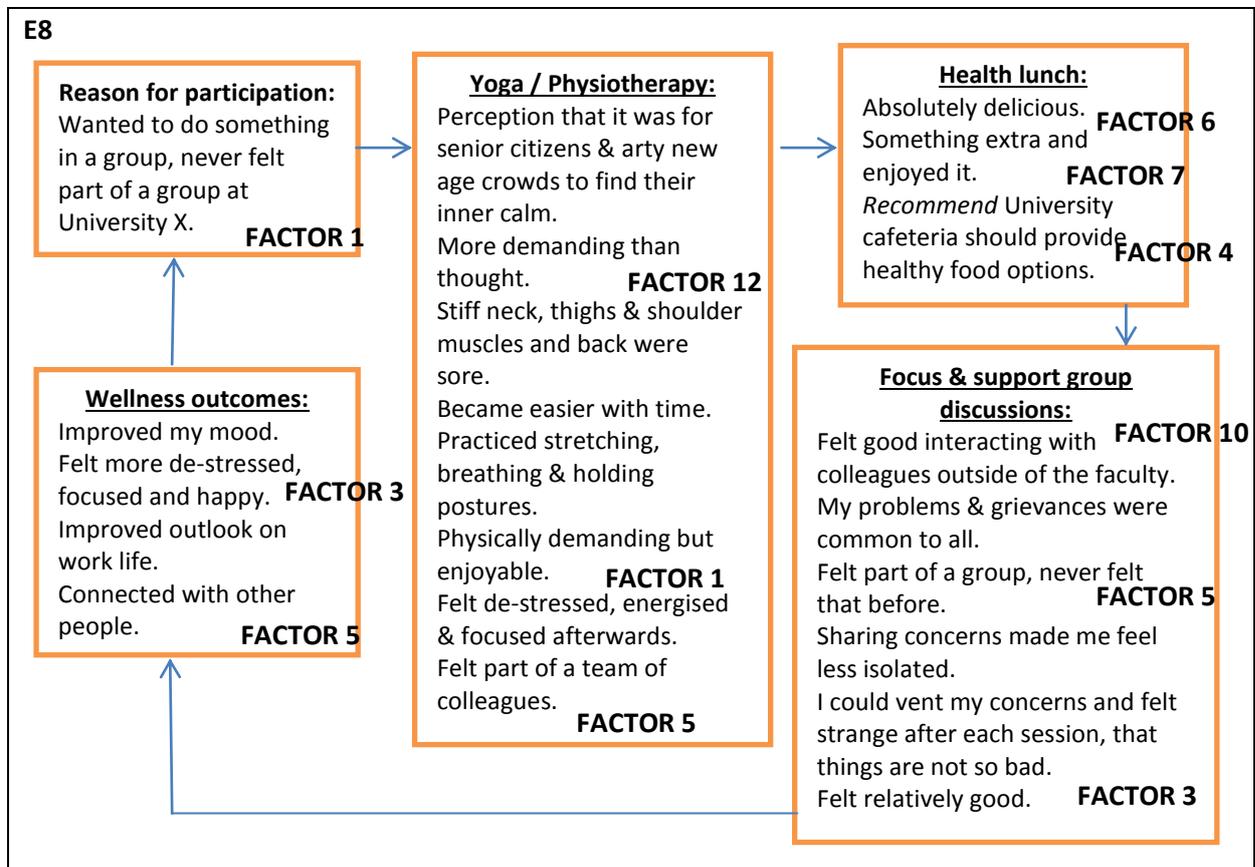
Figure 6.104 Experimental group participant 8 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 8 (E8) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture,* Factor 10 – *Human relations,* and Factor 12 – *Physical health and wellness.*

Reason for participation:
Wanted to learn something new and improve health. **FACTOR 3**

Yoga:
1st time trying it.
Thought it was only for women. **FACTOR 12**
Painful in beginning, got better with time.
Deep breathing helped to focus.
Helped me to relax.

Physiotherapy:
Fantastic. **FACTOR 12**
Loosen all shoulder knots and muscle pain.

Wellness outcomes:
Learned how to relax muscles. **FACTOR 12**
Reduced headaches & tiredness.
Feel physically & mentally stronger. **FACTOR 3**
More patience with staff members. **FACTOR 1**
Recommend University to continue with similar activities during lunch time for all staff. **FACTOR 4**

Health lunch:
Enjoyed smoothies most.
Reward for finishing yoga. **FACTOR 6**
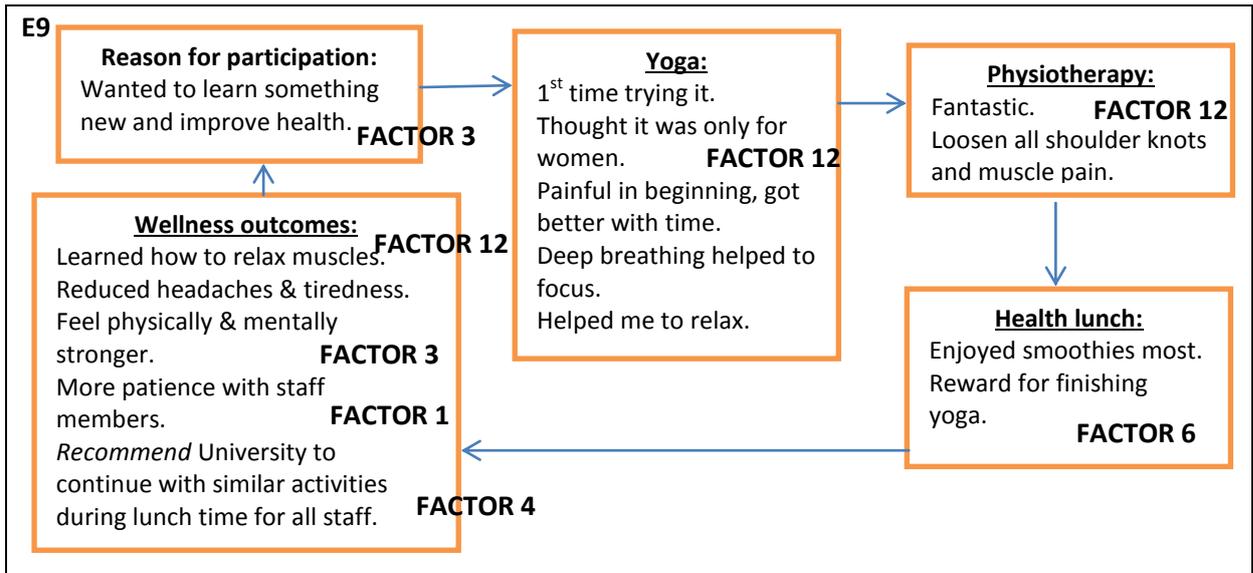
Figure 6.105 Experimental group participant 9 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 9 (E9) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations*, Factor 6 – *Lifestyle* and Factor 12 – *Physical health and wellness.*

Reasons for participation:
Always wanted to try yoga.
Like trying new things.

Yoga:
1st time trying it. **FACTOR 12**
Exploring parts of body.
Concentrated on moves & me.
Forgot about work stress.
Enjoyed classes. **FACTOR 3**

Physiotherapy:
1st time trying it.
Enjoyed it. **FACTOR 12**
Recommend it to other people.

Wellness outcomes:
Focused more time on my wellness. **FACTOR 6**
Enjoyed time away from office.
Improved mood. **FACTOR 3**
Feels like something is lifted off my shoulders.
Forgot about work stress.
Helped me to deal with challenges.
Request University to implement more wellness activities and bring staff together – unite us. **FACTOR 4**

Focus & support group discussions:
Meeting new people. **FACTOR 10**
Nice to have conversation with people you see in corridor.
Faculty staff generally anti-social.
Request more social interaction. **FACTOR 7**

Health lunch:
1st time eating health wraps.
Good to change menu. **FACTOR 6**

Figure 6.106 Experimental group participant 10 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 10 (E10) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 10 – *Human relations*, and Factor 12 – *Physical health and wellness*.

E11

Reason for participation:	Yoga:	Physiotherapy:
To achieve better life balance. **FACTOR 11**	Thought it was for older women. Very conscious about my body. Yoga has negative connotations to religions. Only concentrated on body, wanted more meditation. Could actually run with my dogs after yoga. **FACTOR 12** Pre-determined schedule, could fit in any time. Doing in a group was a motivator. **FACTOR 1**	Very beneficial to me. Should be on campus for regular sessions. **FACTOR 12**

Wellness outcomes:
Felt more invigorated & aware of surroundings.
I am grateful for my opportunities. **FACTOR 3**
Higher productivity, cleared my mind & allowed me to work longer hours. **FACTOR 1**

Focus & support group discussions:
Group discussion became gripe sessions.
People wanted to be heard. **FACTOR 10**
Good to engage with colleagues.
People should be grateful we have a great job but within a non-delivery University. **FACTOR 3**
Compared with other companies, we are lucky.

Recommendations to University X:
One hour lunch for all staff.
Daily yoga or physical **FACTOR 6**
activities at work.
Various activities at different **FACTOR 4**
times of the day.
Platform for both formal & informal communication. **FACTOR 7**
Letting go of the past ghosts.
Providing wellness support to all staff.
Establish wellness **FACTOR 11**
committees to drive health & wellness within University.

Figure 6.107 Experimental group participant 11 - Wellness reflection journal summary

The wellness reflection journal summary of experimental group participant 11 (E11) revealed the following employee wellness factors as part of his/her wellness intervention journey, namely: Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 10 – *Human relations*, and Factor 12 – *Physical health and wellness*. In addition, this participant included recommendations to University X (which was a positive by-product of the focus and

support group discussions) and identified wellness Factor 4 – *Organisational intervention expectations,* Factor 6 – *Lifestyle,* Factor 7 – *Organisational culture* and Factor 11 – *Organisational wellness support.*

The network displays for the experimental group revealed the same employee wellness factors being repeated in the focus and support group discussions, and in the wellness reflection journal summaries, which will be discussed in detail in the following chapter.

6.3.2 Control group's qualitative field results

Owing to the ethical concerns of Randall et al. (2005: 23-41) regarding applied intervention research, the control group received one health lunch per week on a Tuesday, one introductory focus group discussion and participants kept a wellness reflection journal. Details of the focus group discussion will be displayed first, followed by the wellness reflection journal summaries. Arrows indicate the flow of independent variables and its effect on the dependent variable, employees' wellness status.
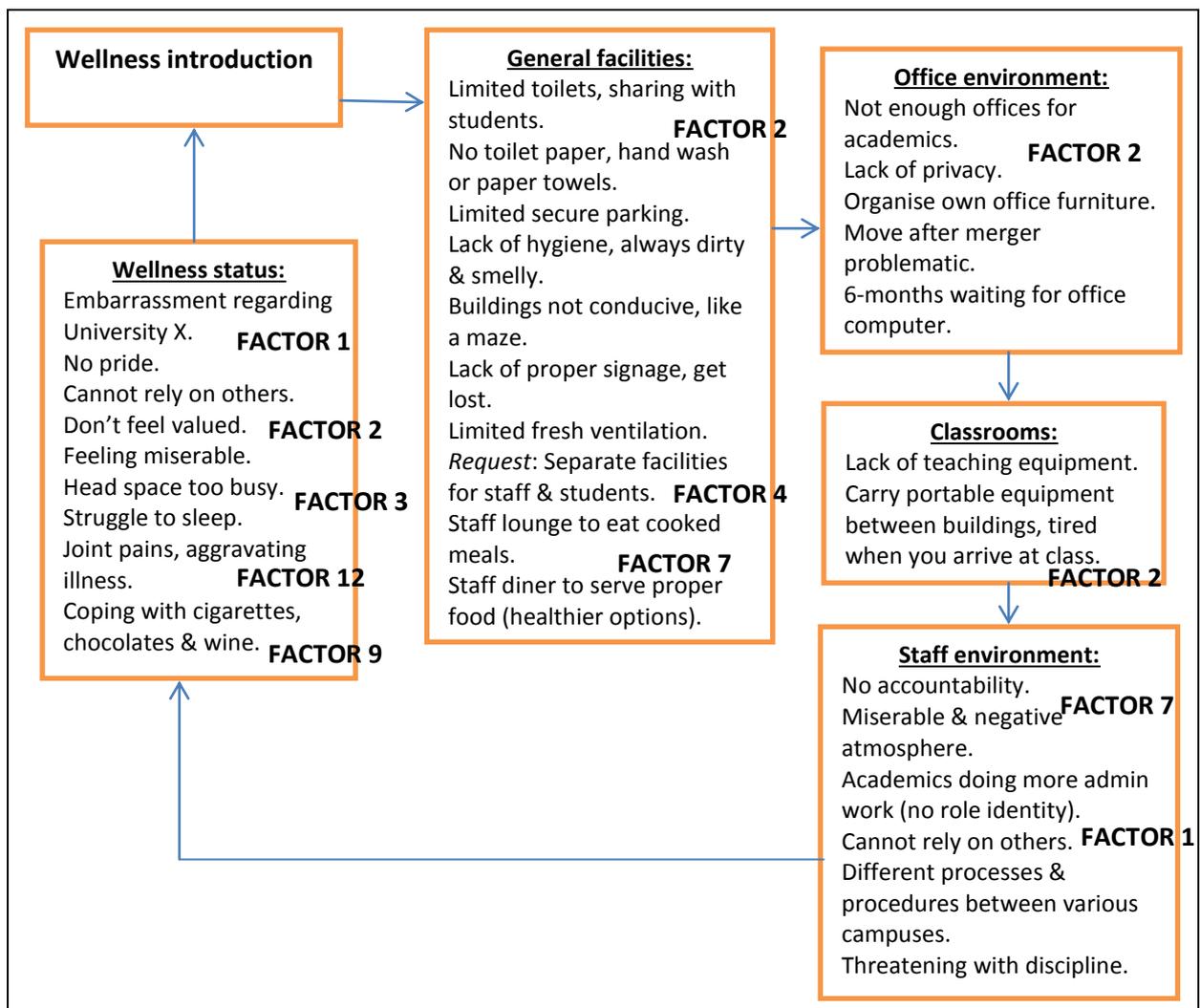
Figure 6.108 Control group wellness introduction focus group discussion

The wellness introduction focus group discussion, with particular reference to general facilities, office environment, classrooms, and staff environment (independent variables), identified three employee wellness factors that impacted on staff wellness status (dependent variable). These were wellness Factor 2 – *Wellness working environment*, Factor 4 – *Organisational intervention expectations* and Factor 7 – *Organisational culture.* These factors directly impacted on the control group's wellness status which included Wellness Factor 1 – *Engagement*, Factor 3 – *Psychological health and wellness*, Factor 9 – *Resilience* and Factor 12 – *Physical health and wellness*.

At the beginning of the five-week field study (30 April 2013), each control group participant received a journal note book to reflect on their daily wellness experiences and challenges. The researcher requested a summary of their wellness reflection journal to be submitted a week after the field study ended (7 June 2013). Owing to the fact that one wellness introduction focus group discussion was conducted with the control group, the other themes were used as guidelines for completing the reflection journal. The researcher received five summaries out of a possible twenty control group participants and, as far as possible, retained the participants' own words. The control groups' wellness reflection journal network displays are numbered C1 to C5, as illustrated below.
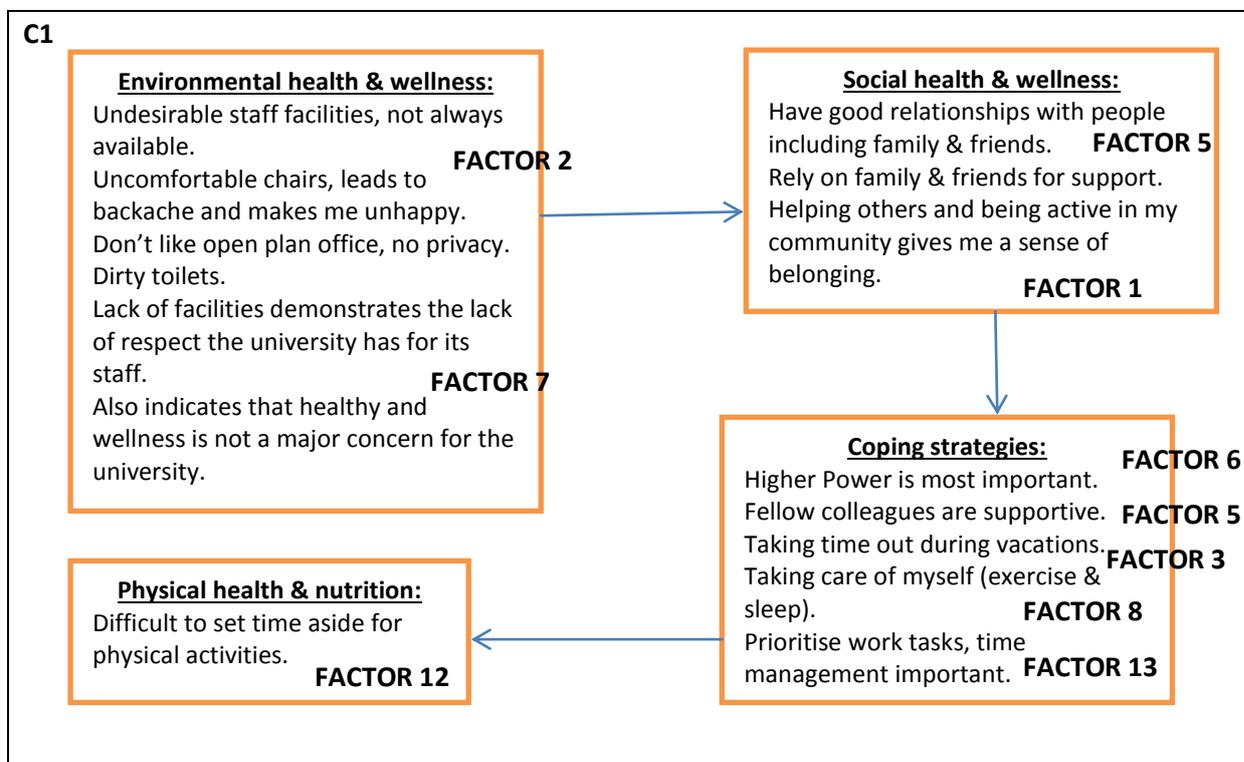
Figure 6.109 Control group participant 1 - Wellness reflection journal summary

The wellness reflection journal summary of control group participant 1 (C1) revealed the following employee wellness factors as part of his/her daily wellness experiences and challenges, namely: Factor 1 – *Engagement,* Factor 2 – W*ellness working environment*, Factor 3 – *Psychological health and wellness,* Factor 5 – *Social support,* Factor 6 – *Lifestyle,* Factor 7 – *Organisational culture,* Factor 8 – *Resourcefulness,* Factor 12 – *Physical health and wellness,* and Factor 13 – *Basic work life skills*.
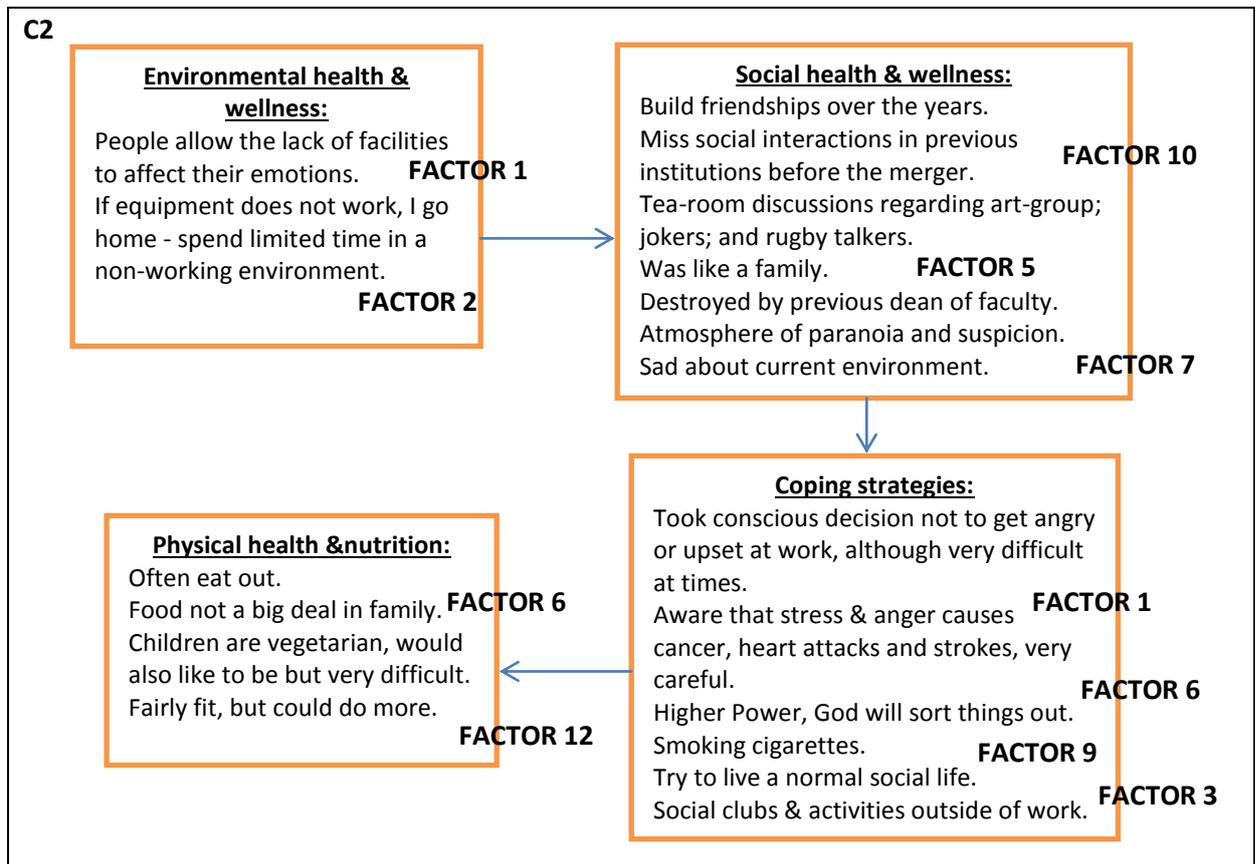
Figure 6.110 Control group participant 2 - Wellness reflection journal summary

The wellness reflection journal summary of control group participant 2 (C2) revealed the following employee wellness factors as part of his/her daily wellness experiences and challenges, namely: Factor 1 – *Engagement*, Factor 2 – *Wellness working environment*, Factor 3 – *Psychological health and wellness*, Factor 5 – *Social support*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 9 – *Resilience,* Factor 10 – *Human relations*, and Factor 12 – *Physical health and wellness*.

C3

Environmental health & wellness:
Offices are poorly laid out.
No fresh air. **FACTOR 2**
Windows can't open, full of dust & mould
which aggravated my allergies & chest
infections.
No air conditioning where windows are
bolted for security purposes.
Office desk & chair not appropriate for
working long hours on computer.
Limited storage facilities, boxes in offices.
Only one printer per floor, often not
working and have to walk up & down
looking for working printer then rush to
class in different building.
Carrying laptop & data projector to class,
up & down very tired when you get to
class.
Poor or non-existent staff facilities.
Bad food options at cafeteria (junk food).
No place to store food from home, staff
room fridge always dirty. **FACTOR 7**
No staff facilities for relaxation & chatting
with colleagues.
FACTOR 4

Social health & wellness:
Departments work in isolation.
Few opportunities to connect with
staff.
Always deadlines see people in
corridor but no time for **FACTOR 10**
conversations.
Need to build more professional
relationships.
Limited sense of belonging, too busy
between classes, meetings &
deadlines. **FACTOR 1**

Coping strategies:
Never expect anything to work, get it
done at home before coming to campus.
Means paying out of my own money for
printing & photocopying for students.
Often broke in middle of month. **FACTOR 1**
Mostly work from home computer, as
university network not reliable.
Always have plan B, don't rely on
teaching equipment (limited and not
often available). **FACTOR 8**
Bought own laptop & data projector for
class to maintain professionalism &
sanity.

Wellness status:
Plan personal & family life around
work deadlines. **FACTOR 3**
Neglect personal relationships.
Poor physical health, always tired. **FACTOR 12**
Not sleeping well. **FACTOR 1**
Cannot take sick leave, scared of
falling behind with students. **FACTOR 4**
Normally rest during university **FACTOR 7**
breaks.
Only implement healthy eating & **FACTOR 11**
exercise during holidays, don't have
time at work. **FACTOR 6**

Physical health & nutrition:
Very poor physical health. **FACTOR 1**
Susceptible to any bug / virus on
campus.
Poor nutrition. **FACTOR 6**
Cafeteria sells mainly junk food. **FACTOR 7**
No time for physical activities.
FACTOR 8

Figure 6.111 Control group participant 3 - Wellness reflection journal summary

The wellness reflection journal summary of control group participant 3 (C3) revealed the following employee wellness factors as part of his/her daily wellness experiences and challenges, namely: Factor 1 – *Engagement*, Factor 2 – *Wellness working environment*, Factor 3 – *Psychological health and wellness*, Factor 4 – *Organisational intervention expectations,* Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture,* Factor 8 – *Resourcefulness*, Factor 10 – *Human relations,* Factor 11 – *Organisational wellness support,* and Factor 12 – *Physical health and wellness*.

C4

Environmental health & wellness:
Money to university not freely available for resources.
Limited office space. **FACTOR 2**
Limited storage facilities.
Unreliable network, e-mails & printing often down.
One printer for 50 staff on one floor.
No maintenance of printer, no paper.
Poor toilet facilities, always smells bad.
Not enough toilets, toilet paper & hand soap.
Too few & small classrooms.
High noise levels, difficult to work in office.
No teaching equipment in classroom, must share laptop & data projector with other staff in department via booking system.
Always deadlines, difficult to meet with lack of resources. **FACTOR 1**

Social health & wellness:
Many staff work from home.
Limited interaction. **FACTOR 10**

Coping strategies:
Try to have a positive mind-set. **FACTOR 3**
Always associate yourself with positive people. **FACTOR 11**
Run away from negative people & do not accommodate them. **FACTOR 13**
Organise work life, proper planning.
Get away over weekends. **FACTOR 12**
Enjoy animals & pets. **FACTOR 6**

Physical health &nutrition:
Very nice healthy food during field study.
Try to eat balanced meals every day. **FACTOR 6**
Drink milk instead of cool drinks.
Limit alcohol intake. **FACTOR 8**
Regular physical fitness.
Enjoy fishing trips & long walks.
Mountain biking. **FACTOR 12**

Figure 6.112 Control group participant 4 - Wellness reflection journal summary

The wellness reflection journal summary of control group participant 4 (C4) revealed the following employee wellness factors as part of his/her daily wellness experiences and challenges, namely: Factor 1 – *Engagement*, Factor 2 – *Wellness working environment*, Factor 3 – *Psychological health and wellness*, Factor 6 – *Lifestyle*, Factor 8 – *Resourcefulness,* Factor 10 – *Human relations*, Factor 11 – *Organisational wellness support,* Factor 12 – *Physical health and wellness* and Factor 13 – *Basic work life skills*.

C5

Environmental health & wellness:
Technikon B environment was clean, friendly and accessible. **FACTOR 7**
University X (CT campus) too much red tape.
Buildings more like prison setup.
Everything is an issue.
Always dirty (dust & waste). **FACTOR 2**
Toilets in a pathetic state.
Extremely small offices.
Feeling unsafe in building & campus.
Lots of theft from offices.
Offices & building leaking water.
Always searching for parking.
Long distances to classrooms & lecture theatres.
Carry heavy loads to class, including equipment.
Printing almost always unavailable.
Lack of IT support.

Social health & wellness:
Technikon B staff room with dedicated lunch time = sense of belonging. **FACTOR 1**
In University X feel like a number rather than a person. **FACTOR 10**
Don't know who you can trust.
Colleagues do not return your greeting.
FACTOR 2
Not acknowledged as a person.

Coping strategies:
I cope on a spiritual level. **FACTOR 6**
Difficult to find time to dedicate to myself.
Admin work is increasing every day adding to academic responsibilities.
Only rest during December break. **FACTOR 7**
Request: University X to support balance between work & home life.
FACTOR 11

Physical health & nutrition:
Enjoyed gym, but too busy to get there. **FACTOR 12**
No time in morning for breakfast & to make lunch. **FACTOR 6**
Request: university to offer healthy food at reasonable prize in a staff lounge. **FACTOR 7**   **FACTOR 4**

Figure 6.113 Control group participant 5 - Wellness reflection journal summary

The wellness reflection journal summary of control group participant 5 (C5) revealed the following employee wellness factors as part of his/her daily wellness experiences and challenges, namely: Factor 1 – *Engagement,* Factor 2 – *Wellness working environment*, Factor 4 – *Organisation intervention expectations*, Factor 6 – *Lifestyle*, Factor 7 – *Organisational culture*, Factor 10 – *Human relations*, Factor 11 – *Organisational wellness support* and Factor 12 – *Physical health and wellness*.

Interestingly, only one of the five control group participants' wellness reflection summaries included his/her self-reflection for overall wellness status, while the majority only reflected on the themes provided. Perhaps this is an indication of their limited psychological health and wellness awareness and could possibly also explain the low return rate of the control groups' wellness reflection summaries.

6.4 Data integration

The data transformation, data correlation and data consolidation was facilitated by using the same 13 employee wellness factors identified during the employee wellness questionnaire factor analysis. Thereafter, each employee wellness factor was described for the purpose of this research study in order to identify similar ideas in the qualitative data. Using the same 13 employee wellness factors as the qualitative themes for the focus and support group discussions and wellness reflection journal summaries therefore enabled the researcher to combine both quantitative and qualitative data for data comparison and integration. The research results discussion in the following chapter mainly focuses on the 13 employee wellness factors in order to determine to what extent the employee wellness intervention improved the experimental participants' wellness status.

6.5 Summary

This chapter presented the research results according to the guidelines for triangulation mixed methods owing to the combination of the equally important quantitative and qualitative data. To facilitate understanding of the quantitative data, this was displayed via pie and bar charts with short descriptions of the main elements. Exploratory factor analysis was used to investigate the factor structure underlying the set of original observed variables that represented the measurement of employee wellness at HEIs. Thirteen employee wellness factors were identified of which eleven scored a Cronbach's Alpha coefficient of 0.6 and above and indicated good to high reliability. Descriptive statistics were applied to summarise the quantitative data, while inferential statistics were applied to determine statistical differences.

The qualitative data consisted of focus and support group discussions and wellness reflection journal summaries which were reduced to network displays. The same 13 employee wellness factors were used for theme identification, which assisted the researcher with data integration.

The next chapter will discuss the research results in detail by linking the literature review and empirical evidence. This discussion will explain the research results and to what extent the employee wellness intervention was successful.

CHAPTER SEVEN
DISCUSSION OF RESEARCH RESULTS

7.1 Introduction

This chapter follows on the presentation of research results and will expound on both quantitative and qualitative research results according to the employee wellness factors. The discussion commences with salient employee wellness experiences and challenges from the original data set, followed by a discussion of the employee wellness results from the quasi-experimental study. The latter highlights the statistically significant differences combined with narrative reflections to infer the successes of the employee wellness intervention field study. Each employee wellness factor finding and discussion is linked back to the literature review in order to compare that finding with previous research studies.

7.2 Salient employee wellness experiences and challenges from the original data

The low questionnaire response rate of 8% - which was below the acceptable norm of 30% - is, according to Welman et al. (2009: 73), not uncommon, as research participants may refuse to respond to questionnaires for a number of reasons. The researcher acknowledges that the length of the employee wellness questionnaire, which consisted of 79 employee wellness statements, could have contributed to the low response rate. In a study conducted by Sieberhagen et al. (2011: 9), it was noted that employees' participation rates in Employee Wellness Programmes (EWP) were relatively low, with five organisations indicating a less than 20% participation rate; and the participation rate of another five organisations ranged between 30-50%; only three organisations returned a 60% and above participation rate. These low participation rates were attributed to a lack of objective survey data in order to identify and address the employees' wellness problems. This could also explain why employees who were overloaded with work did not view participation in an EWP as a resource, but instead as another demand on their work time (Sieberhagen et al., 2011: 12). Therefore, the researcher decided to continue with the study, regardless of the low questionnaire response rate. This research study changed from a national Higher Education Institution (HEI) survey to a case study of University X, where the majority of the respondents were employed.

The biographical information of the respondents who participated in the original data set derived from the employee wellness questionnaire was displayed in Chapter six and was compared against the staff data collected from University X. The respondents were predominantly (53%) female (Figure 6.2, p.165), 75,5% were academic staff (Figure 6.3, p.

165) between the ages of 36-45 years (34,7%) (Figure 6.1, p.164) with 78% having fifteen and fewer years of service (Figure 6.4, p. 165) in higher education. More than half of the respondents had obtained a master's degree (55,1%) (Figure 6.5, p. 166). The difference between female (53%) and male (47%) respondents was not considered significant. The staff complement at University X were as follows: 41,5% academic and 58,5% administrative staff (University X, n.d.), however the majority of respondents were academic staff. Pitman (2000: 165-176) states that non-academic staff are often overlooked in stress and burnout research, whereas Armour et al. (1987: 3-11), Blix et al. (1994: 157-169), Gillespie et al. (2001: 53-72) and Winefield and Jarrett (2001: 285-298) agree that academic and non-academic staff share similar occupational stressors and burnout factors. Although the majority of respondents were academic staff, the researcher surmises that there were no significant differences in occupational stressors between academic and non-academic or administrative staff. Furthermore, 34,7% of respondents were between 36-45 years old, while 32,7% were both younger and older than this grouping. A concerning factor is that a third of the respondents (8,2% between the ages of 46-55 years and 24,5% between 56-65 years) were close to retirement. In an interview with Webster (2011: 12), Habib raised his concerns regarding the ageing academic community and the slow uptake of a new young generation. Owing to the fact that early retirement is possible from the age of 60 years, University X is at risk of losing 24,5% of its academics within the next four years while the new young generation is still being developed. This notion is further strengthened by the fact that 22% of respondents at University X had between 16 and 35 years of service within higher education. Their possible departure highlights the potential loss of academic knowledge, skills and experience. The original respondents' highest qualification distribution of 55,1% master's degrees and 12,2% doctoral degrees was compared to that of University X's academic staff postgraduate qualification data of 2009, where 54% masters and 12% doctoral degrees were reported (University X, 2010: 264). University X still had a similar distribution of staff master's and doctoral degrees in 2013 when this research study was conducted, which indicates little progress towards improving staff qualifications. The latter strongly correlates with Habib's second concern, namely that a high percentage of academics do not have doctoral degrees, which, in turn, led to his third concern, namely that academic workloads were more teaching-focused owing to the increasing student numbers; and, as a result, academics neglected their research activities (Webster, 2011: 12). Such a situation places more quantitative work overload on ageing professors to produce more postgraduate (and, specifically, doctoral) graduates. In addition, it contributes to qualitative work overload for academics without doctoral degrees that are under pressure to produce more master's graduates and research outputs while pursuing their own doctoral studies. It should be noted that both quantitative and qualitative work overload have been cited as work-related stressors (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250; Michie, 2002:

68; Dubrin, 2004: 318-320) which negatively impact on universities' academic retention (Wilmont et al., 2010: 1-22).

7.2.1 Employee wellness factor 1: Engagement

The first employee wellness factor – engagement – was defined in Chapter six (Table 6.14, p. 204) as the "physical, cognitive and emotional involvement in job tasks and roles" (Bergh, 2012: 363). The Cronbach's alpha coefficient was 0,8789 (Table 6.1, p. 196) which indicated high reliability of results for this factor. It is noteworthy that engagement strongly correlates with Cox and Griffiths' (2010: 37) interpretation of contemporary work-related stress theories, as it focuses on how employees recognise, experience and respond to stressful events; and, more pertinently, the effects that these events have on their physical, psychological and social behaviour. The researcher deduces that engagement could be an appropriate indicator of employees' wellness status.

More than the majority of respondents (63,3%) reported that their current job utilises their strengths and talents, which correlates with the Person-Environment (P-E) Fit theory (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) in respect of the individual's knowledge, skills and abilities to meet job demands. Similarly, the above satisfy Aikins' (2010: 16) proposal that employees should have interesting and challenging jobs to stimulate their engagement. The remainder of respondents (36,7%) could be experiencing challenges, namely more specialised and complex academic work (McInnis, 2000: 143-152; Gillespie et al., 2001: 53-72) for which they are not adequately trained; increased administrative duties and meetings; unnecessary bureaucracy; and limited academic and administrative staff (Pienaar & Bester, 2009: 382), all of which contribute to work overload (Dubrin, 1994: 180-184; Greenberg & Baron, 1995: 250; Michie, 2002: 68; Dubrin, 2004: 318-320). Another contributing factor to P-E Fit theory is job autonomy or job control (Cox & Griffiths, 2010: 38). More than half of the respondents (53,1%) reported feeling frustrated at work and powerless to make the changes they wanted to see. This corresponds with University X's staff reasons for termination of services between 2006 and 2009. Both staff groupings (i.e., for academic and research staff, and professional and support, or administrative, staff) reported a lack of opportunity to use their initiative and creativity as a reason for leaving the university (University X, 2010: 273). Comparing the 2013 respondents' frustrations (53,1%) to these reasons for termination, the researcher surmises that little has changed over the years, as the 2013 employees still reported low job control and autonomy at University X. This is perhaps not surprising, as Currie and Vidovich (2009) found that low job autonomy is a direct result of the global trend of rising control over academics in a bid to increase higher education institutions' (HEIs') competitive advantage

(D'Andrea & Gosling, 2005; McLean, 2006; Jones, 2007: 209-222; Sparks, 2007: 521-550; Baty, 2012; Leibowitz & Holgate, 2012: 165-166). The combination of job demand and job control refers to Karasek's (1979: 285-306) job Demand-Control theory. In the case of University X, where respondents' reported high job demand (63,3%) and low job control (53,1%), the researcher posits University X's jobs as "high strain jobs" (Karasek & Theorell, 1990; Stansfield & Candy, 2006: 443-462) which are most risky to employees' health (Cox & Griffiths, 2010: 39). This notion is supported by Sparks et al. (2001: 489-509) whose study confirms that job control is closely related to employees' wellness and job performance. It seems that University X's staff experienced a misfit between the P-E Fit, as their strengths and talents were utilised, but they had low job autonomy and control (Edwards et al., 1998; Cox & Griffiths, 2010: 38). This misfit could result in employee disengagement (Aikins, 2010: 16) and poor employee wellness status.

A large percentage of respondents (83,7%) indicated that they were able to adjust their attitudes when their work environment changed, compared to 16,3% who struggled to do so. This data was not congruent with reasons given by University X's staff for their having terminated their services between 2006 and 2009. Academic and research staff, as well as professional and support (administrative) staff, reported uncertainty concerning the merger between Technikon A and Technikon B as a the reason for their termination (University X, 2010: 273). In contrast to the former, 55,1% of respondents did not engage in any activities to better understand their feelings, 28,6% seldom did, while 16,3% engaged in meditation, contemplation and psychotherapy. If 83,7% of respondents seldom or never engaged in any activities to understand their feelings, it does not seem probable that the same percentage of respondents would have been able to adjust their attitudes to changes in the work environment. The biographical data indicated that at least 44,8% of the respondents had more than 10 years' service and had been affected by the merger and organisational change. Previous research studies have reported that mergers are often viewed as a traumatic event (Lubatkin, 1983: 218-225; Morrison & Robbinson, 1997: 226-256; Ashkenas & Francis, 2000: 101-107) and may hamper academics' actualisation of their intellectual potential (Maree & Eiselen, 2004: 501). It was thus paradoxical that 83,7% of the respondents in the current study seldom or never engaged in any activities to better understand their feelings, and still had the ability to adjust their attitudes when the work environment changed. It does seem probable that the 16,3% of respondents who did engage in meditation, contemplation and psychotherapy had some measure of psychological capital (Bergh, 2012: 313), even though they still struggled to adjust their attitudes to work environment changes. Their difficulty in adjusting could be attributed to the trauma experienced during the merger. The researcher deduces that 83,7% of respondents were actually mentally distant (Jackson & Rothmann, 2005: 100-108) and had depersonalised

themselves from the university in an effort to adjust their attitudes to the changing work environment.

Irritability is associated with chronic stress (Andrews, 2005: 12) and may, over time, result in habitual hostility, anxiety and depression (Dubrin, 1994: 174; Michie, 2002: 68). Research studies in South African (SA) higher education (HE) have found that academics experience occupational stress (Barkhuizen, 2005: 102-108) similar to that experienced by non-academic staff (Armour et al., 1987: 3-11; Blix et al., 1994: 157-169; Winefield & Jarrett, 2001: 285-298) which results in irritability, anger and rapid loss of temper (Gillespie et al., 2001: 53-72). More than three-quarters of this research study's respondents reported that they did not lose their temper with colleagues (77,6%) or with students (79,6%) who irritated them while they felt stressed. Moreover, the same group reported that they did not feel irritable and short-tempered at home (77,6%). Although the majority of respondents' responses were not congruent with those reported in previous research studies, the researcher expresses concern regarding the 22,4% who reported that they lost their temper with colleagues, 20,4% who lost their temper with students, and 22,4% who were short-tempered at home. Surprisingly, the latter percentage increased to 28,6%, where respondents reported that they were able to keep their stress at work under control, but 'let loose' at home and took their frustrations out on their family. Such antisocial behaviour (aggression or withdrawal) is a behavioural symptom of stress, and so may be expected (Michie, 2002: 67-68). This notion correlates with reports by almost equal numbers of respondents who claimed that they did not want to see or talk to other people while they were stressed (49%), compared to those who did (51%). In contrast, 67,4% of respondents indicated that they felt a sense of belonging to a group or community, while 32,7% did not. Social support, whether from family and friends outside of work (Peeters & Le Blanc, 2001: 53-72) or from colleagues, superiors, work groups or mentors in the workplace (Rosen & Moghadam, 1990: 193-204; Leather et al., 1998: 161-178; Bliese & Castro, 2000: 65-73) could act as a buffer against occupational stress. It seems that the majority of respondents (71,4 - 79,6%) who were able to control their irritability, frustration and anger had a sense of belonging to a group or community which acted as a buffer against their occupational stressors. This correlates with the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) where job demand – job control – job support are considered in work-related stress. It should also be noted that both contemporary interactional work-related stress theories, P-E Fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) and Iso-Strain Model (Johnson & Hall, 1988: 1336-1342), which were selected for this research study, are closely related to engagement and could thus be used as an indicator of employee wellness status.

For the purpose of this research study, stress was defined in Chapter two as the body's psychological (mental) and physiological (physical) response when an individual's resources (knowledge, skills and capabilities) are insufficient to cope with, and do not match, the demands and pressures of a situation, either work-related and/or life-related (Michie, 2002: 67; Park, 2007: 5; Kazmi et al., 2008: 135). The literature review produced a plethora of empirical evidence that stress manifests itself as psychological and physical ailments (Michie, 2002: 67; Andrews, 2005: 9), is common amongst higher education staff (Watts et al., 1991: 43-64; Doyle & Hind, 1998: 67-82; Winefield et al., 2002; Barkhuizen, 2005: 85) and quickly develops into chronic diseases of lifestyle (Van der Merwe, n.d.). Therefore, it was not surprising that more than half of the respondents (55,1%) indicated that they had experienced a physical medical condition caused by job stress. Furthermore, almost half the respondents (49%) reported that they had experienced an emotional or mental condition caused by job stress. The researcher posits a caveat, namely that prolonged exposure to stress may result in burnout (Cox & Griffiths, 2010: 35) and manifest as both physical and emotional exhaustion (Maslach, 1982; Greenberg & Baron, 1995: 260-261) which may lead employees to distance themselves emotionally and cognitively from their job and working environment (Leiter & Maslach, 1988: 297-308; Maslach & Goldberg, 1998: 63-74; Maslach, 2003: 190-191). This could explain why the same 49% of respondents did not want to see or talk to people while stressed. Moreover, this further supports the researcher's assumption that the 83,7% of respondents who seldom or never engage in any activities to better understand their feelings were disillusioned about being able to adjust their attitudes in a changing work environment, and were in fact, mentally distant (Jackson & Rothmann, 2005: 100-108) from their working environment. An additional indicator was that 83,7% of respondents reported that they struggled to sleep at night while stressed, compared to 16,3% who did not struggle. Insomnia, sleep disturbances and poor sleeping habits are common ailments associated with stress (Dubrin, 1994: 174-175; Michie, 2002: 68; Gizard, 2009: 15; Andrews, 2005: 12). Some researchers have viewed lack of sleep as a physical disorder caused by stress (Dubrin, 1994: 174-175; Michie, 2002: 68), whereas others have viewed it as a psychological symptom (Edwards et al., 1998) caused by the misfit between the person and environment (P-E Fit theory). However, researchers agree that continuous lack of sleep may result in burnout, as the body is functioning without a recovery period (Selye, 1950, 1956; Gizard, 2009: 15; Jaye, 2010: 43). There was a clear correlation between the 83,7% of respondents who did not engage in any activities to better understand their feelings, who struggled to sleep at night and who were mentally distant from their work environment. A further correlation was that the 49% of respondents who had experienced an emotional or mental condition caused by job stress isolated themselves from other people.

To summarise, the first employee wellness factor – engagement – identified University X's jobs as high strain, where employees had high job demands with low job control and autonomy. Staff had depersonalised themselves from the university in an effort to deal with the trauma of the merger and related organisational changes. Fortunately, the majority of staff received social support that acted as a buffer for their occupational stressors, although there was a growing minority of staff that felt isolated. University X's staff were at risk of developing burnout as they had experienced both physical and emotional or mental conditions caused by job stress, which had negatively impacted their sleeping patterns, thereby reducing the recovery period needed to cope with stress. Owing to the fact that engagement is an appropriate indicator for employees' wellness status, it is fair to state from the above that University X's staff had low employee wellness status.

7.2.2 Employee wellness factor 2: Wellness working environment

The second employee wellness factor – wellness working environment – was found to be similar to Herzberg hygiene-motivational factors and is defined (Table 6.14, p. 204) as "work related factors that result in job satisfaction if present, and dissatisfaction if absent" (Bergh, 2012: 364). The Cronbach's alpha coefficient was 0,8918 (Table 6.2, p. 197) which indicates high reliability of the results for this factor.

The majority of respondents at University X (95,5%) indicated that they had the ability to concentrate on their job tasks, which could be viewed as their intellectual wellness dimension (Hettler, 2007). Linking back to the previous employee wellness factor, engagement, the majority of respondents (63,3%) reported that their current job utilised their strengths and talents, thereby stimulating their job engagement. Combining the responses of talents, strengths and ability to concentrate, it could be assumed that the majority of respondents were meeting their job demands at University X. It seems probable that, where they had a measure of personal satisfaction and fulfilment derived from their jobs (Hettler, 2007), the majority of respondents enjoyed occupational wellness.

The nature of employees' work may start with enjoying challenging and interesting work (Aikins, 2010: 16). This was confirmed by the respondents' intellectual and occupational wellness dimensions; however, having access to job resources is an equally important job factor (Amos et al., 2008: 174) which forms part of work content (World Health Organisation, n.d.). A substantial percentage of respondents (61,2%) agreed that they had a workspace that was fully equipped with a desk, chair, computer, telephone, air-conditioning and adequate lighting, compared to 38,8% who disagreed and claimed that they lacked basic office resources at University X. Owing to the fact that 75% of the respondents were

academics, it could be assumed that the lack of basic office resources was lacking for both academic and administrative staff alike, which, in turn, could have resulted from the merger and faculty consolidations. This assumption is further strengthened by the fact that 69,4% of respondents indicated that the equipment necessary to perform their job functions was not working and available for usage; and this percentage increased to 71,4% as respondents confirmed that the equipment necessary for their job functions was not available for usage. Basic office resources (61,2%) were perhaps sufficient, but equipment necessary to perform academic and administrative duties at University X was definitely not adequate (69,4 – 71,4%). Previous research conducted in SA HEI has revealed that inadequate equipment and working conditions are seen as career obstacles by academics (Pienaar & Bester, 2009: 381, 383), and this lack has developed into an occupational stressor (Cross & Carrol, 1990; Blix et al., 1994: 157-169; Boyd & Wylie, 1994; Daniels & Guppy, 1994: 135-144; Doyle & Hind, 1998: 67-82; Kinman, 1998; Barkhuizen, 2005: 84-85). Furthermore, Rothmann et al. (2008: 417), who built on the Job Demand-Resources (JD-R) model (Demerouti et al., 2001: 499-512), revealed that a lack of job resources increased academics' levels of exhaustion and cynicism. In a similar research study conducted by Rothmann and Essenko (2007: 135-152) regarding non-academic staff burnout factors, it was found that a lack of job resources resulted in non-academic staff members withdrawing from their jobs and eventually becoming disengaged. The researcher surmises that both academic and non-academic or administrative staff were negatively affected by the lack of job resources, which could have given rise to a sense of inefficacy (Maslach, 2003: 190-191), resulting in decreased job performance, or resignations, the ultimate form of disengagement.

Physical safety is another element that contributes to employees' wellness status (Fritz, 2013: 11). Employees expect the employer to provide a healthy and safe working environment as part of their psychological contract (Mullins, 1999: 25); and the Occupational Health and Safety Act No. 85 of 1993 requires employers to provide a safe and healthy work environment which is free from hazards and diseases (South Africa, 1993a). Most of the respondents (57,2%) indicated that they felt safe at work, while 42,8% did not. The researcher was concerned that safety at University X was not satisfactory and needed improvement in order to be 100% compliant with labour legislation. In addition, a large percentage of respondents (63,3%) reported that they did not work in a healthy environment with respect to clean air, water and indoor pollution. Comparing the above responses with Maslow's lower order level needs (Maslow, 1943: 370-396), it is clear that the physiological (working conditions) and safety needs (Steers & Porter, 1991: 35) of University X's staff were not being fully met by the institution. This also implies that Herzberg's hygiene factors (Herzberg, 1968: 57) with regard to working conditions (Kiley, 2012: 202) were not favourable at University X and could result in employees' job dissatisfaction.

A further feature of Maslow's hierarchy of needs theory (Maslow, 1943: 370-396) was employees' higher order level needs, particularly the need for self-esteem (social recognition, job status and job feedback) (Steers & Porter, 1991: 35). This resonates with Herzberg's motivational factors (Herzberg, 1968: 57), including job recognition (Kiley, 2012: 202). Unfortunately, more than half of the respondents (57,2%) reported that they did not receive recognition for work well done. Moreover, the majority of respondents (69,4%) indicated that they did not feel valued at work. These responses strongly correlated with staff's stated reasons for terminating their services between 2006 and 2009 at University X. During exit interviews, both academic and non-academic staff revealed that a lack of recognition and feedback on their performance and the unpleasant working environment (University X, 2010: 273) had prompted their termination. It was evident that the higher order level need of self-esteem of University X's staff was not being met, and instead of being a motivational factor, it had become a contributing factor for job dissatisfaction. The above research data is congruent with findings from other SA research studies: on the one hand, individual sense of achievement and recognition was identified as an academic retention factor (Wilmont et al., 2010: 11-12); on the other hand, inadequate recognition was identified as an occupational stressor (Barkhuizen, 2005: 84-85), and was thus a contributing burnout factor for both academics and non-academics (Armour et al., 1987: 3-11; Blix et al., 1994: 157-169; Gillespie et al., 2001: 53-72; Winefield & Jarrett, 2001: 285-298).

The second employee wellness factor, wellness working environment, thus revealed that the majority of University X's staff met their job demands and enjoyed a measure of personal job satisfaction. Although more than half of the respondents had basic office equipment, the equipment necessary to perform academic and administrative duties was largely inadequate, which became an occupational stressor resulting in employee disengagement. University X did not provide a satisfactory safe and healthy work environment, and these factors resulted in job dissatisfaction. Moreover, University X was still at risk of losing more academic and non-academic or administrative staff owing to the continued lack of recognition for work well done that resulted in employees not feeling valued, which prompted them to consider termination of their services in a bid to reduce the occupational stress and possible burnout. The researcher surmises that the wellness working environment at University X was largely unsatisfactory, contributing to employees experiencing occupational stress, possibly resulting in job burnout. The working environment of University X did not support the employees' physiological, safety and self-esteem needs (Maslow, 1943: 370-396), nor did it provide satisfactory hygiene and motivational factors (Herzberg, 1968: 57) to promote quality of work life (Rose et al., 2006: 61). University X thus did not provide a working environment that was conducive to employee wellness.

7.2.3 Employee wellness factor 3: Psychological health and wellness

The third employee wellness factor – psychological health and wellness – was defined (Table 6.14, p. 204) as an "integrated, real and subjective perception of being healthy in the emotional and social domains of human functioning" (Bergh, 2012: 368). The Cronbach's alpha coefficient was 0,8596 (Table 6.3, p. 198) which indicated high reliability of the results for this factor.

Three-quarters of the respondents (75,5%) were of the opinion that stress was good for them and kept them 'on their toes'. This general perception can be related to the Yerkes-Dodson Law (1908). In that study, they tested the "relationship between strength of electric shock and task performance on mice" (Yerkes & Dodson, 1908: 459-482) and concluded that an optimal level of arousal or stress could result in peak performance (Andrews, 2005: 7; Dubrin, 2004: 315). This perception was further strengthened by Selye's General Adaptation Syndrome (GAS) where he described good stress as "eustress" (Selye, 1950, 1956; Andrews, 2005: 7, 10-11). However, more than half of the respondents (63,3%) did not prefer to work under pressure, as it did not make them feel 'alive'. This correlates with the growing advocacy that stress and its symptoms are not beneficial to humans; that there is a general misinterpretation of stress owing to the confusion between stress which is experienced as pressure (which is a result of excessive demands), and stress as challenge, which is experienced as excitement (Le Fevre et al., 2003: 726-744; Cox & Griffiths, 2010: 36). Although the respondents thought a certain amount of stress was beneficial, they did not prefer to work under pressure, thereby confirming the misinterpretation of stress in the workplace. A caveat was given that uncontrollable stress threatens the functioning of higher education institutions, as it negatively affects the individual's thinking and problem-solving abilities (Pennebaker, 1990; Seligman, 1992; Hillier et al., 2005: 422), and these effects are classic behavioural symptom of stress (Michie, 2002: 68).

More than half of the respondents (55,1%) were not safely able to express their fear and anger, which correlated with previous SA research reporting that "academics experience high levels of psychological ill health" and generally feeling irritable, unable to cope with demands and their anger (Gillespie et al., 2001: 53-72; Barkhuizen, 2005: 102-103). Negative thoughts and feelings trigger experiences of fear, anxiety and rage; and unresolved anger could lead to passive aggression (Jaye, 2010: 43). Feelings of irritability, hostility and anxiety are psychological symptoms of stress, negatively affecting staff's cognitive and problem-solving abilities, which could further result in antisocial behaviour of aggression or withdrawal (Dubrin, 1994: 174-175; Michie, 2002: 68; Andrews, 2005: 12). This is congruent

with the results of the first employee wellness factor, engagement, where the majority of respondents seldom or never engaged in meditation, contemplation or psychotherapy to better understand their feelings; isolated themselves when experiencing stress; experienced both physical and emotional or mental conditions caused by stress; and depersonalised themselves from the university. The researcher surmises that both academic and administrative staff at University X internalised their unresolved fear and anger which then manifested as one of (or a combination of) physiological, psychological and behavioural symptoms of stress.

The relationship between stress, the immune system and health outcomes is referred to as psychoneuroimmunology (Walls, 2008: 1350; Ho et al., 2010: 191). A quarter of respondents (26,5%) indicated that they frequently suffered from physical complaints such as headaches, lingering colds or flu, sore throat and/or backaches, while the majority did not frequently experience these ailments. Regarding the engagement factor, more than half of the respondents (55,1%) indicated that they had experienced a physical medical condition caused by job stress. There are a variety of physiological symptoms of stress including, but not limited to, cardiovascular diseases, infections and immune disorders, cancer, diabetes, digestive disorders, lung diseases, insomnia, chronic fatigue and lack of sexual desire (Sparks et al., 2001: 489-509; Andrews, 2005: 11-12; Wolters Kluwer Health, 2009: 1-2; Jaye, 2010: 43). A large percentage of respondents (83,7%) indicated that they struggled to sleep at night while stressed (engagement factor), which, along with anxiety, depression, tension, substances abuse, chronic fatigue and tiredness, are common ailments leading to doctors' visits (World Health Organisation, n.d.; Van der Merwe, 2009b:48-49). The researcher surmises that the psychoneuroimmunology status of University X staff was unhealthy owing to the various physical complaints and physical medical conditions reported by the respondents as a result of stress, including a lack of sleep.

Selye's (1950; 1956) General Adaptation Syndrome (GAS) consists of three stages of stress, commencing with the "alarm or emergency" response, followed by "recovery or resistance" phase; and, if the stressful event continues or is ongoing, the final stage is "exhaustion or burnout". A substantial percentage of respondents (61,2%) did not take time out to relax on their own, away from everything and everyone. Thus University X staff did not take adequate time for recovery after a stressful event and therefore did not build their resistance in preparation for the next stressor. This notion was further strengthened by the fact that more than half of the respondents (53,1%) did not commit time to reflect on their life, both positive and negative experiences. However, the same group of respondents (53,1%) indicated that they took time out in a busy day to breathe and refocus their energy. Taking a break during a busy day is good for refocusing one's energy; however, it does not create real recovery

time. Jaye (2010: 43) cautions that neglecting (or having too little time for) a real recovery phase results in a state of chronic stress. Sonnentag (2003: 518-528) found that a daily-level recovery period after each work day improves employees' next day level of job engagement, and advocates a 5 p.m. workday cut-off. Owing to the varied nature of work conducted at University X, this proposed cut-off might work for non-academic or administrative staff, but not for academics who lecture part-time classes from 17:15 until 21:30 during the week. Eden (2001: 121-146), and Westman and Etzion (2001: 595-606) reported that rest periods such as annual leave or vacation leave, which are normally taken away from the workplace and colleagues for more than two consecutive days (longer than a normal weekend), are important for employee well-being as these breaks reduce stress symptoms and burnout. Owing to the lack of real recovery time and time to build resistance among University X staff, the researcher surmises that their turbocharged lifestyle (Anon, 2011b: 5) was making them vulnerable to illness (physical ailments) and chronic stress (emotional or mental conditions, inducing them to internalise their fear and anger) which could result in exhaustion and burnout (Jaye, 2010: 43). Maslach (2003: 190) posits that burnout is the opposite of job engagement, as it is a psychological syndrome caused by prolonged chronic stress (Maslach & Goldberg, 1998: 64; Maslach, 2003: 189). This evidence supports the first employee wellness factor, engagement, where it was revealed that University X's staff was at risk of developing burnout.

The Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) considers the job demand – control – support factors and suggests that social support in the workplace affects employees' wellness status. In relation to employee wellness factor one, engagement, it was revealed that University X's staff had high job demand (63,3%) and low job control (53,1%), indicating high strain jobs. Furthermore, the majority of respondents (79,6%) indicated that they had a trusted friend or peer at work with whom they could share their frustrations. Various research studies have confirmed that social support form colleagues and work groups is an effective buffer against the effects of workplace stressors (Rosen & Moghadam, 1990: 193-204; Leather et al., 1998: 161-178) and contributes to employees' wellness (Sperry, 1996; Bowerman & Collins, 1999: 291-297; Bliese & Castro, 2000: 65-73). Although University X's staff had high strain jobs, they also stated that they had social support from a trusted friend or peer at work which could buffer the effects of their high strain jobs. It could be assumed that the respondents (53,1%) who indicated that they took time out in a busy day to breathe and refocus their energy did so while visiting with their trusted friend or peer at work.

A large percentage of respondents (87,8%) indicated that they had an optimistic outlook on work and life. Positive emotions and resilience are indicators of psychological capital (Strümpfer, 1995: 81-89; Coetzee & Cilliers, 2001: 62-68; Strümpfer & Mlonzi, 2001: 30-37;

Snyder & Lopez, 2002: 751-768; Turner et al., 2002: 715-728; Nelson & Cooper, 2007; Bergh, 2012: 313). Such capital builds intrinsic resources for employee wellness and enables individuals to better manage their work- and life-related stressors. The same group of respondents (87,8%) revealed that they felt a sense of purpose for their life. The researcher surmises from this that University X's staff had measures of emotional wellness, as they enjoyed positive emotions and satisfying relationships in the workplace; as they had a sense of purpose for their existence, they possibly also experienced spiritual wellness (Hettler, 2007; Lubbe, 2010: 5-10).

To summarise, the third employee wellness factor – psychological health and wellness – revealed that University X's staff had psychological capital, enjoyed measures of both emotional and spiritual wellness, and had social support in the workplace. However, they had a misinterpretation of stress owing to the confusion between stress (pressure) and challenge (excitement). More concerning was the evidence that University X's staff were not able to express their fear and anger safely, which negatively impacted on their psychological health and wellness. The physical complaints and medical conditions experienced by staff indicated that stress was negatively affecting their immune system and health outcomes (psychoneuroimmunology). In addition, their lack of a recovery period was making them vulnerable to illnesses and chronic stress, and if left untreated, could result in burnout. Thus, while the researcher surmises that University X's staff had psychological capital, it was being eroded by an unhealthy and unwell working environment, as explained in relation to the second employee wellness factor of wellness working environment.

7.2.4 Employee wellness factor 4: Organisational intervention expectations

The fourth employee wellness factor – organisational intervention expectations – is defined (Table 6.14, p. 204) as the organisation's wellness objectives supported by internal resources to promote organisational health and wellness (Bergh, 2012: 367). The Cronbach's alpha coefficient was 0,7851 (Table 6.4, p. 198) which indicated acceptable reliability of results for this factor.

Owing to the absence of an Employee Wellness Policy at University X at the time of this research study, the researcher relied on the psychological contract between the employer and employee in order to deduce the results of this employee wellness factor. For the purpose of organisational intervention expectations, the researcher selected the following employees' expectations of the employer, as identified in the psychological contract:
- to provide a healthy and safe working environment, and
- to promote employees' skills development and career progression (Mullins, 1999: 25).

The identified employer expectation of the employees was to:

- respect management and not to abuse their goodwill and trust (Mullins, 1999: 25).

In the Republic of South Africa (RSA), the Basic Conditions of Employment Act No. 75 of 1997 (South Africa, 1997) provides a minimum of six weeks' sick leave in a three year cycle. The majority of respondents (71,4%) agreed that they did not have the right to abuse their sick leave when they did not feel like going to work. In addition, most of the respondents (93,9%) indicated that they did not phone in sick when they did not feel like going to work. The above responses indicated that University X's staff did not abuse the goodwill and trust of management as they did not abuse their legislative right to sick leave. Therefore, the employer's expectation of their employees was met.

More than half of the respondents (63,3%) revealed that they had difficulty concentrating on their work when stressed. This was congruent with data from employee wellness factor 3 – psychological health and wellness – where 63,3% of respondents preferred not to work under pressure. Previous research studies have reported that stress may alter an individual's cognitive thought process (Pennebaker, 1990) and impair problem-solving abilities (Seligman 1992; Hillier et al., 2005: 422). This research evidence again confirms that stress is not beneficial for optimal human performance, that there is a difference between stress (pressure) and challenge (excitement) and that employees and their superiors should be educated about the misinterpretation of stress. The latter was further strengthened by the majority of respondents (89,9%) who indicated their expectation for training interventions to be available to all staff within the institution. Traditionally, training interventions for job responsibilities and career advancement have been designed for learning in the current job and development for a future one, with focus on job performance and career advancement, which is still considered an important academic retention factor (Gappa et al., 2007:122; Amos et al., 2008: 174). Moreover, there is a growing trend in SA for training interventions that focus on employee wellness as a productivity enhancer (Meyer et al., 2010: 34). Training interventions in HEIs should continue to develop initiatives related to staff job responsibilities and develop staff for promotion opportunities (Pienaar & Bester, 2009: 383); however, employee wellness initiatives such as stress-coping techniques, assertiveness, communication skills, time management, problem-solving and decision-making, relaxation training, behaviour modification (Ho et al., 2010: 195), meditation and social support (Folkman, 1997: 1207-1221; Antoni, 2003: 173-188) should also be developed to assist staff in coping with their high strain jobs. This concurs with other SA research studies in higher education where emotional intelligence (Maree & Eiselen, 2004: 501),

cognitive structuring and conflict resolution (Barkuizen & Rothmann, 2005: 105; Rothmann et al., 2008: 419) were identified as possible stress management training (SMT) interventions. It is important to note that SMT breaks, or disrupts, the linkages between problems at work and employee health and wellness by modifying employees' cognitive structure and coping abilities (Randall & Nielson, 2010: 97), thereby restoring their concentration, thought processes and problem-solving abilities which have been eroded by stress.

The majority of respondents (85,7%) indicated their expectation of staff counselling via Employee Assistance Programmes (EAP) provided by the employer. EAP was identified as the most frequently used (78%) stress-intervention in SA organisations (Moodley, 2010: 5) as it has helped to improve employees' productivity and enhance their social functioning (Terblanche, 2011: 25). University X introduced its EAP in 2011 to assist its staff with a range of personal problems, although not many staff members were aware of the existence of this support service.

It should be noted that University X did offer SMT and EAP, and (previously) physical activities during lunch time, but staff awareness and participation were questionable. An interesting feature was that more than half of the respondents (53,1%) did not expect their employer to offer physical activities during lunch times, compared to 46,9% who had this expectation. It was therefore perhaps not surprising that the aerobics exercise classes and Bhakti Yoga classes previously offered at University X were stopped owing to a lack of staff interest and commitment. This should not detract from the value of these employee wellness initiatives, which are part of the QWL and WLB initiatives; however, the packaging and information dissemination of such activities was not structured in an institutional employee wellness policy and did not include clear employee wellness objectives and internal resources.

The fourth employee wellness factor – organisational intervention expectations – therefore revealed that University X's staff did not abuse their legislative right to sick leave, and so did not abuse the trust of management, thus adhering to the employer's expectation. The employees, however, expected University X to provide training interventions to all staff that would not only assist them in meeting their job responsibilities and supporting their career advancement, but also in developing employee wellness and SMT interventions to prevent and reduce stress from eroding their job concentration and cognitive thought processes. In addition, University X's staff expected staff counselling via EAP to treat the symptoms of stress and help them with a range of personal problems. University X did attempt to meet the employees' expectations with its SMT, EAP and previously physical activities; however,

these initiatives were not offered within the ambit of an integrated and holistic employee wellness programme.

7.2.5 Employee wellness factor 5: Social support

The fifth employee wellness factor – social support – was defined (Table 6.14, p. 204) as employees receiving social support from their colleagues and/or work groups (Iso-Strain Model, Johnson & Hall, 1988: 1336-1342; Leather et al., 1998: 161-178). The Cronbach's alpha coefficient was 0,7523 (Table 6.5, p. 199) which indicated acceptable reliability of the results for this factor.

The Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) was selected as one of the two contemporary interactional work-related stress theories for this research study and identified not only job demand and job control, but added job support as an additional factor related to work stress. Various follow- up research studies have confirmed that social support from colleagues, work groups and superiors are effective buffers against the effects of workplace stressors (Rosen & Moghadam, 1990: 193-204; Leather et al., 1998: 161-178; Rothmann et al., 2008: 417). In relation to the third employee wellness factor – psychological health and wellness – 79,6% of respondents reported that they had a trusted friend/peer at work with whom they could share their frustrations, and which improved their wellness status (Sperry, 1996; Bowerman & Collins, 1999: 291-297; Bliese & Castro, 2000: 65-73).

More than half of the respondents (55,1%) reported that they could freely discuss their work problems with their superior without fear of victimisation. Good interpersonal relationships between colleagues and superiors promotes a healthy work context (World Health Organisation, n.d.) and have been identified as a staff retention factor within HEIs (Amos et al., 2008: 174-175). Moreover, the majority of respondents (61,2%) reported that they had self-confidence to discuss work problems with their immediate superior. The fact that University X's staff could share their work problems or stressors with someone else, whether colleagues or superiors, helped them alleviate the initial emergency or alarm reaction response to stress (Greenberg & Baron, 1995: 251). This evidence confirms that a social support structure could help employees to view a stressful event from a different angle, or find a possible solution or course of action by talking things over with a trusted colleague or superior.

The researcher provides a caveat, namely that 44,9% of respondents did not feel they could discuss their work problems with their superior without fear of victimisation, while 38,8% did not have the self-confidence to discuss their work problems with their immediate superior.

University X should be cautioned that managers could add to employees' stress or work pressures by being too controlling, too suspicious, too domineering and too critical; and, in response, the result may be that employees become passive aggressive (Jaye, 2010: 43), or they may be prompted to leave the institution (Sparks et al., 2001: 489-509; Aikins, 2010: 16).

A concerning factor was that more than three-quarters of respondents (77,5%) indicated that their employer did not promote two-way communication. This data concurs with University X's staff's stated reasons for termination of services between 2006-2009, as professional and support (administrative) staff cited insufficient communication upwards as one of their reasons for resigning from the institution (University X, 2010: 273). Poor communication and labour turnover were among the organisational side-effects of unhealthy and unwell employees and an unwell organisational culture (Michie, 2002: 68; Kazmi et al., 2008: 135-138).

More than half of the respondents (53,1%) indicated that they foresaw long-term career prospects with their current employer. Career advancement and promotion form part of a healthy work context (World Health Organisation, n.d.) and provide the employees with extrinsic job satisfaction. However, the researcher was concerned that 46,9% of the respondents did not foresee long-term career prospects with University X, which concurs with its staff's stated reasons for termination of services between 2006-2009. Both academic/research and professional/support/administrative staff cited a lack of promotional opportunities as one of their reasons for resigning from the institution (University X, 2010: 273). Various research studies have confirmed that personal growth and career advancement are important retention factors within HEIs (Gappa et al., 2007: 122; Amos et al., 2008: 174; Bothma, 2014: 36-37).

The fifth employee wellness factor – social support – thus confirmed that the majority of University X's staff enjoyed social support from colleagues and superiors which acted as a buffer for the effects of workplace stressors. However, the researcher was concerned that not all University X's staff enjoyed the same social support and some could have been experiencing difficult relationships with their superiors. In addition, University X did not promote two-way communication within the institution which could negatively impact on staff's perception of social support, as they could feel voiceless or others might be perceived to be withholding information. Sharing and voicing work problems and concerns could alleviate the initial emergency response to stress; and poor communications is a sign of an unhealthy and unwell University X culture. Although slightly more than half of University X's staff foresaw long-term career prospects with the institution, the balance of the staff did not,

implying that University X was at risk of losing staff members, which could erode its social support structure.

7.2.6 Employee wellness factor 6: Lifestyle

The sixth employee wellness factor – lifestyle – is defined (Table 6.14, p. 204) as the way in which people manage their nutrition and relaxation. The Cronbach's alpha coefficient was 0,6842 (Table 6.6, p. 200) which indicated an acceptable reliability of the results for this factor.

The majority of respondents (71,4%) reported that the norm at their workplace was for staff not to take lunch and merely eat at their desk. Owing to the previous evidence that University X staff had high strain jobs, the absence of a lunch break away from their desks could be a result of the new conceptualisation of universities as "McUniversities" with the focus on money-making initiatives (Parker & Jary, 2005: 319-338; Shore, 2010: 15-29). The latter could be adding more pressure to the fast-paced lifestyle of the 21st century where jobs have become more knowledge demanding (Donaldson, 1993: 155-177; Dhobale, 2009: 39), leaving little time for relaxation periods, or relaxation being totally neglected (Jaye, 2010: 43).

A large percentage of respondents (65,3%) indicated that they maintained a healthy diet. Nutrition, more specifically healthy food, was identified as an important individual intervention to combat the effects of stress (Andrews, 2005: 93). However, in University X's staff wellness data from 2009, more than 96% of staff did not eat the recommended daily intake of five servings of vegetables and fruit, and 30% of staff did not eat any vegetables or fruit (Laloo, 2010: 2-10). This research study's evidence could imply either a vast improvement in staff nutrition since 2009, or that staff were not educated regarding what a healthy diet entails. There was a disjuncture between University X's staff claiming that they followed healthy eating habits, yet they were not taking lunch breaks, instead eating at their desks. Eating at one's desk does not promote a healthy diet.

Most of the respondents (79,6%) indicated that they took time for prayer and/or connecting with their spiritual beliefs. Focusing on one's own personal interests and spiritual needs may reduce the psychological symptoms of stress and restore a healthy psyche and self-esteem (Michie, 2002: 70; Andrews, 2005: 114). It was deduced from employee wellness factor 3 – psychological health and wellness – that University X's staff enjoyed spiritual wellness which gave them a sense of meaning and purpose for their life, as they made time for prayer and connecting with their spiritual beliefs (Hettler, 2007). This research study confirmed that

spiritual wellness was important for both psychological health and wellness and for maintaining a balanced lifestyle.

An overwhelming percentage of respondents (89,8%) indicated their expectation that University X would show consideration, understanding and flexibility to enable staff to attend to their family responsibilities. This corresponds with the psychological contract expectation of an employee from his/her employer (Mullins, 1999: 25). As 21st century jobs have changed, so has the typical family structure, as more single mothers, single fathers and one-breadwinner households have become more common. This increases pressure on the individual who must work to support the family and have personal time to attend to family matters (Greenberg & Baron, 1995: 248). For this reason, the World Health Organisation (WHO) has identified work-life balance as a work context factor (WHO, n.d.) which should be taken into consideration by the employer. Moreover, quality of work life balance has also been identified as a staff retention factor for HEIs (Amos et al., 2008: 174-175).

In summary, the sixth employee wellness factor – lifestyle – revealed that, although University X's staff claim to maintain a healthy diet, they did not take lunch breaks and ate at their desks. The researcher views this as a disjuncture, because not taking a lunch break and eating at one's desk does not encourage a healthy diet. On a positive lifestyle note, University X's staff incorporated spiritual wellness as a means to restore their healthy psyche and self-esteem. In addition, the staff expectation from University X to provide work life balance will not only ensure a balanced lifestyle between work and family, but also promote staff retention a the institution.

7.2.7 Employee wellness factor 7: Organisational culture

The seventh employee wellness factor – organisational culture – was defined (Table 6.14, p. 204) as a "system of shared values, beliefs, customs, habits and preferred behaviour in an organisation" (Bergh, 2012: 367). The Cronbach's alpha coefficient was 0,6804 (Table 6.7, p. 200) which indicated acceptable reliability of the results for this factor.

Almost all of the respondents (93,9%) indicated their expectation for University X to respect weekends and/or holidays as their time for rest and relaxation. Previous research studies have confirmed that individuals need a recovery or resistance phase (Selye, 1950, 1956) after a stressful event, and if this did not occur, the individual was at risk of developing chronic stress, would become vulnerable to illness (Jaye, 2010: 43) and could become exhausted and suffer from burnout (Selye, 1956; Jaye, 2010: 43). Real rest periods were normally vacation leave for holidays where employees were away from the workplace and

colleagues for more than two consecutive days (normal weekend) (Eden, 2001: 121-146; Westman & Etzion, 2001: 595-606). Thus, being totally removed from the working environment allows employees to recover from stress symptoms and burnout. Moreover, empirical evidence has shown that academics experience blurred boundaries between work and home lives, report that their workload "encroached more on their home lives" than before, and that their work life has negatively impacted on their families (Kinman, 1998; Kinman & Jones, 2003: 21-38). Owing to the research evidence from employee wellness factor 3 – psychological health and wellness – where it was found that University X's staff had too little time for recovery and were at risk of developing burnout, this expectation of employees to change the organisational culture is understandable.

Regarding employee wellness factor 5 – social support – University X's staff indicated that they were divided: 53,1% foresaw long-term career prospects with the institution and 46,9% did not. However, almost all of the respondents (95,9%) indicated that they expected University X to provide career opportunities for future promotions and career prospects. The researcher deduces that, although University X staff wanted and expected career opportunities from University X, these were not forthcoming and this omission was a contributing factor to the institution's staff turnover between 2006 and 2009 (University X, 2010: 273). This research result indicates that University X's staff wanted the institution's culture to change to one that promoted career development and promotional opportunities. This change in University X's organisational culture could help to remove the academics' occupational stressor of a lack of promotion opportunities (Barkhuizen, 2005: 84-87) and promote a prosperous organisational culture.

Almost all of the respondents (95,9%) reported that University X did not provide healthy food options at the workplace. Nutrition is imperative to fuel the body's stress response reaction and help it recover in the resistance phase (Andrews, 2005: 93). Owing to the disjuncture found in employee wellness factor 6 – lifestyle – where University X staff claimed to maintain a healthy diet while not taking lunch breaks and eating at their desks, it is safe to assume that this disjuncture held true in light of the above evidence that University X did not provide healthy food options. University X needs to break this disjuncture and realign its organisational culture to promote and provide healthy nutrition for its staff members.

A positive feature was that almost all of the respondents (97,9%) indicated that they went out of their way to help others. A supportive organisational culture and climate are important to reduce job stressors within HEIs (Rothmann et al., 2008: 418-419). Furthermore, all of the respondents (100%) believed that change was a normal part of life and one needed to adapt to it. This shows that, at the time of the study, University X staff had emotional intelligence

as they understood that environments can change and that they should be able to adapt to new surroundings (BarOn in Van Rooyen, 2002: 19; Maree & Eiselen, 2004: 488). Perhaps this research evidence reveals that University X's staff had accepted the merger between Technikon A and B and had adapted to the new University X's work environment.

The seventh employee wellness factor – organisational culture – therefore revealed that University X had a supportive culture amongst staff members, and that staff were accepting of change and willing to adapt to it. However, University X's staff expected the institution to improve its organisational culture to one that would promote and respect staff weekends and holidays as necessary for their recovery phase, promote career opportunities for advancement, and provide healthy nutrition in the workplace.

7.2.8 Employee wellness factor 8: Resourcefulness

The eight employee wellness factor – resourcefulness – was defined (Table 6.14, p. 204) as the ability to search for ways of doing things and solving problems (*Oxford Advanced Learner's Dictionary*, 2004: 1001). The Cronbach's alpha coefficient was 0,6751 (Table 6.8, p. 201) which indicated acceptable reliability of the results of this factor.

During the exploratory factor analysis, doing regular physical activities was identified as an item of resourcefulness and not physical health and wellness, as doing regular physical activities was a measure to reduce stress symptoms and viewed as solving stress-related problems. This notion is supported by Gmelch (1993: 28) and Greenwood (1998: 83-84) who state that physical activities should be part of universities' wellness programmes. Furthermore, research conducted by Haines et al. (2007: 219-225), who implemented a 12-week walking programme at a university, reported an increase in university staff's fitness levels, positive moods, and overall health status, therefore resulting in a reduction in stress-related symptoms. More than half of the respondents (53,1%) did not engage in regular physical activities, including walking, running, swimming, cycling and/or yoga, compared to 46,9% who did. In the current study, a change in staff's physical activities was evident, compared to University X's staff wellness data from 2009, where it was recorded that 63% of staff exercised fewer than three times per week (Laloo, 2010: 2-10). In the current study, a large percentage of respondents (83,7%) indicated that they preferred to exercise to relieve their stress. There was another disjuncture in research results, as only 46,9% of respondents regularly engaged in physical activities, whereas 83,7% stated that they preferred to exercise to relieve their stress symptoms. Owing to the research evidence that University X's staff had high strain jobs, it would be expected that, if 83,7% of staff preferred

to relieve their stress with physical exercise, the percentage of staff engaging in regular physical activities would have been more than 46,9%.

Almost all of the respondents (98%) indicated that they were grateful for the blessings in their life. In addition, more than three-quarters of respondents (77,6%) indicated that they had the ability to forgive themselves for mistakes. Gratitude for life's blessings and self-forgiveness link to spiritual wellness and concur with the research results in relation to employee wellness factor 3   (psychological health and wellness) and employee wellness factor 6 (lifestyle).   Spiritual wellness helps to restore a healthy psyche and self-esteem (Michie, 2002: 70; Andrews, 2005: 114).   Moreover, this research evidence has also revealed a measure of psychological capital among staff, as positive emotions of personal hardiness and learned resourcefulness (Bergh, 2012: 313) were apparent, which increased University X's staff internal resources for wellness.

A concerning factor was that more than three-quarters of respondents (77,5%) indicated that they did not trust University X's executive management. This concurs with University X's staff's reasons for employment termination between 2006 and 2009, where academic/research staff and professional/support/administrative staff cited a lack of trust between management and employees, a lack of good leadership by top management, and a lack of supportive management, as their reasons for resigning from the institution (University X, 2010: 273). This research evidence correlates with the employee wellness factor 5 – social support – where 77,5% of respondents indicated that University X did not promote two-way communication. There was a clear gap in communication and trust between University X's executive management and its employees which was also perceived as a lack of good leadership and supportive management.

In summary, the eighth employee wellness factor – resourcefulness – revealed that University X's staff did not rely on executive management to solve their problems owing to a lack of trust and communication between them. Owing to the disjuncture in the results regarding regular physical activities, the researcher was not convinced that University X's staff used physical activities as a tool for reducing their stress symptoms. However, it was clear that University X's staff resourcefulness was intrinsic and linked to their spiritual wellness and psychological capital.

7.2.9 Employee wellness factor 9: Resilience

The ninth employee wellness factor – resilience – was defined (Table 6.14, p. 204) as the ability to bounce back from a setback or failure (Block & Kremen, 1996: 349-361). The

Cronbach's alpha coefficient was 0,6971 (Table 6.9, p. 201) which indicated acceptable reliability of the results for this factor.

In the current study, more than half of the respondents (55,1%) claimed that they did not rely on stimulants to sustain them throughout the day; 18,4% seldom used stimulants; and 26,5% were reliant on stimulants. The majority of respondents (65,3%) indicated that they did not need any stimulants to cope with their stress, whereas 34,6% used stimulants as a coping mechanism. Although more than half of University X's staff did not use stimulants, there was clearly a growing number of staff who were reliant on stimulants to cope with their daily stressors. In University X's staff wellness data of 2009, it was recorded that 20% of staff were smokers, and 5% exceeded the daily limit of two alcoholic drinks (Laloo, 2010: 2-10). Using stimulants such as cigarette smoking, excessive caffeine drinking, binging on junk food, alcohol consumption, prescription and illegal drugs are signs of behavioural symptoms of stress (Dubrin, 1994: 174-175; Michie, 2002: 68; MIND, 2005). Owing to the evidence from the previous employee wellness factors that University X's staff had high strain jobs (engagement) and that the institution did not provide healthy food options (organisational culture), the finding that a growing number of University X staff were reliant on stimulants is not surprising.

Most of the respondents (85,7%) revealed that their difficult or painful experiences had enabled them to grow and become a better person. Personal growth indicates the ability to adapt emotionally and personally and survive any environmental changes or demands. These demonstrate emotional intelligence (BarOn in Van Rooyen, 2002: 19; Maree & Eiselen, 2004: 488). Emotional intelligence simulates positive emotions and enables individuals to tap into their intrinsic wellness resources (psychological capital) (Bergh, 2012: 313) as a means to rebound from a setback or failure, thus building their resilience.

A substantial percentage of respondents (87,8%) did not scream or shout or curse people who upset them, compared to 12,2% who were verbally abusive when stressed. This evidence correlates with employee wellness factor 1 – engagement – where 77,6% did not lose their temper with colleagues and 79,6% did not lose their temper with students who irritated them while they felt stressed. It seems probable from these findings that more than the majority of University X's staff were not verbally abusive towards colleagues and students while under stress.

The ninth employee wellness factor – resilience – thus indicated that a growing number of University X's staff were becoming reliant on stimulants to help them cope with daily stress. However, University X's staff also demonstrated emotional intelligence via their personal

growth experiences and were not verbally abusive to other people when stressed.   The researcher surmises that the resilience of University X's staff came from their intrinsic wellness recourses (psychological capital).

7.2.10 Employee wellness factor 10: Human relations

The tenth employee wellness factor – human relations – was defined (Table 6.14, p. 204) as people interactions and their social needs in the workplace (Bergh, 2012: 364).   The Cronbach's alpha coefficient was 0, 6855 (Table 6.10, p. 202) which indicated acceptable reliability of the results for this factor.

The respondents were almost equally divided: 49% indicated their perception of working increasingly hard but not accomplishing in proportion to their effort, while the other 51% did not feel this way.   Feelings of low personal accomplishment are a manifestation of burnout (Maslach, 1982; Greenberg & Baron, 1995: 260).   Employees who experience low personal accomplishments may become cynical and depersonalised from their workplace and presume they will not be successful in the future, fuelling their job disengagement and psychological withdrawal from the employer (Jackson et al., 1986: 630-640; Maslach, 2003: 190-191; Jackson & Rothmann, 2005: 100-108; Rothmann & Barkhuizen, 2008: 450-451).   University X's staff exhibited burnout signs for the previous employee wellness factors 1 – engagement, 2 – wellness working environment, and 3 – psychological health and wellness. The correlation between the results for the employee wellness factors clearly indicates that University X's staff experienced chronic stress, occupational stressors and signs of exhaustion or burnout.

A quarter of the respondents (26,5%) reported feeling depressed and isolated at work, while the majority (73,5%) did not feel this way.   This correlated with the results for employee wellness factor 3 – psychological health and wellness, where 79,6% of respondents indicated they had a trusted friend or peer at work with whom they could share their frustrations. Although the percentages were close, it seems probable that more of University X's staff felt depressed and isolated at the institution despite having a trusted friend or peer.   Social isolation is a symptom of chronic psychological stress (Steptoe & Brydon, 2005; Ho et al., 2010: 191) and could result in a lack of community and poor interactions with colleagues (Abouserie, 1996: 49-56), which has been identified as an academic occupational stressor (Barkhuizen, 2005: 84-85).   Although the majority of University X's staff were not depressed and isolated, the researcher was concerned that the approximately one-quarter of the staff who experienced these symptoms could develop callous attitudes towards colleagues and students (Seldin, 1987: 13-21; Singh et al., 1998: 463-473; Rothmann & Barkhuizen, 2008:

451). This could, in turn, negatively affect other staff members' social support and human relations within the institution.

Three-quarters of the respondents (75,5%) experienced intimacy in their committed relationships. The notion of intimate committed relationships refers to an individual's personal or family relations which, in turn, links to their quality of work life and balance. If employees enjoy healthy personal and/or family lives, it carries over into their quality of work life (Rose et al., 2006: 66). Combine the latter with employee wellness factor 6 (lifestyle) expectation of work life balance; and it reinforces the researcher's construct of quality of work life and balance (QWLB) as work and personal or family lives are interconnected. Individuals enjoying satisfying relationships with others is also an indicator for emotional wellness (Hettler, 2007; Lubbe, 2010: 5-10), which correlates with evidence in employee wellness factor 3 – psychological health and wellness.

An overwhelming percentage of respondents (91,8%) indicated that they expected University X to promote racial diversity in the workplace, and almost all of the respondents (96%) expected the promotion of gender equality within the institution. These expectations correlate with the psychological contract, that is, where employees expect the employer to implement fair and equitable Human Resource (HR) policies and procedures, and manage all employees with dignity and respect (Mullins, 1999: 25). It should be noted that inequality within an institution has been identified as an academic occupational stressor (Gillespie et al., 2001: 53-72; Barkhuizen, 2005: 84-85) and discriminatory practices as an academic career obstacle (Pienaar & Bester, 2009: 381, 383).

In summary, the tenth employee wellness factor – human relations – revealed that the people interactions of University X's staff were negatively affected by the manifestation of exhaustion or burnout (feelings of low personal accomplishments), and the fact that more respondents felt depressed and isolated at work, despite having a trusted friend or peer at the institution. The social needs of University X's staff in the workplace included quality of work life and balance, and fair and equitable HR policies and practices with regard to racial and gender equality within the institution.

7.2.11 Employee wellness factor 11: Organisational wellness support

The eleventh employee wellness factor – organisational wellness support – is defined (Table 6.14, p. 204) as the coordinated organisational policies and programmes that support employee-organisational health and wellness. The Cronbach's alpha coefficient was 0,6810 (Table 6.11, p. 202) which indicated acceptable reliability of the results for this factor.

More than half of the respondents (53%) indicated that they struggled to maintain their ideal body weight. In University X's staff wellness data of 2009, it was recorded that 62% of staff had a body mass index (BMI) of more than 24,9; 53% of females exceeded their ideal waist circumference of 88 cm, while 30% of males exceeded their ideal of 102 cm. These high BMI and waist circumference results indicate that more than half of University X's staff were classified as overweight. In addition, glucose levels of 52% of staff were in excess of 6,1 mmol/L and they were thus at risk of developing Type 2 diabetes (Laloo, 2010: 2-10). Also, considering the disjuncture in employee wellness 6 – lifestyle results, where 65,3% of respondents indicated that they maintained a healthy diet, while 71,4% did not take lunch and ate at their desk, it seems probable that University X's staff lacked education regarding healthy nutritious food options and used food as a "quick pick-me-up" for an energy boost at their desks (Andrews, 2005: 93). To make matters worse, employee wellness factor 7 – organisational culture – revealed that University X did not provide healthy food options within the institution. This research evidence is synonymous with the behavioural symptoms of stress discussed in the literature, with risk behaviours such as increased consumption of food or binging on junk food regarded as coping mechanisms for stress (Dubrin, 1994: 174-175; Michie, 2002: 68; MIND, 2005). It was evident that University X's staff exhibited chronic diseases of lifestyle owing to their poor diet, adult obesity and risk of developing Type 2 diabetes (Van der Merwe, n.d.; Wolters Kluwer Health, 2009: 1-2), which are physiological symptoms of stress.

Almost all of the respondents (98%) indicated their expectations of a comprehensive medical aid from University X; and the same group expected the institution to provide a sustainable pension and/or provident fund for their retirement. This concurs with Maslow's lower order level need of safety where company benefits provide social security (Maslow, 1943: 370-396; Steers & Porter, 1992: 35; Mullins, 1999: 416-417); and Herzberg's hygiene factors, where salary and company policies affect employees' job satisfaction levels (Herzberg, 1968: 57; Kiley, 2012: 201-202). It should be noted that University X had extensive negotiations with its three trade unions to draft harmonised conditions of service after the merger, and compiled a HR Strategic Plan focused on employee attraction and retention; employment equity; performance management; learning and development; and reward and recognition (University X, 2010: 263); however, academic/research staff listed lack of a good salary package as a reason for terminating their services between 2006 and 2009 (University X, 2010: 273). Moreover, inadequate remuneration packages were identified as an academic career obstacle (Pienaar & Bester, 2009: 376-385). However, if structured favourably for employees, remuneration and benefits (economic factors) could be staff retention factor

(Nompula, 2007: 82; Amos et al., 2008: 174-175) and contribute to employees' extrinsic job satisfaction (Weiss et al., 1967; Martin & Roodt, 2008: 24).

Almost all of the respondents (98%) indicated their expectation of quality of work life balance from University X. This correlates with employee wellness factor 6 – lifestyle – where 89,8% of respondents indicated their expectation of University X for consideration for, understanding of and flexibility to enable staff to attend to their family responsibilities; and employee wellness factor 10 – human relations – where 75,5% of respondents experienced intimate committed relationships in their personal and/or family lives which carried over into the quality of their work life. Work life balance has been identified as a work context element (WHO, n.d.); a key staff retention factor (Amos et al., 2008: 174-175); and it may eliminate or reduce higher education job stressors (Rothmann et al., 2008: 418-419; Barkhuizen, 2005: 105). Thus it is evident that quality of work life and balance (QWLB) is an important element of organisational wellness support.

To summarise, the eleventh employee wellness factor – organisational wellness support – revealed that University X lacked workplace health education and promotion. Although University X had negotiated new conditions of services for employees and compiled a new HR Strategic Plan, various facets of the university context – the coordination of HR policies and programmes, including workplace health promotion, medial aid, pension and/or provident fund, and quality of work life and balance – were not aligned to support employee-organisational health and wellness. These employee wellness factor results should be incorporated with results for employee wellness factor 4 – organisation intervention expectations – and employee wellness factor 7 – organisational culture – in order to promote and support a healthy and well University X.

7.2.12 Employee wellness factor 12: Physical health and wellness

The twelfth employee wellness factor – physical health and wellness – is defined (Table 6.14, p. 204) as maintaining the human body for survival and optimal performance. The Cronbach's alpha coefficient was 0,5498 (Table 6.12, p. 203) and, although the results were not considered to be reliable, the researcher decided to contextualise this employee wellness factor as it had a bearing on the quasi-experimental study.

An overwhelming majority of respondents (93,9%) did not schedule regular body massages. The researcher was confounded that University X's staff did not utilise their own Wellness Clinic on the Cape Town campus which offered Swedish massage, aromatherapy and

reflexology (Weintrob, 2011: 12) as alternative therapies to reduce their physical symptoms of stress (Andrews, 2005: 95).

More than half of the respondents (53%) indicated that they did not sleep the required 7-8 hours per night. This correlates with evidence in relation to employee wellness factor 1 – engagement – where 83,7% of respondents reported struggling to sleep at night while stressed. Lack of sleep, sleep disturbances and insomnia have been linked to physiological symptoms of stress (Dubrin, 1994: 174-175; Michie, 2002: 68; Gizard, 2009: 15) and psychological symptoms of stress (Edwards et al., 1998) which often manifest as behavioural symptoms of stress (Dubrin, 1994: 174-175; Michie, 2002: 68) and could result in fatigue. In addition, sleep disorders, chronic tiredness and fatigue have been identified by the WHO's International Study as some of the most common ailments necessitating doctors' visits (Van der Merwe, 2009b: 48-49).

More than three-quarters of the respondents (77,5%) indicated that they had enough energy to meet their daily work and family responsibilities. This was paradoxical, as the majority of respondents suffered from a lack of sleep which is associated with tiredness and fatigue. It seems probable that University X had a growing number of staff who were reliant on stimulants to help them cope with their stress, as identified in relation to employee wellness factor 9 – resilience. In addition, it could be assumed that some of University X's staff were also reliant on junk food as their "quick pick-me-up" for an energy boost. This was identified in association with employee wellness factor 11 – organisational wellness support.

Another paradoxical feature was the large percentage of respondents (81,6%) who indicated that they enjoyed a day of rest completely away from work, whereas 61,2% reported that they did not take time to relax on their own away from everything and everyone, as identified in employee wellness factor 3 – psychological health and wellness. It seems probable that University X's staff were spending their rest day away from work with their families, which is not a time of relaxation on their own and probably the reason why they could not commit time to reflect on their lives (psychological health and wellness).

The twelfth employee wellness factor – physical health and wellness – thus revealed that University X's staff exhibited a poor physical health and wellness status owing to their lack of sleep; too little time alone for relaxation for a real recovery period; were reliant on stimulants and/or junk food for energy boosts; and did not explore alternative therapies for reducing the physical symptoms of stress. The researcher surmises that University X's staff did not maintain their bodies in a healthy way, therefore could not expect optimal physical

performance and, as a result, were at risk of developing physical exhaustion or burnout (Maslach, 1982; Greenberg & Baron, 1995: 261; Rothmann & Barkhuizen, 2008: 450-451).

7.2.13 Employee wellness factor 13: Basic work life skills

The thirteenth employee wellness factor – basic work life skills – is defined (Table 6.14, p. 204) as basic skills for everyday work and life functioning. The Cronbach's alpha coefficient was 0,3708 (Table 6.13, p. 203) and, although the results were therefore not considered to be reliable, the researcher decided to contextualise this employee wellness factor as it had a bearing on the quasi-experimental study.

The majority of respondents (81,6%) had regular effortless bowel movements which indicated that University X's staff did not suffer from digestive disorders such as irritable bowel syndrome which is a physiological symptoms of stress (Andrews, 2005: 12).

 A large percentage of respondents (83,6%) reported that they had the freedom to practise their religion without fear of discrimination from colleagues. This correlated with employee wellness factors 3 (psychological health and wellness) and 6 (lifestyle), where University X's staff indicated they took time for prayer and/or connecting with their spiritual beliefs (79,6%) and enjoyed a sense of meaning and purpose for their lives (87,8%). In addition, practising religion without fear of discrimination also met the employees' psychological contract expectation of the employer to manage all staff with dignity and respect (Mullins, 1999: 25). This concurs with employee wellness factor 10 – human relations. It was clear that University X's staff relied on their spiritual wellness for psychological health and wellness, balanced lifestyle and human relations which became a basic work and life skill for everyday functioning.

Most of the respondents (63,3%) indicated that the quality of their work was negatively affected while they were experiencing stress. This concurs with previous research studies where "an inverse relationship between job stress and job performance" was found (Kazmi et al., 2008: 135-138); where academic occupational stress caused impaired work performance (Kinman, 2001: 473-492; Tavis et al., 2001: 283-296; Barkhuizen, 2005: 85); and deterioration in teaching and research performance (Dick, 1992: 341-346; Singh et al., 1998: 463-473). This evidence correlates with employee wellness factor 4 – organisational intervention expectations – where 63,3% of respondents reported difficulty in concentrating on their work when stressed. This notion is in accordance with Hillier et al. (2005: 422) who note that uncontrollable stress may alter the individual's cognitive thought processes, resulting in "superficial, simplistic and unoriginal style of thinking" (Pennebaker, 1990) and

impaired problem-solving abilities (Seligman, 1992). Rothmann and Barkhuizen (2008: 440) reiterate that a "burned out educator" could negatively impact their students' performance and well-being (Maslach & Leiter, 1995).

The majority of respondents (61,2%) indicated that staff performance mattered to their superior, while 38,8% indicated the neither good nor bad performance mattered to their superior. Interestingly, more than half of the respondents (57,2%) reported that they did not receive recognition for work well done (employee wellness factor 2 – wellness working environment) and only 53,1% indicated that they foresaw long-term career prospects with University X (employee wellness factor 5 – social support). University X's staff reasons for termination of services between 2006 and 2009 (for both academics/research staff and professional/support/administrative staff) were a lack of recognition and feedback on performance. It should be noted that University X implemented its Performance Management System (PMS) in 2008, which was more focused as a developmental tool and not linked to financial incentives (University X, 2010: 273,277). It seems probable that University X's managers implemented the PMS, but proper follow-through with feedback and recognition was lacking. Furthermore, the criteria for performance management and promotion within HEIs was problematic, as Pienaar and Bester (2009: 382-383) reported that academics requested that teaching performance be included as a criterion and not solely research outputs. The researcher speculates that University X's managers did not fully support the PMS, which explains why they did not follow through with feedback and recognition for their staff. This subsequently negatively affected the staff's vision for long-term career prospects within the institution.

The last employee wellness factor – basic work life skills – therefore revealed that University X's staff did not suffer from digestive disorders. Furthermore, they had the freedom to practise their religion without fear of discrimination, which is important, as spiritual wellness was an important factor for their psychological health and wellness. The latter, combined with balanced lifestyle and human relations became a basic work life skill for their daily functioning. However, University X's staff lacked proper stress coping mechanisms for basic work life skills, so their quality of work was negatively affected by stress. In addition, University X's managers did not fully support – and therefore failed to follow through on – the institution's PMS.

7.2.14 Summary of the main employee wellness experiences and challenges at University X

The original data provided information regarding the everyday wellness experiences of the staff of University X. The researcher based the selection of activities in the wellness

intervention for the quasi-experimental field study on the salient employee wellness experiences and challenges from the original data. Table 7.1 was compiled to link the research study questions with the employee wellness factors and the related research results to (1) show relevance of research discussion, and (2) the origin of the activities selected for the wellness intervention.

Table 7.1: Summary of main employee wellness experiences and challenges at University X from original data

Research questions:	Employee wellness factor and results:
1. What employee wellness challenges did staff experience at University X?	Engagement: • high job demand, low job control/autonomy = high strain jobs • physical medical conditions • emotional/mental medical conditions • Insomnia
	Wellness working environment: • lack of job resources (equipment) • did not feel safe on campus • unhealthy work environment (indoor pollution) • no recognition for work well done • did not feel valued at work
	Psychological health and wellness: • not able to safely express fear and anger • psychoneuroimmunology • no recovery period (relaxation time) • no time for self-reflection on life
	Lifestyle: • misperception of what a healthy diet entails
	Organisational culture: • no healthy food options on campus
	Resourcefulness: • no regular physical activities
	Human relations: • feelings of low personal accomplishments • felt depressed and isolated at work
	Organisational wellness support: • struggled to maintain ideal body weight
	Physical health and wellness: • no regular body massages • did not sleep 7-8 hours per night
2. How did University X's staff manage their daily work and personal stressors?	Engagement: • mentally distant = depersonalisation from University X • some behavioural symptoms of aggression • isolation when stressed
	Psychological health and wellness: • internalised unresolved fear and anger

	• took time out of busy day to breathe and refocus energy • trusted friend/peer at work with whom to share frustration
	Social support: • discussed work problems with superior without fear of discrimination
	Lifestyle: • did not take lunch break and ate at desk • took time for prayer/connecting with spiritual beliefs
	Resourcefulness: • exercised to relieve stress?
	Resilience: • some reliant on stimulants to cope with stress • did not scream or shout or curse people
	Human relations: • some felt depressed and isolated • had intimacy in committed relationships
3. To what extent did chronic stress impact on University X's staff job performance and service delivery to students?	Engagement: • did not lose temper with colleagues and students • were not short tempered at home
	Wellness working environment: • intellectual and occupational wellness (job demand) • lack of working and available equipment (job resources)
	Organisational intervention expectations: • difficulty concentrating when stressed
	Basic work life skills: • stress negatively affected quality of work
4. What support systems did University X's staff need to alleviate their professional and personal challenges from the institution?	Wellness working environment: • adequate equipment for job functions (job resources) • safety on campus • feedback and recognition for work well done
	Organisational intervention expectations: • training interventions for all, specifically SMT (coping mechanisms) • EAP • physical activities during lunch time
	Social support: • personal growth and career development
	Lifestyle: • consideration, understanding and flexibility for family responsibilities
	Organisational culture: • provide healthy food options on campus • break the norm to eat lunch at desk

	Resourcefulness: • regular physical activities on campus
	Organisational wellness support: • programme for healthy lifestyle (workplace health education) • raise awareness of diabetes, obesity, chronic diseases of lifestyle • comprehensive medical aid • sustainable pension/provident fund • quality of work life and balance
	Physical health and wellness: • promote university Wellness Clinic as part of EWP
	Basic work life skills: • proper support for, and follow-through of, performance management (PMS) system • include teaching in PMS criteria for academic staff
5. What could University X do in order to provide a working environment that promotes employee wellness?	Wellness working environment: • healthy work environment (clean air, water, indoor pollution) • feedback and recognition on performance (appreciation)
	Psychological health and wellness: • bust myth/misinterpretation of eustress • promote recovery period from stress (no working during weekends/holidays)
	Organisational intervention expectations: • University Employee Wellness policy with clear objectives and resources
	Social support: • promote two-way communication between management and staff
	Organisational culture: • respect weekends/holidays as time for rest and relaxation • culture of career opportunities and career prospects • supporting organisational culture (helping others)
	Resourcefulness: • restore trust relationship between executive management and staff
	Human relations: • promote racial diversity and gender equality in the workplace • fair and equitable HR policies, procedures and practices
	Organisational wellness support: • promote quality of work life and balance

The five wellness activities that were selected for the employee wellness intervention at University X were as follows:

1) Daily health lunch from Kauai health food deli, as healthy food is imperative to fuel the body's stress response and later helps it to recover (Andrews, 2005: 93). University X's staff revealed that nutrition was one of their employee wellness challenges as they had a misinterpretation of a healthy diet (employee wellness factor 6 – lifestyle) and University X did not provide healthy food options at the workplace (employee wellness factor 7 – organisational culture).

2) Two 30-minute yoga exercise sessions per week, as yoga is both a physical and mental discipline and helps to reduce both physiological and psychological symptoms of stress and promotes overall well-being (Andrews, 2005: 76, 79). University X's staff revealed that they had suffered both physical medical conditions and emotional medical conditions caused by job stress (employee wellness factor 1 – engagement); and they did not engage in regular physical activities (employee wellness factor 8 – resourcefulness). However, in relation to the latter employee wellness challenges, University X's staff also identified physical activities that they could do during lunch times (employee wellness factor 4 – organisational intervention expectation) and these would possibly be a part of a support system that the institution could provide to alleviate the staff's wellness challenges.

3) A once-off 30-minute physiotherapy session with a registered physiotherapist, as physiotherapy is a form of health care that assists individuals with the restoration of body movements and promotes overall well-being (Nose Creek Support Physical Therapy, 2011). University X's staff revealed that they did not schedule regular body massages (employee wellness factor 12 – physical health and wellness) although the institution had a Wellness Clinic on the Cape Town campus. This was identified as both an employee wellness challenge and a possible support system that could be encouraged by the institution: by offering this wellness activity, the institution could create awareness among staff of its benefits.

4) Five focus group discussions with each session having a different theme, as follows: (1) environmental health and wellness – ergonomics offices and facilities; (2) environmental health and wellness – wellness working environment; (3) social health and wellness – sense of belonging and friendships; (4) coping strategies; and (5) physical health and wellness – physical movement and nutrition. The selected themes were based on University X's staff daily wellness experiences and challenges. The researcher required more in-depth information regarding University X's staff wellness challenges, such as a lack of job resources; feeling unsafe at work;

an unhealthy work environment (employee wellness factor 2 – wellness working environment); feelings of depression and isolation at work; and low personal accomplishments (employee wellness factor 10 – human relations); misperception of healthy diet and regular physical activities (employee wellness factors 6 – lifestyle and 8 – resourcefulness). In addition, it was necessary to analyse the various conflicting evidence of how University X's staff managed their daily work and personal stresses – employee wellness factors 1 (engagement), 3 (psychological health and wellness), 5 (social support), 9 (resilience), and 10 (human relations). The focus groups served a dual purpose: firstly, to collect more in-depth information from University X's staff; and secondly, to serve as support groups where staff could share their frustrations with colleagues, as sharing is also an effective buffer against workplace stress (Rosen & Moghadam, 1990: 193-204; Leather et al., 1998: 161-178).

5) Wellness reflection journaling was the final wellness activity. Field study participants were requested to write about their daily wellness experiences and challenges and submit a summary to the researcher at the end of the 5-week period. Writing about stressful events was identified as a coping mechanism which also enables the writer to develop an action plan to minimise such stressors in the future (Michie, 2002: 70; Jaye, 2010: 43). This activity was selected owing to University X's staff's lack of meditation, contemplation and psychotherapy (employee wellness factor 1 – engagement), absence of reflection on life experiences, and inability to safely express fear and anger (employee wellness factor 3 – psychological health and wellness). Wellness reflection journaling also served a dual purpose: firstly, to track the employee wellness changes in the experimental group, and to further understand the control group's employee wellness experiences and challenges; and secondly, as a coping mechanism to provide the field study participants with an outlet for their unresolved feelings, fear and anger.

As discussed in Chapter five, Research Methodology, the researcher implemented applied intervention research in the quasi-experimental field study and included a control group whose members received one introductory focus group discussion at the beginning, ate a healthy lunch on a Tuesday (once per week), and kept a wellness reflection journal. The experimental group received all five wellness activities which constituted the employee wellness intervention for this research study. Both control and experimental groups participated in the employee wellness questionnaire pre-test and post-test measurement comparison for this quasi-experimental design.

7.3 Salient employee wellness results from the quasi-experimental field study

The biographical results for the field study respondents, for both experimental and control groups, were displayed as pie charts in Chapter six. It should be noted that two experimental group participants, one academic and one administrative staff member, dropped out of this study owing to their time constraints and unavailability to participate in all five wellness activities. In a similar research study conducted at a HEI, Haines et al. (2007: 224) also reported dropouts from their wellness intervention, where their participants indicated barriers such as lack of time, motivation, job commitments and physical problems as their dropout reasons. Therefore, dropouts are not uncommon during wellness research. The experimental group thus finally consisted of 18 respondents and the control group 20 respondents. Although all the field study respondents (38) completed and returned the pre-test and post-test questionnaires, only 11 experimental group respondents submitted their wellness reflection journal summaries, and only five control group respondents returned theirs. The majority of experimental group respondents attended and participated in the focus group discussion, as it became an outlet for sharing their frustrations, not only with other colleagues, but also with the researcher, as they wanted their frustrations communicated to executive management.

The majority of field study respondents (Figure 6.85, p. 205) were aged 26-35 years, and the Chi-square statistics for age distribution (Table 6.15, p. 206) indicated that the age distribution was similar for both experimental and control groups. This was a younger group of respondents compared to those involved in the original data set, where the majority were aged 36-45 years. The gender distribution (Figure 6.86, p. 206) indicated that the majority of field study respondents were female, and the Chi-square statistics for gender distribution (Table 6.16, p. 206) indicated the same gender distribution across the experimental and control groups. This correlates with the original data set where the majority of respondents were also female. The occupational distribution (Figure 6.87, p. 207) indicated that the majority of field study respondents were administrative or non-academic staff, and the Chi-square statistics for occupational distribution (Table 6.17, p. 207) indicated the same occupational distribution for both experimental and control groups. This differs from the original data where the majority were academic staff members. The distribution for length of service (Figure 6.88, p. 208) indicated that the majority of experimental group respondents (72%) had ten or fewer years of service, whereas the majority of control group respondents (65%) had fifteen or fewer years of service, which correlates with the original data. The distribution for highest qualification (Figure 6.89, p. 209) indicated that the experimental group respondents had an equal percentage (27,8%) of both Baccalaureus Technologiae and Magister Technologiae as their highest qualifications, whereas the control group

respondents (30%) had a 3-year diploma as their highest qualification. This differs from the original data where the majority of respondents (55,1%) held a master's degree. The Chi-square statistics indicated no statistically significant differences with respect to the biographical variables between the experimental and control group respondents. Interestingly, the majority of respondents that generated both the original data and data for the later field study were female; however, the majority were academics in the original study compared to a majority of administrative or non-academic staff in the field study.

The salient employee wellness results from the field study will now be discussed in order of importance of the employee wellness factors with respect to the triangulation mixed methods approach.

7.3.1 Psychological health and wellness

In the field study, the Cronbach's alpha coefficient for employee wellness factor 3 – psychological health and wellness – for both the pre-test and post-test questionnaire, for both the experimental and control groups, was above 0,6 which indicated acceptable reliability for the results of this factor (Table 6.20, p. 210). The experimental group mean increased from 2,66 to 2,85 from pre-test to post-test (Table 6.21, p. 211). The mean increase of 0,19 indicated that experimental group respondents' psychological health and wellness increased after the employee wellness intervention. The control group mean decreased slightly from pre-test to post-test, from 2,61 to 2,60, thus the control group respondents' psychological health and wellness remained the same during the field study (Table 6.21, p. 211). Employee wellness factor 3 – psychological health and wellness – was the only complete factor in which a statistically significant difference was recorded from the analysis of variance (ANOVA) (Figure 6.91, p. 214). The increase in values for the experimental group respondents was statistically significantly higher than those for the control group respondents. The researcher deduces that the experimental group respondents experienced an improvement in their psychological health and wellness status owing to their participation in the wellness intervention, compared to the control group who did not participate.

The control group respondents revealed during their introductory focus group discussion that they felt "miserable" and their "head space too busy" (Figure 6.108, p. 229) because they planned their personal and family life around work deadlines (C3, Figure 6.111, p. 232). This correlates with the original data evidence that University X's staff did not experience real recovery time and were at risk of developing job burnout. Furthermore, the control group respondents reflected on their coping strategies and revealed their individual measures as follows: taking a conscious decision not to get angry or upset at work helped, as did

engaging in social clubs and activities outside of work (C2, Figure 6.110, p. 231); having a supportive colleague; and taking time out during vacations (C1, Figure 6.109, p. 230); having a positive mind-set; and associating only with positive people (C4, Figure 6.112, p. 233) helped them to cope with work-related stress. This was congruent with the original data evidence that University X's staff relied on social support in the workplace and enjoyed a measure of psychological capital.

At the beginning of the field study, the experimental group respondents revealed that they too felt "always in a rush" (Figure 6.93, p. 217), experienced mood swings and were rude to people (Figure 6.95, p. 219). They had limited trusted friends at work (Figure 6.94, p. 218) and would try to get out of the office for a walk around the corridor (Figure 6.95, p. 219) as a means of coping with their work-related stress. Experimental group respondent number 3 (E3) indicated that his/her reason for participating in this field study was to improve his/her personal life which was affected by work tension (Figure 6.99, p. 222); E5's reasons for participation were that he/she was "drowning" in work and that he/she had no social life (Figure 6.101, p. 224); and E9 wanted to learn something new and improve his/her health status (Figure 6.105, p. 227).

At the end of the field study, the experimental group respondents reflected on the regular physical activity offered during the wellness intervention. E1 stated that the yoga sessions helped to restore a positive mind set (healthy body = healthy mind) and, for him/her it was, mentally, a giant step forward (Figure 6.97, p. 221). E2 had learnt how to breathe and relax (Figure 6.98, p. 222). E4 concentrated on poses which helped him/her to forget about work anxiety and feel calm afterwards (Figure 6.100, p. 223). E7 enjoyed the laughter with colleagues during the yoga session and felt it was fun to be alive (Figure 6.103, p. 225). E10 concentrated on the moves and on him-/herself and so forgot about work stress (Figure 6.106, p. 227). These reflections revealed that yoga as a wellness activity, as part of the employee wellness intervention, improved the participants' emotional and social domains for human functioning. In addition, the physiotherapy helped E1 to identify the physical medical condition he/she was experiencing as a pinched muscle in the neck and he/she received advice for managing it in the future (Figure 6.97, p. 221).

The experimental group respondents revealed that the focus group did serve as a support group and they shared the following feedback: E1 stated it was 'nice' to clear his/her mind and express his/her frustrations, and to interact and share concerns with colleagues (Figure 6.97, p. 221). E2 reiterated that sharing frustrations with colleagues was a relief and informative (Figure 6.98, p. 222). E3 'loved' the support groups as it was 'nice' to smile at and greet people (Figure 6.99, p. 222). E8 could vent his/her concerns and felt strange after

each support group session, decided that things were not so bad and felt more positive afterwards (Figure 6.104, p. 226). E11 stated it was clear that staff wanted to be heard; however, he/she added that University X's staff should be grateful to have a job, regardless of non-delivery within the institution because, when compared to staff in other companies, University X's staff were still considered 'lucky' (Figure 6.107, p. 228). In summary, evidently the focus group sessions provided the platform for experimental group respondents to vent and share their concerns with colleagues, which helped them to put their challenges into perspective. This finding concurs with the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) that notes that job support from colleagues helps to reduce stress in high strain jobs.

The experimental group respondents reflected that the wellness reflection journaling assisted them with self-reflection and they shared the following feedback: E2 stated that writing thoughts on paper was daunting at first, but helped him/her to see things clearly, so he/she wanted to continue with it (Figure 6.99, p. 222). E5 enjoyed the time out to become one with him/her which improved his/her mental capacity (Figure 6.101, p. 224). E7 shared his/her personal insights and questioned his/her role as an "employee who was well" and to what extent external circumstances had shifted his/her focus from where he/she needed to be (Figure 6.103, p. 225). It was thus evident that the wellness reflection journaling had assisted the experimental group respondents to reflect on their own health and wellness and provided the much needed space for self-reflection.

At the end of the field study, the employee wellness outcomes revealed the changes that had occurred within each experimental group respondent: E1 reflected an improved mental position (Figure 6.97, p. 221). E2 experienced a lesser inclination to resign (Figure 6.98, p. 222). E3 acknowledged that he/she "felt like a burden" and was going to miss the wellness intervention (Figure 6.99, p. 222). E4 had learned how to relax and managed to release stress (Figure 6.100, p. 223). E5 had stopped working over weekends and had experienced an improvement in his/her mood and overall productivity (Figure 6.101, p. 224). E6 took more "me-time" (Figure 6.102, p. 224). E7 had decided to outline a career path with his/her mentor (Figure 6.103, p. 225). E8 felt less stressed, focused and happy, had experienced improvements in his/her mood, and an improved outlook on work life (Figure 6.104, p. 226). E9 felt physically and mentally stronger (Figure 6.105, p. 227). E10 enjoyed the time away from the office, felt like something had been lifted off this/her shoulders, had forgotten about work stress, and felt that the intervention had helped him/her to deal with challenges and improved his/her mood (Figure 6.106, p. 227). E11 felt grateful for his/her opportunities (Figure 6.107, p. 228). All the experimental group respondents' reflected an improvement in their psychological health and wellness after the employee wellness intervention. However,

the researcher was concerned about E3's reflection and thought that he/she should have continued with EAP as a follow-up intervention.

In summary, it was evident that the wellness activities of yoga, physiotherapy, support groups and wellness reflection journaling had improved the experimental group respondents' psychological health and wellness. The quantitative and qualitative data confirmed that the research study's employee wellness intervention was successful in improving University X's staff's psychological health and wellness status which, of all the stress symptoms, was the most difficult to change.

7.3.2 Physical health and wellness

Employee wellness factor 12 – physical health and wellness – did not produce an acceptable Cronbach's alpha coefficient for any of the questionnaires original data, and for the pre-test and post-test for both experimental and control groups. However, the experimental group mean increased from 2,39 to 2,49 from pre-test to post-test (Table 6.21, p. 211); the mean increase of 0,10 indicated that experimental group respondents' physical health and wellness had increased after the employee wellness intervention. The analysis of variance (ANOVA) identified a statistically significant difference in employee wellness statement 6 (I schedule regular body massages) for the pre-test and post-test means between the experimental and control groups (Figure 6.90, p. 212). It was apparent that, from before the wellness intervention to thereafter, the experimental group values for employee wellness statement 6 had increased statistically more than those for the control group. As the control group did not receive a physiotherapy session, it shows that more experimental group respondents scheduled regular body massages after the wellness intervention than before the field study.

The control group mean decreased from 2,36 to 2,31 from pre-test to post-test and it seemed that the control group respondents' physical health and wellness had decreased slightly during the field study (Table 6.21, p. 211). During the introductory focus group discussion, the control group respondents stated that they struggled to sleep at night and were experiencing joint pains, a condition which had become an aggravating illness (Figure 6.108, p. 229). This correlated with the original data where University X staff struggled to sleep at night and did not get the required 7-8 hours' sleep; and confirms the physical ailments experienced as a result of high strain jobs. The control group respondents' wellness reflection reveals more about their physical health and wellness challenges, as follows: C1 stated that he/she experienced difficulty in setting time aside for physical activities (Figure 6.109, p. 230). C2 revealed that he/she was fairly fit but could do more (Figure 6.110, p. 231). C3 acknowledged that he/she had poor physical health, was not sleeping well and

always felt tired (Figure 6.111, p. 232). C5 enjoyed going to gym, but was too busy to get there on a regular basis (Figure 6.113, p. 234). Only C4 reflected a positive state of physical health and wellness as he/she went away over weekends for fishing trips, long walks and mountain biking (Figure 6.112, p. 233). These reflections confirmed the original data that University X staff did not regularly engage in physical activities and would benefit if the institution provided physical activities during lunch time, which could also improve the sleeping habits of staff and re-energise them.

At the beginning of the field study, the experimental group respondents acknowledged the following challenges: lack of fitness (E1, Figure 6.97, p. 221); inadequate health and wellness, which they wanted to improve (E3, Figure 6.99, p. 222); back and wrist pain (E4, Figure 6.100, p. 223); lack of energy (E5, Figure 6.101, p. 224); and low fitness levels (E6, Figure 6.102, p. 224) as their reasons for participating in the employee wellness intervention.

The last focus group discussion, the theme of which was physical health and wellness, was conducted during the last week of the field study. The experimental group respondents agreed that they were receiving physiotherapy for the first time; they had become more aware of their bodies and movement problems; they had received advice from the physiotherapist for improvements which were considered long-term solutions to their aches and pains. In addition, they experienced yoga as painful, and some perceived it as evil from a religious point of view, while others thought it was only for women. They all agreed that yoga has benefits at it made them more flexible, facilitated more active body movements, created awareness of their bodies and the strengthening felt positive. It also improved their psychological health and wellness as it helped them to breathe and relax, forget about work problems, improve their relationships at home and make more time for themselves (Figure 6.96, p. 220).

At the end of the field study, all the experimental group respondents reflected positive experiences of both yoga and physiotherapy, as follows: E1 stated a healthy body equals a healthy mind; he/she was motivated to exercise; after yoga, the sensation of pins and needles in his/her left arm was gone; the physiotherapist informed the respondent that the discomfort had been caused by a pinched muscle in the neck and gave advice for the future (Figure 6.97, p. 221). E2 indicated that yoga improved posture and he/she had learnt how to breathe and relax (Figure 6.98, p. 222). E3 indicated it was an eye-opening experience; he/she had discovered body parts (muscles) that were previously unknown; and the extra handouts for home stretches were helpful and he/she was excited to receive more (Figure 6. 99, p. 222). E4 reflected it was the first time he/she had done yoga and received physiotherapy treatment and he/she had enjoyed it, gained flexibility and balance, and it had

helped him/her to improve his/her breathing (Figure 6.100, p. 223). E5 stated that stretching exercises had helped him/her to realise the importance of exercise; he/she had learnt more about his/her own body, improved physical movement (flexibility) and had more energy (Figure 6.101, p. 224). E6 indicated it had been an eye-opening experience as it had revealed his/her low fitness level; stretching and breathing had been demanding but enjoyable activities; practical exercises as handouts were helpful to practise at home; physiotherapy had revealed back problems caused by sitting in an office chair (muscular skeletal damage) and the physiotherapist had given advice, so he/she wanted to schedule more sessions (Figure 6.102, p. 224). E7 reflected it was the first time he/she had done stretching activities, which he/she had thoroughly enjoyed; he/she had realised he/she was physically unhealthy, so had gone 'with the flow' and enjoyed the journey of yoga; physiotherapy was bliss and agony, as he/she had taken mobility for granted; and the physiotherapist had given advice regarding posture and balance to manage degenerative conditions which was a reality check, resulting in a reactivated gym membership (Figure 6.103, p. 225). E8 stated yoga was physically demanding but became easier with time; he/she felt destressed, energised and focused afterwards (Figure 6.104, p. 226). E9 reflected that it was the first time he/she had done yoga and, though it was painful in the beginning, it improved with time; deep breathing helped him/her to focus and relax; physiotherapy was "fantastic", as it loosened all shoulder knots and muscle pain, so he/she had learned how to relax muscles (Figure 6.105, p. 227). E10 indicated it was the first time he/she had done yoga and received physiotherapy treatment, which had helped him/her to explore the body, forgot about work stress, and enjoy the sessions; physiotherapy was also enjoyable and he/she would recommend it to others (Figure 6.106, p. 227). E11 stated that yoga had improved his/her physical fitness to run with his/her dogs; physiotherapy was beneficial and regular sessions should be offered on campus (Figure 6.107, p. 228). A few negative comments were also recorded, namely that yoga was painful and hurt (E2, E3, E9); there were some perceptions that it existed for senior citizens and arty new age groups, used to find their inner calm (E8); it was mainly for older women; and there were negative connotations for members of some religions (E11).

It was evident that the majority of experimental group respondents experienced yoga and physiotherapy for the first time during this field study; they had become aware of their body, posture and breathing, and had improved their fitness, flexibility and balance. The additional yoga exercise handouts were beneficial and gave the respondents the opportunity to practise at home and to continue with yoga after the field study. The physiotherapist helped to identify some of the respondents' physical medical conditions and gave advice for the future. It was therefore not surprising that the experimental group mean increased by 0,10 from pre-

test to post-test, and that employee wellness statement 6, which referred to physiotherapy (body massages), produced a statistically significant difference.

The researcher thus deduces that the wellness activities of yoga and physiotherapy increased the experimental group respondents' physical health and wellness status. In addition, yoga also improved their psychological health and wellness, as discussed previously.

7.3.3 Engagement

The Cronbach's alpha coefficient for employee wellness factor 1 – engagement in the field study – for both pre-test and post-test, for both experimental and control groups, was above 0,6 and 0,8 respectively and indicated an acceptable to high reliability for the results of this factor (Table 6.20, p. 210). Interestingly, both experimental and control groups' post-test means were higher that the pre-test means. The control group mean increased from 2,59 to 2,64 and the experimental group mean increased from 2,50 to 2,64 (Table 6.21, p. 211). Although the experimental group mean increased more (0,14) than the control group mean (0,05), the researcher was curious as to how both groups' post-test means could be the same (2,64). The descriptive statistics (Appendix B) revealed the following responses:

- In the pre-test, 50% of the experimental group respondents indicated that their current job utilised their strengths and talents; this percentage increased to 61,1% in the post-test. The control group respondents also indicated an increase from 55% in the pre-test to 75% in the post-test for the same employee wellness statement. The researcher surmises that the actual job done by both experimental and control group respondents did not change; however, they became more aware of their cognitive engagement in their job tasks.
- In the pre-test, 72,2% of experimental group respondents indicated that they felt a sense of belonging to a group or community, which increased to 77,8% in the post-test. The control group respondents also indicated an increase from 75% in the pre-test to 95% in the post-test for the same employee wellness statement. The researcher surmises that both experimental and control group respondents became more aware of their sense of belonging to a group or community during the wellness reflection journaling.
- In the pre-test, 44,4% of experimental group respondents indicated that they had experienced a physical medical condition caused by job stress, which increased to 72,2% in the post-test. The control group respondents also indicated an increase from 50% in the pre-test to 65% in the post-test for the same employee wellness

statement. The researcher surmises that both groups become more aware of their physical medical conditions caused by job stress; however, the experimental group's awareness increased more (27,8%) than that of the control group (15%) owing to the additional yoga and physiotherapy wellness activities during the wellness intervention.

The researcher surmises that the above descriptive statistical increases for both experimental and control groups explains how both groups' post-test mean increased, although the experimental group post-test mean increased more in value from the pre-test to the post-test, compared to the increase for the control group. In order to further understand the changes in field study respondents' engagement, the researcher drew on the qualitative data for further interpretation. This combination of quantitative and qualitative data, which were of equal importance to interpret University X's staff wellness status, further supports and strengthens the triangulation mixed methods applied in the research study.

The control group respondents revealed their employee engagement status during the introductory focus group discussion as follows: they were embarrassed working for University X; they had no pride; could not rely on others; and did not feel valued at work. In addition, the academics felt that they were doing more administrative work and lacked role identity (Figure 6.108, p. 229). The control group respondents reflected in their wellness journal that University X's staff allowed the lack of facilities (job resources) to affect their emotions, whereas the C2 respondent went home to finish work (C2, Figure 6.110, p. 231). This was confirmed by C3 who reflected that he/she "never expected anything to work" and tried to get work done before going to campus, mostly working from a home computer (as University X's network was unreliable) and often paid for students' printing and photocopies from his/her personal money, which resulted in him/her often being broke in the middle of the month (Figure 6.111, p.232). C4 reflected that there were always deadlines which were difficult to meet owing to a lack of resources (Figure 6.112, p. 233). Furthermore, C5 reflected on the previous institution, Technikon B, where he/she had experienced a sense of belonging owing to the dedicated lunch time when staff gathered (Figure 6.113, p. 234); however, C3 reflected his/her lack of sense of belonging was attributed to being too busy between classes, meetings and deadlines (Figure 6.111, p. 232). By contrast, C1 experienced a sense of belonging by being active and helping others in his/her community (Figure 6.109, p. 230). C3 acknowledged his/her poor physical health; she/he always felt tired, did not sleep well and was susceptible to any germ or virus on campus (Figure 6.111, p. 232). This contrasted with the experience of C2 who was aware that stress and anger cause cancer, heart attacks and strokes and thus was very careful in preventing these from happening (Figure 6.110, p. 231).

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Combining the descriptive statistics with the focus group and reflection journal summaries, the researcher surmises that the control group respondents' awareness of their job demands (current job utilises their strengths and talents) could have been influenced by their lack of job resources which meant the demands on their talents and strengths increased so that they could complete their work. Furthermore, the control group respondents' increased sense of belonging could be attributed to their involvement in community activities. Lastly, by being requested to reflect on their physical health and wellness, the control group respondents became more aware of their physical medical condition. It seems like the wellness reflection journaling prompted them to reflect on their employee wellness status, revealing that they had demanding cognitive and poor physical engagement with their job tasks. It was therefore not surprising that the original data revealed that University X's staff experienced high strain jobs, depersonalised themselves from the university and were at risk of developing burnout, revealing their low employee wellness status.

In the beginning of the field study during the focus group discussions, the experimental group respondents shared the following comments about their wellness status. They shared negative feelings towards University X (Figure 6.92, p. 216); felt guilty because students suffered the consequences of dissatisfied staff (Figure 6.93, p. 217), which was unfair, as they said that their student conversations and interactions were more rewarding than those with other staff; and many felt lonely at work because staff hid in the offices owing to fear of organisational politics (Figure 6.94, p. 218). They also acknowledged that they had become territorial over resources (because of the lack thereof), were losing their temper as there was too much pressure at once, and that frustrations were taken out on students (Figure 6.95, p. 219). Positive wellness status comments were revealed during the last week of the field study and were related to physical health and wellness. Experimental group respondents agreed that the physiotherapy and yoga combination was a long-term solution for their physical medical conditions; and they stated that doing yoga in a group enabled them to laugh with others; they saw new possibilities for their physical health and wellness, felt more energised, and acknowledged that there was more to life than work and they were able to reconnect with themselves (Figure 6.96, p. 220).

It was evident that both control and experimental group respondents harboured negative feelings towards University X, and experienced the same lack of job resources. Interestingly, the experimental group respondents acknowledged that they lost their temper and took frustrations out on students, which was contrary to the claim of the majority of respondents in the original data.

The experimental group respondents revealed the following reasons for participating in this field study: E3 was extremely tense in the office and wanted to get out (Figure 6.99, p. 222); E4 was experiencing job stress (Figure 6.100, p. 223); E7 had not been feeling well for some time, which was symptomatic of deep-rooted unhappiness/ unwellness that was a cause and effect of a lack of faculty staff wellness (Figure 6.103, p. 225); and E8 wanted to do something in a group, as he/she had never felt part of a group at University X (Figure 6.104, p. 226).

At the end of this field study, the experimental group respondents reflected on their wellness status according to the employee wellness activities in which they had participated. The combination of yoga and physiotherapy had achieved the following: E5's physical mobility had improved and the activities had given him/her more energy (Figure 6.101, p. 224); E6's back problems had been revealed and that had prompted him/her to take action (Figure 6.102, p. 224); E8 had enjoyed the group activity and felt part of a team of colleagues (Figure 6.104, p. 226); E9 had experienced reduced headaches and tiredness (Figure 6.105, p. 227); and E11 felt that doing yoga in a group was a motivator (Figure 6.107, p. 228). The focus group discussions enabled E3 to meet other people and he/she enjoyed smiling at and greeting people (Figure 6.99, p. 222); and E8, who had never felt part of a group, experienced being part of a group of colleagues for the first time at University X (Figure 6.104, p. 226). The wellness reflection journaling helped E3 to see things clearly (Figure 6.104, p. 226); E5 had enjoyed more time out for meditation and becoming one with himself/herself (Figure 6.101, p. 223); and E7 had conducted a self-reflection that enabled him/her to grow both personally and professionally (Figure 6.103, p. 225). Overall, E9 revealed that he/she had more patience with fellow staff members (Figure 6.105, p. 227); and E11 felt more invigorated and aware of surroundings which had helped him/her to clear his/her mind and improve his/her productivity (Figure 6.107, p. 228). However, E2 still felt like the institution was driving him/her 'insane' and that he/she feared suffering from an illness caused by work stress (Figure 6.98, p. 222).

The researcher surmises that the group wellness activities of yoga and focus group discussions improved the experimental group respondents' sense of belonging within the university. This notion confirms the notion previously stated, namely that the focus groups would possibly become support groups where experimental group respondents could share their concerns, receive support from colleagues and feel part of a group. This also confirms the descriptive statistics increase from pre-test to post-test for a sense of belonging to a group or community. Furthermore, the combination of yoga and physiotherapy had assisted the experimental group respondents to become more aware of their physical medical

conditions and to receive advice on how to overcome these, which would explain the increased descriptive statistics from pre-test to post-test.

The only employee wellness activity that both control and experimental group respondents had in common from beginning to end of this field study was the wellness reflection journaling. Both groups were required to reflect on their employee wellness challenges and experiences during the field study, which provided them with much-needed time for self-reflection. The increase in the mean for engagement for the control group respondents' score in the post-test was attributed to their improved self-awareness during the wellness reflection journaling. The experimental group respondents' increased post-test mean was attributed to the employee wellness intervention, especially the combination of yoga and physiotherapy, support groups and wellness reflection journaling. Together, these confirmed the success of the field study employee wellness intervention.

7.3.4 Wellness working environment

The Cronbach's alpha coefficient for employee wellness factor 2 – wellness working environment – in the field study, for both pre-test and post-test, for both experimental and control groups, was above 0,6 and 0,8 respectively, which indicated an acceptable to high reliability for the results of this factor (Table 6.20, p. 210). The experimental group's mean increased from 2,31 to 2,34 from pre-test to post-test; however, the control group mean decreased slightly from 2,61 to 2,59 from pre-test to post-test. The descriptive statistics (Appendix B) revealed the following changes in University X's wellness working environment:

- 72,3% of the experimental group respondents indicated in the pre-test that the equipment necessary to perform their job functions was not working and available for usage; this percentage decreased to 66,7% in the post-test. Similarly, the control group respondents also indicated a decrease from 60% in the pre-test to 50% in the post-test for the same employee wellness statement. Interestingly, both groups' responses to the option of "never" working and available equipment increased from 16,7% to 27,8% from the pre-test to the post-test for the experimental group; and from 25% to 35% from the pre-test to the post-test for the control group. Furthermore, 55% of the experimental group respondents indicated in the pre-test that the equipment necessary to perform their job functions was not available for use; this percentage increased to 72,2% in the post-test. However, the control group percentages decreased form 60% to 50% in the post-test for the same employee wellness statement. The researcher deduces that job resources were not working and available on an equal basis for all staff members within University X; and it

seemed that the majority of both experimental and control group respondents experienced a lack of job resources, which correlated with evidence from the original data.

- 55,6% of experimental group respondents indicated in the pre-test that they did not feel safe at work; this percentage increased to 72,2% in the post-test. However, the control group respondents indicated a decrease from 50% in the pre-test to 30% in the post-test for the same employee wellness statement. Feeling unsafe at University X correlates with the original data.

- 88,9% of experimental group respondents indicated in the pre-test that they did not feel valued at work; this decreased to 72,3% in the post-test. Similarly, the control group respondents also indicated a decrease from 65% in the pre-test to 55% in the post-test for the same employee wellness statement. The researcher deduces that the majority of both experimental and control group respondents did not feel valued by University X, which correlates with the original data.

- 66,6% of the experimental group respondents indicated in the pre-test that they did not receive recognition for work well done; this percentage decreased slightly to 61,1% in the post-test. Similarly, the control group respondents also indicated a decrease from 70% in the pre-test to 60% in the post-test for the same employee wellness statement. Interestingly, both experimental and control groups' post-test values were similar, which strengthens the notion that University X staff did not receive recognition for work well done. This correlates with the original data.

- 72,2% of the experimental group respondents indicated in the pre-test that they did not work in a healthy environment with respect to clean air, water and indoor pollution; this increased to 83,4% in the post-test. The control group respondents indicated a slight decrease from 50% in the pre-test to 45% in the post-test for the same employee wellness statement. It seems probable that University X did not provide a healthy working environment for its staff, a finding which correlates with the original data.

It was evident that both experimental and control group respondents' feedback regarding University X's wellness working environment was unchanged from that reported in the original data evidence. The employee wellness activities, especially the focus group discussions and wellness reflection journaling, were used to collect more in-depth information on what the specific problems and challenges were that University X's staff experienced every day in their work environment.

The control group respondents' focus group discussion revealed several problems with regard to lack of job resources. The movement of staff from one campus to another after the merger was problematic. There were not enough offices for academics, which resulted in sharing offices and a lack of privacy; some staff also had to organise their own office furniture and waited for up to six months for an office computer. There was a general lack of teaching equipment, which resulted in academics carrying portable equipment between buildings and they were often tired when they arrived for class (Figure 6.108, p. 229). In addition, in their reflection journals, they shared their own personal challenges about the lack of job resources. C1 reflected that he/she did not like the new open plan office as he/she did not have privacy; and he/she also had an uncomfortable chair which resulted in backache. Generally he/she felt that staff facilities were undesirable and not always available (Figure 6.109, p. 230). C2 stated that, when equipment did not work on campus, he/she went home to use his/her own equipment and thus had to spend a limited time in a non-working environment to cope with a lack of job resources (Figure 6.110, p. 231). C3 indicated other problems: there were poor to non-existent staff facilities on campus; offices were poorly laid out; office desks and chairs were not conducive for working long hours at the computer; limited storage facilities resulted in stacking of boxes in offices; there was only one printer per floor and often it was not working, which resulted in walking up and down various floors to find a working printer and then rushing off to class; owing to a lack of classroom equipment, staff were required to carry laptops and data projectors to and from class, which also resulted in academics arriving for class feeling tired (Figure 6.111, p. 232). C4 reiterated that there was limited office space; there were limited storage facilities; there was only one printer for 50 staff members on one floor, with no maintenance of printer, and no spare paper; an unreliable network resulted in an e-mail system and printers that were often not working; there were too few (and small) classrooms with no teaching equipment, which resulted in academics sharing laptops and data projectors within a department via a booking system (Figure 6.112, p. 233). C5 also reflected that offices were extremely small; there was often leaking water inside his/her office; it was often necessary to walk long distances between classrooms and lecture theatres while carrying heavy loads, including equipment; printing facilities were almost always unavailable and there was a lack of IT support for the network (Figure 6.113, p. 234).

Furthermore, the control group respondents discussed the lack of a healthy work environment and indoor pollution as follows: buildings at University X, on the Cape Town campus, were set out like a maze and a lack of proper signage often resulted in people getting lost; there were limited toilets which resulted in staff sharing with students; there was often no available toilet paper, hand wash and paper towels; there was a sense of a general

lack of hygiene as facilities were dirty and smelly, with a lack of fresh air and/or ventilation (Figure 6.108, p. 229). In addition, respondents shared their personal challenges in their reflection journals as follows: C1 reiterated the point about dirty toilets and stated that the lack of staff facilities reflected University X's lack of respect for its staff (Figure 6.109, p. 230). C3 reflected that there was no fresh air in his/her office, as windows were bolted closed for security purposes. The office then became full of dust and mould which aggravated his/her allergies and caused chest infections; and there was also no air-conditioning available (Figure 6.111, p. 232). C4 reiterated the issue of poor toilet facilities which always smelt bad, as well as too few toilets, no toilet paper nor hand soap; and he/she was annoyed with the high noise levels in corridors which made it difficult for him/her to work in the office (Figure 6.112, p. 233). C5 reflected on the previous Technikon B where the work environment had been clean, friendly and accessible compared to his/her new work environment, where the building felt more like a prison. He/she confirmed that general facilities were always dirty with dust and waste, and toilets were in a "pathetic state" (Figure 6.113, p. 234).

Moreover, the control group respondents agreed that they did not feel valued by University X and experienced limited secure parking (Figure 6.108, p. 229). C5 confirmed he/she was always searching for parking, and felt unsafe in buildings and on campus, as theft out of offices was common; and he/she did not feel acknowledged as a person (Figure 6.113, p. 234). The control group respondents' qualitative data confirmed the descriptive statistics, namely that there was a lack of job resources, unhealthy work environment with indoor pollution, a lack of safety measures and a general feeling of not being valued by University X.

The experimental group respondents' focus group discussions revealed several challenges they experienced regarding a lack of job resources. These included that staff offices were small with no storage facilities, which meant offices were stacked with boxes of students' exam papers (which was viewed as hazardous). Limited work stations were available, with inadequate office desks and chairs, and unwanted furniture placed in corridors, adding to the hazardous environment. Administrative staff had an open plan office layout, whereas many academics were sharing offices, which resulted in both staff groups experiencing a lack of privacy. The lack of privacy negatively impacted on academics' consultations with students, as there was no confidentiality for the students. Classrooms were poorly laid out with limited space for students' group work activities; there were too few tables and chairs for students, poor lighting and no air-conditioning. Owing to the lack of teaching equipment in classrooms, academics shared limited laptops and data projectors for teaching. Staff were sharing printing and photocopy machines which often did not work. Frequent network problems resulted in unreliable internet and e-mail usage. Although staff logged calls to address the

printing, photocopying and network problems, often nothing happened and the problems were ignored owing to central delays (Figures 6.92, p. 216 & 6.93, p. 217).

Furthermore, the experimental group respondents shared a number of concerns regarding the unhealthy work environment and indoor pollution. The buildings were viewed as dull, grey and dirty, with high noise levels which resulted in staff experiencing sick building syndrome. There was a general lack of hygiene as toilets, classrooms, computer labs and corridors were dirty and emitted a bad odour. Classrooms, computer laboratories and offices had poor ventilation and temperature control (Figures 6.92 p. 216 & 6.93 p. 217). Moreover, the experimental group respondents expressed their concerns regarding the poor health and safety standards at University X, highlighting the following problem areas: besides the unwanted furniture in corridors, cables were hanging from the ceiling and lying on floors, which posed a safety risk to staff and students. University X's Cape Town campus was open with no fencing around the campus owing to its historical background (previously advantaged "white" institution as explained in Chapter three). This gave criminals easy access to buildings as no proper security door control was exercised, so office break-ins often resulted, with staff's work and personal items stolen. Staff did not feel safe on campus at night as there was no proper lighting between buildings and parking areas, and a lack of visible security, as security guards were often asleep at the gates (Figures 6.92 p. 216 & 6.93 p. 217).

In general, the experimental group respondents experienced role ambiguity as there was uncertainty between what role administrative staff and academics were required to fulfil. This resulted in staff always feeling in a rush to meet deadlines as everything was urgent. This led staff to experience no job pride and, with the lack of natural promotion opportunities, they felt stuck in a thankless job (Figures 6.93, p. 217 & 6.94, p. 218). This revelation could explain why staff did not feel valued at University X, a finding which is consistent with both the experimental and control group descriptive statistics and the original data.

It is evident that the quantitative and qualitative data from the field study correlate with the original data. The focus group discussion and wellness reflection journaling provided more specific and in-depth information regarding the working environment at University X. The researcher surmises that University X did not provide its staff with adequate job resources, operated an unhealthy work environment with indoor pollution, a lack of proper health and safety standards, and perpetuated role ambiguity, all of which resulted in staff feeling unvalued and unrecognised within the institution. From the afore-mentioned, it can be concluded that University X did not satisfy the following: its staff safety needs (Maslow, 1943: 370-396); hygiene factors (Herzberg, 1968: 57); self-esteem and self-actualisation needs

(Maslow, 1943: 370-396); and motivational factors (Herzberg, 1968: 57). It was evident that there was a lack of person-environment fit (P-E Fit, French & Caplan, 1972; Van Harrison, 1978; Caplan, 1983; Edwards et al., 1998) between staff members and University X, which contributed to staff's work-related stress, resulting in poor employee wellness status.

7.3.5 Organisational intervention expectations

The Cronbach's alpha coefficient for employee wellness factor 4 – organisational intervention expectations – in the field study for both the pre-test and the post-test for the experimental group was above 0,7 which indicated an acceptable reliability of the results. However, only the control group post-test produced a Cronbach's alpha coefficient of above 0,6 for acceptable reliability (Table 6.20, p. 210). The experimental groups mean increased from 3,03 to 3,18 from pre-test to post-test; and the control group mean increased slightly from 2,97 to 3,06 from pre-test to post-test (Table 6.21, p. 211). The descriptive statistics (Appendix B) confirmed the following organisational intervention expectations from the field study respondents:

- Both the experimental group (94,4%) and the control group (95%) respondents, in both the pre-test and the post-test, shared their expectation that University X should provide staff counselling via EAP. This correlated with the original data.

- Both the experimental group (94,5-100%) and control group (100%) respondents in both the pre-test and post-test, agreed that University X should provide training interventions for all staff. This correlated with the original data.

- 83,3% of experimental group respondents indicated in the pre-test that they expected University X to offer physical activities during lunch times, and this expectation increased to 94,5% in the post-test. Similarly, the control group respondents also indicated an increase from 60% in the pre-test to 85% in the post-test for the same employee wellness statement. The researcher surmises that the experimental group's increase can be attributed to the employee wellness activity, yoga, being offered during the field study; however, the control group did not receive the intervention and could possibly be expressing their desire to receive similar physical activities during lunch time. The field study respondents' expectation of physical activities being made available during lunch time was significantly higher than participants' expectations reflected in the original data (46,9%). It seems probable that the wellness activity could have increased the experimental group's expectation of a continuation thereof, whereas the control group might have felt left out and also wanted to participate.

The wellness introduction focus group discussion conducted with the control group respondents revealed that they expected University X to provide them with separate facilities from students, which not only included toilets but also a staff lounge or diner where staff could eat cooked meals. There was an additional expectation that University X provide healthier food options for staff on all campuses (Figure 6.108, p. 229). This expectation was reiterated by C5 who reflected that it was expected of University X not only to provide healthier food options, but also offer these at a reasonable price (Figure 6.113, p. 234). C3 confirmed the expectation for separate staff facilities and a staff lounge where staff could relax and have conversations with other colleagues.

In addition, C3 expressed his/her fear of taking sick leave which would result in falling behind with students' class work (Figure 6.111, p. 232). The researcher considered C3's reflections in totality within a wellness working environment and in light of organisational intervention expectations and surmises that, if University X improved the working environment, it would be able to solve some of the physical medical conditions experienced by staff members.

The experimental group respondents' focus group discussions revealed more comprehensive expectations of University X, as follows: team-building was necessary to improve staff relationships within departments; and both academic and administrative staff expected role clarity regarding what University X expected from them. Staff expected workload equity among departmental members; support for completing their higher qualifications, as well as research support; and proper line authority from University X in order to create a wellness working environment. Separate staff facilities for staff and students with regards to a staff diner were reiterated, in addition to the need for a pharmacy on campus; university interventions were required to overcome staff illness resulting from indoor pollution. Transport between the various campuses, such as a shuttle, should be considered for staff; satellite campuses should receive similar support services as main campuses; and more consideration should be given to improve the university's green environment and eliminate paper waste. In addition to separate staff facilities, there was an expectation that all staff, administrative and academics should have a set lunch time during the day when they could have a break, eat healthy food and participate in physical activities to help them cope with their high strain jobs. It was noted that some staff in the administration building had a tea/coffee trolley and it was felt that such a facility should be available to all staff and not only to a select few. Another request was made for pop-up reminder messages on the e-mail system to encourage staff to take a break from the computer and to get up and move around. Lastly, there was a need for University X to improve its safety and security for staff and students by improving its visible security,

ensuring strict access control to buildings and on campus, with regular security patrols in corridors and on campuses (Figures 6.93, p. 217 & 6.95, p. 219).

The experimental group respondents shared more of their own personal expectations in their wellness reflection journals. E2 expected University X to provide physical exercise activities in the workplace (Figure 6.98, p. 222). E6 requested the university to listen to staff expectations and implement their suggestions to improve its wellness working environment (Figure 6.102, p. 224). E8 expected University X to improve its cafeteria food options to include more healthy food choices for staff and students (Figure 6.104, p. 226). E9 requested University X to continue with similar activities (as in the wellness intervention, such as yoga and support groups) during lunch times for all staff (Figure 6.105, p. 227). E10 reiterated that University X should implement more wellness activities and bring staff members together so as to unite them (Figure 6.106, p. 227). E11 concurred that a one hour lunch time for all staff was necessary, with daily yoga or physical activities available on campuses. These could be offered at different times of the day to accommodate all (Figure 6.107, p. 228).

To summarise, it was evident that both control and experimental group respondents expected University X to provide staff and students with separate facilities with regards to toilets; they also wanted a separate staff lounge or diner which should provide healthy food options. Moreover, the experimental group respondents agreed that team-building, role clarity, workload equity, support for completing qualifications, research support and proper line authority were required to improve staff's immediate working environment. University X was requested to consider a pharmacy on campus, proper transport between campuses, consistent support services on satellite campuses and promotion of a green environment. There was a plea for all staff to have a set lunch time when wellness activities (physical activities, support groups and healthy food) would be provided by the institution, including a tea/coffee trolley for all staff, and pop-up e-mail messages reminding staff to take a break from computers and participate in wellness activities. Lastly, University X was expected to improve staff and students' safety and security in buildings and on campuses.

7.3.6 Organisational wellness support

The Cronbach's alpha coefficient for employee wellness factor 11 – organisational wellness support – only produced an acceptable reliability value above 0,6 for the experimental group's post-test (Table 6.20, p. 210). The experimental group's mean increased from 3,21 to 3,49 from the pre-test to the post-test, and the control group mean also increased slightly from 3,22 in the pre-test to 3,26 in the post-test (Table 6.21, p. 211). The descriptive

statistics (Appendix B) confirmed that the respondents in both the experimental group (pre-test 88,9% - post-test 100%) and the control group (pre-test 90% - post-test 95%) expected University X to provide them and their families with a comprehensive medical aid, which correlated with the original data. Both the experimental group and control group respondents indicated the same increase in percentages (pre-test 94/95% - post-test 100%) for their expectation of University X to provide them with a sustainable pension/provident fund for their retirement. This correlated with the original data. In addition, both the experimental group (pre-test 94,4% - post-test 100%) and the control group (pre-test and post-test 100%) agreed that they expected University X to promote quality of work-life balance, which also correlated with the original data. The only recorded difference between the two groups was for maintaining their ideal body weight, where the experimental group showed an improvement from 33,3% in the pre-test to 66,7% in the post-test; while the control group respondents increased only slightly, from 45% to 50% in the pre-test to the post-test. The researcher surmises that the wellness intervention offered to the experimental group helped them to improve the maintenance of their ideal body weight.

The control group respondents reflected that they normally had a recovery rest period during university holidays (C3, Figure 6.111, p. 232), while others tried to get away over weekends (C4, Figure 6.112, p. 233). There was a request that University X should support staff work-life balance between their work and family or personal lives (C5, Figure 6.113, p. 234).

The experimental group respondents agreed that they frequently took work problems home (Figure 6.94, p. 218), and felt that they had no work-life balance (E5, Figure 6.101, p. 224). E11 requested that University X should establish employee wellness committees to drive health and wellness within the institution, and provide wellness support to all staff members (Figure 6.107, p. 228).

It was evident that both control and experimental group respondents expected University X to provide them with a comprehensive medical aid and sustainable pension/provident fund. Furthermore, both groups expected the university to provide and support their quality of work-life and balance (QWLB) in order for them to have a real recovery period from work-related stress. It was suggested that University X establish employee wellness committees to drive employee-organisational health and wellness and provide wellness support activities and services.

The researcher deduces from the above that a wellness working environment, organisational intervention expectations and organisational wellness support are interrelated employee

wellness factors and, if implemented correctly, should be able to prevent staff from experiencing work-related stress.

7.3.7 Organisational culture

The Cronbach's alpha coefficient for employee wellness factor 7 – organisational culture – in the field study for both the pre-test and the post-test, and for both the experimental and the control groups, did not produce an acceptable value and the information could not be considered reliable (Table 6.20, p. 210).   As a result, the researcher's interpretation of organisational culture in the field study was reliant on the focus group discussions and wellness reflection journaling.

The control group respondents shared their experiences of University X's organisational culture and requested that staff health and wellness be considered in the future. In general, these were their experiences: there was no accountability amongst staff members; different processes and procedures were followed across various campuses; staff were unreliable; there was a "miserable" and negative atmosphere; and looming disciplinary threatening attitudes from management (Figure 6.108, p. 229).   The Cape Town campus of University X had too much "red tape", where everything became an issue; and academics felt overwhelmed as their administrative duties kept on increasing on a daily basis, which meant staff only really rested during the December break (C5, Figure 6.113, p. 234).   Staff social health and wellness was negatively affected by the atmosphere of paranoia and suspicion which made staff "sad" about their current working environment (C2, Figure 6.110, p. 231).   University X did not provide healthy food options on campuses (instead mostly junk food) and staff had no appropriate place to store their own food as the staffroom fridge was always dirty (C3, Figure 6.111, p. 232).   There was a perception amongst staff that health and wellness was not a major concern for University X (C1, Figure 6.109, p. 230).   The control group respondents requested University X to provide a staff lounge or diner where appropriate healthy food could be offered at a reasonable price (Figure 6.108, p. 229); and that the institution promote and support staff work-life balance between work and family or personal lives (C5, Figure 6.113, p. 234).

The experimental group respondents explained their experiences and perceptions of University X's organisational culture during the focus group discussions. There were still two distinctive cultures within University X, namely one of Technikon A and the other of Technikon B, which resulted in staff becoming territorial over buildings, floors and classrooms; some staff also received privileges over others. The atmosphere was cold and hostile; staff operated within an atmosphere of mistrust of one another and displayed a lack

of common decency, respect and dignity toward others. Relationships were status-orientated, which resulted in undermining of authority. Generally, staff were cautions about what they said because, if they were honest about their work situation, they were labelled as trouble-makers or moaners. Staff felt constantly under scrutiny, so were always looking over their shoulder; and they were afraid of being victimised (victimisation was a common practice). There was a general sense of sadness amongst staff which transferred to others, and a perception that the university consumes and drains people. Unfortunately, the lack of a work ethic among staff also resulted in a lack of accountability which fuelled the unwell working environment, as staff problems and concerns regarding network and facilities were ignored. There were too many changes and uncertainties within University X, combined with too much organisational politics, including trade union politics, therefore it was not surprising that 14 staff members resigned between January and May 2013 (Figures 6.92, p. 216; 6.93, p. 217; 6.94, p. 218). The experimental group respondents' reflection journaling reiterated that there was too much office politics (E3, Figure 6.102, p. 224); faculty staff were generally anti-social (E10, Figure 6.106, p. 227); and staff frequently worked over weekends (E5, Figure 6.101, p. 224).

In addition, the experimental group respondents also requested the following suggestions to be communicated to University X's executive management as a way to promote better employee-organisational health and wellness within the institution: there should be consistency in institutional procedures across campuses, with no bending of rules for some staff members, as well as consequences for poor and non-performance (Figure 6.95, p. 219); University X needs to clarify the role identity of academic and administrative staff, promote workload equity and support staff completing their higher qualifications (Figure 6.93, p. 217); there was an overwhelming request for University X to provide healthy food options in its cafeteria and at staff functions (Figure 6.96, p. 220; E2, Figure 6.98, p. 222; E6, Figure 6.102, p. 224; E8, Figure 6.104, p. 226). E11 also suggested that a platform for both formal and informal communication be established by University X, which could help staff members to release past and current dissatisfactions ("let go of the past ghost") (Figure 6.107, p. 228).

It was evident that both control and experimental group respondents shared similar experiences of University X's organisational culture which, at the time of this study, was still plagued by merger issues in terms of facilities, processes and procedures, and a lack of accountability. This had resulted in a toxic work environment ruled by organisational and trade union politics which left staff too afraid to voice their opinions. This information was incongruent with the perception gleaned from the original data, namely that University X had a supportive culture. The focus groups and reflection journals highlighted University X's true organisational culture as experienced by staff members on a daily basis. However, the staff

requests for healthy food options on campuses, support for completing qualifications for career growth and promoting work-life balance were consistent with evidence from the original data.

From the afore-mentioned, the researcher thus surmises that University X's person-environment fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) was negatively affected by its unwell working environment, a lack of organisational intervention expectations, poor organisational wellness support and a toxic organisational culture which perpetuated the high staff turnover and reasons for this. At the time of this study, University X was still experiencing the same organisational challenges as it did in 2009 when the Self-Evaluation report was published (University X, 2010: 273; Table 3.7, p. 83 & Table 3.8, p. 83).

7.3.8 Human relations

The Cronbach's alpha coefficient for employee wellness factor 10 – human relations – in the field study for both the pre-test and the post-test for the experimental group was above 0,6 and indicated reliable results. However, the Cronbach's alpha coefficient did not produce reliable values for the pre-test and post-test for the control group (Table 6.20, p. 210). The experimental group mean increased from 2,91 in the pre-test to 3,14 in the post-test, and the control group mean also increased slightly from 3,04 to 3,08 from the pre-test to the post-test (Table 6.21, p. 211). The descriptive statistics (Appendix B) indicated the following changes in human relations during the field study:

- 55,6% of the experimental group respondents stated in the pre-test that they felt they were working increasingly hard but not accomplishing in equal proportion to that effort; the percentage increased to 61,2% in the post-test. By contrast, the control group indicated a decrease from 65% in the pre-test to 55% in the post-test for the same employee wellness statement. Both experimental and control group post-test values were higher than in the original data (49%) and it seemed probable that University X staff were experiencing feelings of low personal accomplishments, which is a manifestation of burnout (Maslach, 1982; Greenberg & Baron, 1995: 260).

- 44,5% of experimental group respondents indicated in the pre-test that they felt depressed and isolated at work; this decreased to 33,3% in the post-test. It seems probable that the 11,2% decrease could be attributed to the connectedness they felt to other people during the support group discussions.

The control group respondents reflected on their people interactions and social needs within University X. Two respondents longed for the family-orientated working environment that they had experienced in the previous technikons before the merger. For example, C2 reflected that he/she had built relationships with technikon colleagues over the years, and had enjoyed their previous tea-room discussions where there were art groups, jokers and rugby talkers. This collegiality had been destroyed by the previous Dean of the Faculty; and he/she missed the social interaction with colleagues which no longer existed after the merger (Figure 6.110, p. 231). C5 reflected that Technikon B had had a dedicated lunch time when all staff got together in the staffroom and there was a sense of belonging. Now he/she felt like a number in University X rather than a person, did not know who he/she could trust, and experienced that colleagues did not return greetings (Figure 6.113, p. 234). C4 reflected that many staff worked from home, resulting in limited interaction among staff members (Figure 6.112, p. 233). C3 stated that departments worked in isolation and there were few opportunities to connect with staff members. There was a feeling of constant pressure, with deadlines that had to be met and this resulted in staff not having time for conversations; they merely saw colleagues in the corridors. A need was expressed to build more professional and collegial relationships amongst staff at University X (Figure 6.111, p. 232).

The experimental group respondents revealed their human relations experiences within University X during the focus group discussions. Generally, University X lacked a professional academic environment (Figure 6.92, p. 216), with staff mistrusting each other and management. This all precipitated hostile communication amongst staff (Figure 6.93, p. 217). There was a lack of mutual respect, as staff would disguise their destructive messages as jokes. Staff generally did not greet each other and many did not return others' greetings either; the perception was that they would acknowledge people only when they wanted something (Figure 6.94, p. 218). The experimental group respondents expressed the following wellness needs from University X in order to improve their human relations within the institution: professional conduct, ethical behaviour and open communication should underpin institutional strategies; staff needed a non-threatening working environment where they could vent their frustration and voice their opinions; moreover, staff needed motivation and encouragement and trustworthy colleagues to talk to (Figure 6.93, p. 217; 6.94, p. 218; & 6.95, p. 219).

The experimental group respondents' wellness reflection journaling revealed their personal journey with regard to their people interactions and social needs within University X during this field study. University X's human relations were considered negative resulting in the fact that staff were careful of what they said to whom (E1, Figure 6,97, p. 221); staff were afraid of victimisation and of some staff spreading rumours within the Faculty (E2, Figure 6.98, p.

222); staff were still afraid of greeting people and the latter not returning their greeting (E3, Figure 6.99, p. 222); such indifference towards people was regarded as hurtful (E7, Figure 6.103, p. 225) and it made it difficult for staff to create friendships with other staff members (E6, Figure 6.102, p. 224). Their experiences of the focus group discussions were positive and they gave the following feedback: E1 stated that sharing and getting things off his/her mind in a confidential setting made him/her feel less alone as everyone felt the same way he/she did (Figure 6.97, p. 221). E3 enjoyed speaking openly and having the time to get to know other people and have conversations with them (Figure 6.99, p. 222). E7 reflected that the focus groups were not merely about acknowledging other people, but involved exchanging pleasantries, and getting to know other staff. Familiar faces had name, people dropped their masks and allowed others to see their warm, friendly and quirky personalities (Figure 6.103, p. 225). E8 stated that it felt enjoyable to interact with colleagues outside of his/her department, and to share his/her concerns also felt positive, as he/she felt less isolated, as problems and grievances were common to all (Figure 6.104, p. 226). E10 enjoyed meeting new people and having conversations with people he/she saw in the corridors (Figure 6.106, p. 227). E11 reflected that it was positive to engage with colleagues (Figure 6.107, p. 228). The experimental group respondents requested that University X organise more social gatherings to expand their social support at work (E6, Figure 6.102, p. 224; E10, Figure 6.106, p. 227) so that staff could grow to respect and interact with other people, regardless of their race, religion or nationality (E4, Figure 6.100, p. 223).

With their feelings of low personal accomplishments, it was evident that University X staff were manifesting signs of burnout. The merger had eroded the family-orientated working environment experienced in the previous technikons. The new merged institution was characterised by constant deadlines, treating staff like numbers, and continuing hostile communication and mistrust among staff and between staff and management. The wellness intervention, specifically the focus group discussions, helped to restore the experimental group respondents' sense of belonging by providing a forum for sharing and venting their problems and challenges with one another (which, they discovered, were common to all). Respondents had become colleagues and interacted freely with one another, which helped to reduce their feeling of isolation. This evidence strengthens the previous notion that the focus group discussions could become more than just spaces for collecting in-depth information, but rather become support spaces for experimental group respondents.

7.3.9 Social support

The Cronbach's alpha coefficient for employee wellness factor 5 – social support – in the field study for both the pre-test and the post-test for the control group produced a value

above 0,6 which indicated reliability of results. Only the post-test for the experimental group produced a value of above 0,6, therefore the post-test of both groups was considered for interpretation (Table 6.20, p. 210). The experimental group mean increased from 2,29 to 2,39 from the pre-test to the post-test, while the control group mean also increased slightly from 2,49 in the pre-test to 2,51 in the post-test (Table 6.21, p. 211). The descriptive statistics (Appendix B) indicated the following changes in social support of the field study respondents:

- 33,4% of the experimental group respondents indicated in the pre-test that they could freely discuss their work problems with their immediate superior without fear of victimisation; this finding increased to 50% in the post-test. The control group indicated a smaller increase, from 45% in the pre-test to 50% in the post-test for the same employee wellness statement. Although it was alarming that only half of the field study respondents could freely discuss their work problems with their immediate superior without fear of victimisation, the researcher deduces that the 16,6% increase in the experimental group respondents could be attributed to their participation in the focus group discussions, where other colleagues shared their personal grievances and offered each other advice and support.

- It was noteworthy that the experimental group respondents' long-term career prospects with University X increased slightly from 44,4% in the pre-test to 50% in the post-test, whereas the control group's long-term career prospects decreased from 60% in the pre-test to 45% in the post-test. It could be assumed that the experimental group respondents' participation in the wellness intervention improved their perception of long-term career prospects with University X, whereas the control group's non-participation might have decreased their perceptions.

- A further feature of the descriptive statistics was that 77,8% of the experimental group respondents (post-test) and 55% of the control group respondents (post-test) stated that University X did not promote two-way communication, neither top down nor bottom up.

The descriptive statistics for the above employee wellness statements correlated with the original data and confirmed the negative human relations within University X (as previously discussed) which negatively affected employees' sense of social support.

The control group respondents did not receive the support of a group discussion that the experimental group did; however, they did reflect on their social support structures as follows: C1 stated that his/her social health and wellness was reliant on support from family

and friends, and that he/she had colleagues who were supportive (Figure 6.109, p. 230); and C2 reflected on the previous 'family' he/she had enjoyed at the previous technikon which had been replaced with paranoia and suspicion (Figure 6.110, p. 231).

During the support group discussions, the experimental group respondents shared their view that relationships at University X were based on status, including the status of their employment contract as permanent versus contract staff. They had few trusted friends as work with whom they had informal chats in the corridor; however, they relied on support from students. In addition, they had family support at home and often took work problems home where they reflected upon these (Figure 6.94, p. 218). Although they had limited social opportunities at work, they were still able to laugh with some colleagues, talk to positive people and converse with their superior to put things into perspective (Figure 6.95, p. 219).

After the field study, the experimental group respondents reflected on their focus group discussions, or rather support group experiences, and provided the following feedback: E1 stated it was encouraging to see other colleagues and share concerns with them (Figure 6.97, p. 221); E2 revealed that it was very informative sharing frustrations with colleagues (Figure 6.98, p. 222); E3 reflected that it was pleasant to smile and greet people; and he/she thoroughly enjoyed the experience within the support groups and requested that this forum should continue as a means for colleagues to get together away from work and politics (Figure 6.99, p. 222); E4 revealed that he/she networked with other colleagues and, instead of being strangers, they had become colleagues (Figure 6.100, p. 223); E6 stated it was a pleasure to share with colleagues (Figure 6.102, p. 224); E7 reflected that sharing similar concerns helped put his/her mind at ease; and that bonds amongst colleagues were somehow formed or strengthened (Figure 6.103, p. 225); E8 revealed that he/she had never felt part of a group at University X, but, during the field study, he/she had felt part of a team of colleagues and connected with other people (Figure 6.104, p. 226). It was thus evident that the experimental group respondents' sense of social support increased after participation in the support group discussions during the field study. The support group discussions helped respondents to share their concerns with one another and so they felt part of a group as they began to connect with one another.

The human relations and social support employee wellness factors strongly correlated with the job Demand – Control – Support, or the Iso-Strain Model (Johnson & Hall, 1988: 1336-1342), which was selected with Person-Environment (P-E) Fit theory (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) as the two contemporary interactional work-related stress theories for this current research study. The wellness intervention, specifically the focus group discussions, prompted improvements in both human

relations and social support of the experimental group respondents, thereby improving their support structures in their high strain jobs at University X.

7.3.10 Lifestyle

The Cronbach's alpha coefficient for employee wellness factor 6 – lifestyle – in the field study for both the pre-test and the post-test, for both the experimental and control groups, did not produce an acceptable value and could not be considered reliable information (Table 6.20, p. 210). The interpretation of lifestyle during the field study was therefore reliant on data from the focus group discussions and wellness reflection journaling.

The control group respondents only received the Kauai health lunch once a week as part of the applied intervention research; it was also intended to promote their wellness reflection. Only C4 reflected on the Kauai lunch as very tasty healthy food; C4 also tried to eat balanced meals every day, preferred to drink milk instead of fizzy cool drinks and limited his/her alcohol intake (Figure 6.112, p. 233). C2 stated that he/she often ate out, and that, for his/her family, food was "not a big deal" as the children were vegetarian, which he/she had tried but found very difficult to follow (Figure 6.110, p. 231). C3 acknowledged that his/her nutrition was poor and he/she only implemented healthy eating and exercise during holidays, as he/she did not have time in the mornings for breakfast nor to make lunch (Figure 6.113, p. 234). It seems that the once per week health lunch did not affect the control group respondents' nutrition, although it encouraged them to reflect on their nutritional habits.

Furthermore, the control group respondents reflected on their relaxation time which, for the majority, was connected to their spiritual wellness. C1, C2 and C5 reflected that their coping strategy was to connect on a spiritual level where the Higher Power, God, would "sort things out" (Figures 6.109, p. 230; 6.110, p. 231; & 6.113, p. 234). C4 relaxed by getting away over weekends and enjoyed spending time with his/her pets (Figure 6.112, p.233). These reflections correlated with the original data, namely that spiritual wellness was important to the lifestyle of some staff.

At the beginning of the field study, the experimental group respondents shared their frustration that the Faculty staffroom had been converted into an extra storeroom, and that there was no staff diner on the Cape Town campus and no healthy food options available in cafeterias (Figure 6.92, p. 216). Their individual strategies for relaxation included listening to music and reading spiritual books to attain calm (Figure 6.95, p. 219).

At the final focus group discussion, the experimental group respondents gave feedback regarding the daily Kauai health lunch as follows: for many, it was the first time that they had eaten healthy food at work; some did not like the "rabbit food" (referring to salads and related vegetables in the health wraps), while they agreed it improved their healthy eating habits at home and with their families. They claimed that they would eat healthy food more regularly in future. They also stated that the lack of a set lunch time at work was a constraint limiting their desired healthier lifestyle, and many reiterated that it was the norm in their workplace not to take lunch, or to cut their lunch short to accommodate student queries. In general, they agreed that time constraints made their commitment to this field study and wellness intervention difficult (Figure 6.96, p. 220).

At the end of this field study the experimental group respondents reflected on their lifestyle as follows: E1's reasons for participating in the field study were to kick-start his/her healthier lifestyle, to bring his/her weight under control and for the free food. By the end, he/she had changed his/her view about healthy food, stating that it was tasty and enjoyable, that it made him/her feel better, which motivated him/her to eat more healthily in the future. He/she was committed to living a healthier lifestyle, which he/she knew would take time (Figure 6.97, p. 221). E2's reason for participation was to get away from his/her desk for an hour as lunch breaks were not practised in the office, which operated 24/7. The health lunch assisted him/her to have regular bowel movements; and he/she reiterated the need for University X to offer healthy food options at work (Figure 6.98, p. 222). E3 reflected that he/she enjoyed the health smoothies and wanted to cut out unhealthy foods in the future. He/she had changed his/her mind about healthy living to which he/she had never previously given much thought (Figure 6.99, p. 222). E4 reflected that he/she was inspired to practise a healthy lifestyle (Figure 6.100, p. 223). E5 reflected that he/she had relooked at what food he/she ate, and had decided to eat food that was nutritional and made him/her feel good. He/she felt healthier at the end of the field study and more committed to his/her health. His/her reflective writing had also helped him/her to connect to a Higher Power (Jesus Christ), which had improved his/her sense of spiritual calm (Figure 6.101, p. 224). E6 did not enjoy the healthy food; however it had improved as the menu changed. He/she also reiterated that University X should provide healthier food option on campuses. Overall, he/she had lost 1 kg during the field study, improved his/her breathing and he/she was able to walk longer distances without getting tired. He/she was committed to improving his/her fitness levels (Figure 6.102, p. 224). E8 reflected that the health lunch was absolutely delicious and was something extra which he/she enjoyed; and he/she also reiterated that University X should provide healthy food options at work (Figure 6.104, p. 226). E9 enjoyed the smoothies the most and viewed these as a reward for completing the yoga sessions (Figure 6.105, p. 227). E10 reflected it was the first time he/she had eaten health wraps and the change in menu was positive.

He/she had begun to focus more time on his/her wellness after the field study (Figure 6.106, p. 227).

To summarise, it was evident that the daily Kauai health lunch gave experimental group respondents the opportunity to try healthy food options, and make suggested changes to the menu. For some, this period of the field study was the first time they had considered healthy eating habits. This had helped change their views on their own eating habits and refocused their thoughts on living a healthier lifestyle. The combination of yoga and healthy lunch had assisted E6 to lose weight and had improved his/her fitness levels. It also seemed probable that the lack of a set lunch time for all staff was negatively affecting their lifestyle and limiting their time commitment to their own health and wellness at work. Owing to the fact that University X did not offer healthy food options at work, nor a staff diner or lounge for staff to eat and relax away from the office (on the Cape Town campus), employee-organisational lack of wellness (unwellness) was perpetuated.

Both experimental and control group respondents reflected on their spiritual wellness as an important part of their lifestyle and coping mechanisms. This correlated with the original data where spiritual wellness was identified as an important element of holistic employee wellness.

7.3.11 Resourcefulness, Resilience and Basic work life skills

The field study wellness activities, specifically yoga, focus group discussions and wellness reflection journaling, provided the researcher with additional information to interpret the contradictory results found in the original data. The researcher wanted to determine if University X staff really engaged in regular physical activities to relieve their stress, as the percentages in employee wellness factor 8 – resourcefulness – were contradictory. Furthermore, the researcher wanted to confirm whether a growing number of staff were becoming reliant on stimulants to help them cope with stress, as indicted in employee wellness factor 9 – resilience – in the original data. Lastly, the researcher wanted to find out what basic work life skills the field study respondents implemented in their daily lives to combat the effects of work-related stress. Based on this premise, the researcher combined the discussion of the last three employee wellness factors as these revealed more about individual interventions to cope with work-related stress.

The Cronbach's alpha coefficient for employee wellness factor 8 – resourcefulness – produced a value above 0,6 for the control group post-test, therefore the descriptive statistics changes between the experimental and control groups were not considered reliable for

discussion (Table 6.20, p. 210). The control group respondents revealed in their wellness reflection journaling that taking care of oneself by getting enough sleep and doing regular physical exercise were important coping strategies (C1, Figure 6.109, p. 230; C4, Figure 6.112, p. 233). In addition, always having a plan B when work equipment was not available or working had prompted C3 to purchase his/her own laptop and data projector for teaching and maintaining professionalism (Figure 6.111, p. 232).

The experimental group respondents' changes in physical activities were discussed in relation to their physical health and wellness, although E6 reflected that, when he/she felt stressed, stretching and deep breathing helped him/her to feel a sense of relief (Figure 6.102, p. 224), which indicated improved resourcefulness as a result of the yoga sessions. E8 reflected that the wellness reflective journaling had prompted him/her to conduct soul searching and he/she had realised that he/he was too dependent on one colleague for emotional support; and he/she was grateful for his wellness intervention experience (Figure 6.103, p. 225). During the focus group discussions, the experimental group respondents shared the fact that they now asked for advice about problems and tried to understand a problem from another person's point of view in order to help them find solutions (Figure 6.95, p.219).

The researcher surmises that the control group respondents acknowledge that regular physical exercise and enough sleep are important activities to improve their resourcefulness. The experimental group respondents stated that they had benefited from the wellness interventions (yoga and wellness reflection journaling) which had improved their resourcefulness from the pre-test to the post-test intervention. Moreover, social support and human relations (talking to other colleagues for advice) had improved the experimental group members' resourcefulness. From the above, it could be assumed that both control and experimental group respondents were aware that regular physical exercise was a good way to relieve their stress symptoms, whether they regularly engaged in it or not, depends on the institutional support they received.

The Cronbach's alpha coefficient of employee wellness factor 9 – resilience – in the field study for both the pre-test and the post-test for the control group produced a value of above 0,6 which indicated reliability of the results. By contrast, only the pre-test in the experimental group produced a reliable coefficient (Table 6.20, p. 210). The experimental group mean increased from 2,86 to 3,11 from the pre-test to the post-test, and the control group also indicated a slight increase from 2,92 in the pre-test to 2,99 in the post-test (Table 6.21, p. 211). The descriptive statistics (Appendix B) revealed that following changes in the field study respondents' resilience:

- 33,3% of the experimental group respondents indicated in the pre-test that they relied on stimulants to "keep them going" (sustain energy levels) throughout the day. This decreased to 16,7% in the post-test. Moreover, 55,6% of the experimental group respondents indicated in the pre-test that they needed stimulants to cope with their stress; this decreased to 38,9% in the post-test.

- 30% of the control group respondents indicated in the pre-test that they relied on stimulants to sustain them throughout the day; this increased to 35% in the post-test. Moreover, 35% of the control group respondents indicated in the pre-test that they needed stimulants to cope with their stress; this decreased to 30% in the post-test.

It was clear from both groups' pre-tests that field study respondents relied on stimulants to sustain them throughout the day and help to cope with their stress. Owing to the research evidence that University X staff had high strain jobs, it could be assumed that staff experienced work-related stress on a daily basis and used stimulants more often than they admitted in the employee wellness questionnaire. The control group respondents' descriptive statistics correlated with the original data; and, although there was a 5% increase in one employee wellness statement and a 5% decrease in the other one, it was clear that University X staff did rely on stimulants to cope with their stressors. The experimental group respondents' reliance on stimulants to sustain them throughout the day decreased by 16,6%, and their reliance on stimulants to cope with stress decreased by 16,7%, which means that three experimental group respondents were not reliant on stimulants any more after the wellness intervention, and they had possibly learnt better coping mechanisms during the employee wellness intervention.

The control group respondents revealed that their stimulants included smoking cigarettes, drinking wine and eating chocolates (Figure 6.108, p. 229; C2, Figure 6.110, p. 231); the experimental group respondents drank coffee during the day and wine at night as their means of coping with stressors (Figure 6.95, p. 219). These selected stimulants correlated with University X staff wellness data of 2009 (Laloo, 2010: 2-10) and are considered manifestations of behavioural symptoms of stress (Dubrin, 1994: 174-175; Michie, 2002: 68; MIND, 2005).

The Cronbach's alpha coefficient for employee wellness factor 13 – basic work life skills – in the field study did not produce any value above 0,6 for the pre-test and the post-test for both the experimental and control groups and could not be considered as reliable results for discussion. The qualitative data, on the other hand, revealed the elements of basic work life

skills applied by the field study respondents. The experimental group respondents regarded job resources (equipment) as an important element for basic work life, as re-doing their printing several times owing to network problems or faulty machines resulted in frustration and reduced their quality of work (Figure 6.92, p. 216). The control group respondents revealed that proper planning and organising one's work life (C4, Figure 6.112, p. 233), combined with time management and prioritising work tasks (C1, figure 6.109, p. 230), were important work life skills.

The researcher infers that University X's staff were aware that regular physical activities and enough sleep were important for their resourcefulness to combat stress symptoms, but, whether they actually implemented these was questionable and it was clear that they needed support from the institution. Staff were reliant on stimulants to help them cope with stressors; however, the employee wellness intervention had helped three experimental group respondents to break their dependency on stimulants. The most important basic work life skills were proper planning and organising with time management. However, these skills required the necessary job resources from University X.

7.4 Summary

At the time of the field study, University X had an aging academic staff complement and was at risk of losing 24,5% of its academics within the next four years while the new young generation of academics was still being developed. In addition, in 2013 when this research study was conducted, University X still had a similar staff postgraduate qualification distribution of master's and doctoral degrees, compared to the distribution gleaned from the 2009 Self-Evaluation report (University X, 2010: 264), indicating little progress had been made towards improving staff qualifications. This was exacerbated by academics neglecting their research activities owing to increased academic workloads which were more teaching focused owing to the increasing student numbers (Webster, 2011: 12). This situation placed more quantitative work overload on the ageing professors to produce more postgraduate and, specifically, doctoral graduates. In addition, it contributed to qualitative work overload for academics without doctoral degrees were pressured to produce more master's graduates and research outputs while pursuing their own doctoral studies.

The original data revealed that University X's jobs were high strain, where employees had high job demands with low job control and autonomy. Although more than half of the respondents had basic office equipment, the equipment necessary to perform academic and administrative duties was largely inadequate, a situation which had become an occupational stressor resulting in employee disengagement. University X did not provide a satisfactory

safe and healthy work environment, with a lack of hygiene factors resulting in job dissatisfaction. Moreover, University X was still at risk of losing more academic and non-academic or administrative staff owing to the continued lack of recognition for work well done that resulted in employees not feeling valued. The latter, in turn, prompted staff to consider termination of their services in a bid to reduce the occupational stress and avoid possible burnout.

University X staff had psychological capital, enjoyed measures of both emotional and spiritual wellness, and had some social support in the workplace. However, they held a common misinterpretation of stress owing to the confusion between stress (pressure) and challenge (excitement). More concerning was the evidence that University X's staff were not able to safely express their fear and anger, which negatively impacted on their psychological health and wellness. Staff had depersonalised themselves from the university in an effort to deal with the trauma of the merger and related organisational changes.

University X's staff exhibited a poor physical health and wellness status owing to the following: their lack of sleep; too little alone time for relaxation for a real recovery period; their reliance on stimulants and/or junk food for energy boosts; and they did not explore alternative therapies for reducing their physical symptoms of stress. The researcher surmises that University X's staff did not maintain their physical health, therefore could not expect optimal performance from their bodies, and they were at risk of developing physical exhaustion or burnout (Maslach, 1982; Greenberg & Baron, 1995: 261; Rothmann & Barkhuizen, 2008: 450-451).

The majority of University X's staff enjoyed social support from some colleagues and superiors which acted as their buffer against the effects of workplace stressors. However, University X did not promote two-way communication within the institution which negatively impacted on the staff's sense of social support; and many staff expressed that they felt voiceless or they perceived that others were possibly withholding information. Moreover, University X's staff did not rely on executive management to solve their problems owing to the lack of trust and communication between them. A concerning factor was their poor human relations which revealed that University X's staff's people interactions were negatively affected by manifestations of exhaustion or burnout (feelings of low personal accomplishments), and the fact that many respondents felt depressed and isolated at work, despite possibly having a trusted friend or peer at the institution.

The employee wellness intervention implemented during the quasi-experimental field study produced a statistically significant difference for employee wellness factor 3 – psychological

health and wellness – where the increase in values for the experimental group respondents was statistically significantly higher than that of the control group respondents. It was evident that the wellness activities of yoga, physiotherapy, support groups and wellness reflection journaling improved the experimental group respondents' psychological health and wellness.

The analysis of variance (ANOVA) identified another statistically significant difference in employee wellness statement 6 (I schedule regular body massages), where the experimental group respondents scheduled more regular body massages after the physiotherapy session than before the field study. The wellness activities of yoga and physiotherapy increased the experimental group respondents' physical health and wellness status.

The focus group discussions helped to restore the experimental group respondents' sense of belonging to a group, as these provided a space for sharing and venting their problems and challenges which, they discovered, were common to all. Respondents became colleagues and interacted freely with one another which helped to reduce individuals' feelings of isolation. The focus group discussions thus became more than just a space for collecting in-depth information, but rather became support groups for experimental group respondents who could share their concerns, receive support from colleagues and feel part of a group.

The daily Kauai health lunch gave experimental group respondents the opportunity to try healthy food options, and for some this was their first experience of considering healthy eating habits. This helped change their views on their own eating habits and refocused their thoughts on living a healthier lifestyle. It also seemed probable that the lack of a set lunch time for all staff negatively affected their lifestyle and limited their time commitment to their own health and wellness at work. Owing to the fact that University X did not offer healthy food options at work, with neither a staff diner nor lounge for staff to eat and relax away from the office (on the Cape Town campus), a lack of employee-organisational wellness was perpetuated.

The researcher surmises that University X's person-environment fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) was negatively affected by its unwell working environment, including a lack of organisational intervention expectations, poor organisational wellness support and a toxic organisational culture, all of which perpetuated the high staff turnover. At the time of the field study, University X was still experiencing the same organisational challenges as in 2009 when the Self-Evaluation report was published (University X, 2010: 273; Table 3.7, p. 83 & Table 3.8, p. 83).

The next chapter will propose recommendations to University X in order to address the employee wellness challenges and concerns identified in the discussion of the research results of this study. The recommendations will be specifically tailored for University X; and, if implemented, these measures could improve and promote its employee-organisational wellness. This will be followed by Chapter nine, where the normative model of a holistic employee wellness programme will be presented.

CHAPTER EIGHT

RECOMMENDATIONS FOR UNIVERSITY X

8.1 Introduction

This chapter follows on the discussion of research results in Chapter seven and is specifically tailored for University X. The recommendations for University X have been structured according to the researcher's definition of holistic employee wellness programmes (EWP) to assist the institution to promote a healthy employee-organisational wellness climate and culture.

8.2 Recommendations to improve employee wellness at University X

The researcher deduced that University X's person-environment fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) has been negatively affected by its unwell working environment, lack of organisational intervention expectations, poor organisational wellness support and toxic organisational culture, all of which have contributed to and perpetuated high staff turnover. At the time of this study, University X was still experiencing the same organisational challenges as it had in 2009 when the Self-Evaluation report was published (University X, 2010: 273; Table 3.7, p. 83 & Table 3.8, p. 83). For example, analysis of data revealed that University X's organisational culture was still being plagued by merger issues in terms of facilities, processes and procedures, as well as a lack of accountability among staff; University X reportedly did not provide its staff with adequate job resources; it operated an unhealthy work environment with indoor pollution and unsatisfactory health and safety standards; and it perpetuated role ambiguity which resulted in staff feeling unvalued and unrecognised within the institution. It was evident that many University X staff experienced high strain jobs, had depersonalised themselves from the institution and were manifesting signs of burnout worsened by their feelings of low personal accomplishment. It was also reported that the merger had eroded the family-orientated working environment experienced in the previous technikons; by contrast, the new merged institution was characterised by constant deadlines, the treating of staff like numbers, and churning hostile communication and mistrust among staff and management.

Although University X has implemented a new Human Capital Strategy (Hendrickse & Mabuza, 2014), part of which is the incorporation of Wellness Management, it still lacks an Employee Wellness Policy. University X requires a holistic employee wellness management approach to give effect to the strategy, while at the same time encouraging staff not only to participate in, but to take ownership of, their employee wellness journey. In Chapter four of

this thesis, the researcher compiled a new definition for holistic EWP that should form the basis for University X's Employee Wellness Policy, which is outlined here as follows:

A holistic EWP should be:
- ➢ A proactive, long-term organisational intervention-driven strategy,
- ➢ to prevent employee harm via QWLB and WHP,
- ➢ to reduce employee psychological effects via SMT and building psychological capital,
- ➢ to treat employee stress-related symptoms via EAP, and
- ➢ to promote a healthy employee-organisation wellness climate and culture.

The recommendations for University X are structured according to the prevention, reduction and treatment of employee stress-related symptoms in order to promote a healthy employee-organisational wellness climate and culture. The thirteen employee wellness factors have been organised according to the definitions and identified items for improvement, as per discussion of the research results in Chapter seven.

8.2.1 Prevention of employee harm

Primary interventions aim to remove the source of work-related problems, thereby preventing further damage to employee health and wellness (Randall & Nielson, 2010: 92-93). Quality of work life and balance (QWLB) and workplace health promotion (WHP) were identified as organisational level and work environment interventions which could be implemented by organisations in order to positively disrupt the linkages between work-related problems and their harmful effects on employees and organisational health and wellness (Randall & Nielson, 2010: 89-101; Bergh, 2012: 314).

8.2.1.1 Quality of Work Life and Balance (QWLB)

University X should restructure the employee-organisational architecture in order to create a conducive person-environment fit where employees' interactions with the institutional environment produce positive and favourable outcomes for all stakeholders. In addition, the institutional environment should promote collegial employee interactions within the university to enable employees to receive social support in their high strain jobs. Furthermore, University X should exemplify equilibrium between employee-organisational architecture and employee personal-family life. In order to achieve the above, University X should implement the following employee wellness factor recommendations:

Wellness working environment comprises job resources, healthy work environment, general staff facilities and job role clarity, as tabulated here:

Table 8.1: Recommendations for University X's wellness working environment

Job resources	- Provide each academic staff member with a private office fully equipped with furniture and personal computer. - Ensure that both academic and administrative staff's office layout and furniture comply with ergonomic principles. - Provide adequate storage facilities for completed student assessments and related materials within academic departments and faculties. - Provide adequate numbers of (and functioning) printers and photocopy machines for staff members to perform their daily job functions. - Improve Information Technology (IT) support for the university network with regard to e-mails and printers. - Improve Infrastructure and Maintenance turnaround time after logging central calls. - Provide more teaching venues (lecture theatres) with adequate tables, chairs and air-conditioning to accommodate the growing student numbers. - Provide adequate teaching equipment, such as laptops and data projectors, in classrooms and lecture theatres. - Improve classroom layout to accommodate group work activities for students.
Healthy work environment	- Provide proper signage in new consolidated buildings. - Provide more staff toilets for both male and female staff members. - Improve maintenance of staff and student toilets with regard to toilet paper, hand wash, paper towels and hygiene. - Improve general hygiene in corridors, classrooms and offices. - Provide adequate ventilation, air-conditioning and temperature control in classrooms and offices. - Reduce high noise levels in corridors and around staff offices.
General staff facilities	- Provide more secure parking for staff members on campuses. - Provide proper lighting at night between buildings and parking areas. - Improve campus security with regard to proper access control into buildings, visible security in corridors, around offices and between buildings. - Improve health and safety standards by removing unwanted furniture in corridors, and fixing loose cables hanging from ceilings and lying on floors.
Job role clarity	- Eliminate role ambiguity regarding academic and administrative staff duties. - Eliminate the constant sense of urgency and deadlines by implementing proper institutional time planning. - Instil job pride in both academic and administrative staff. - Provide staff with recognition for work well done in order to promote a sense among staff of feeling valued by the university. - Provide promotional opportunities for career advancement.

Organisational intervention expectations refer to internal wellness resources, employee wellness activities and immediate work environment, as tabulated below:

Table 8.2: Recommendations for University X's organisational intervention expectations

Internal wellness resources	• Provide staff counselling via Employee Assistance Programme (EAP). • Provide staff training interventions that focus on current job competencies, future career progression and stress management. • Provide a staff diner lounge on the Cape Town campus where staff may purchase healthy meals at a reasonable price. • Provide healthier food options in all cafeterias on campuses for both staff and students. • Improve safety and security on all campuses. • Improve general hygiene in classrooms, buildings, offices and campus facilities. • Provide an on-site pharmacy on all large campuses. • Provide transport or shuttles between campuses for staff and students. • Ensure that satellite campuses receive similar staff and student support services. • Promote a green environment and eliminate wastage.
Employee wellness activities	• Provide a set lunch time for both academic and administrative staff during work days. • Provide physical activities for staff on campus during lunch time. • Provide a variety of wellness activities for staff on campus during lunch time. • Provide a tea/coffee trolley for all staff in all buildings. • Provide e-mail pop-up messages to staff to remind them to take a break from computer work.
Immediate work environment	• Provide team-building in departments to improve staff relationships. • Provide job role clarity between academics and administrative to eliminate academics feeling overwhelmed with administrative duties. • Provide workload equity in terms of equal distribution of work amongst staff members; and promote a balance between teaching and research activities. • Provide staff support for completing higher qualifications. • Provide adequate research support to staff engaging in research activities. • Provide proper line authority and clarity; and eliminate undermining of authority.

Organisational wellness support includes coordinated organisational policies and programmes that support employee-organisation health and wellness, as tabulated below:

Table 8.3: Recommendations for University X's organisational wellness support

Organisational policies	- Compile an Employee Wellness Policy that incorporates a holistic employee wellness programme with clear employee-organisation wellness objectives and resources. - Establish an Employee Wellness Committee to provide employee wellness support and feedback to departments and faculties. - An Employee Benefits Policy should include comprehensive medical aid options for staff and their families. - Provide a sustainable pension and/or provident fund for staff retirement.
Organisational programmes	- Implement a Work-Life Balance programme that provides employees with support for their work organisation, leave provisions, employee-family support and total life planning. - Create an electronic employee wellness presence on University X's intranet for the dissemination of employee wellness information and activities for all staff to access.

Organisational culture refers to shared customs and habits, and preferred organisational behaviour, as tabulated below:

Table 8.4: Recommendations for University X's organisational culture

Shared customs and beliefs	- Promote collegial staff interactions that are based on mutual respect, decency, dignity and trust. - Promote an institutional culture of a strong work ethic and accountability. - Create professional university customs that encompass reliability, collaboration and cohesiveness.
Preferred organisational behaviour	- Promote a new institutional culture that is inclusive and based on mutual respect and dignity. - Establish stakeholder buy-in for organisational changes in order to minimise feelings of uncertainty and exclusion. - Minimise organisational politics, including trade union politics. - Ensure consistency in institutional procedures across campuses, and disallow bending of rules for privileged staff. - Promote employee-organisational health and wellness within University X. - Provide healthy food options in cafeterias and at staff functions. - Respect employees' daily rest period, weekends and holidays as their time for recovery from work-related stress. - Clarify job role identity regarding duties and responsibilities between academic and administrative staff - Promote workload equality. - Ensure there are consequences for poor performance and non-performance. - Provide staff support for completing higher qualifications. - Provide career opportunities for future promotions and career prospects. - Create a university platform for staff to communicate their dissatisfactions and expectations.

Human relations comprises collegial employee interactions and social needs in the workplace, as tabulated below:

Table 8.5: Recommendations for University X's human relations

Collegial employee interactions	- Promote professional relationships amongst staff based on mutual respect and trust. - Promote professional conduct and ethical behaviour which is free from victimisation and spreading of rumours. - Promote open communication within the institution in order to instil staff trust in management. - Create a non-threatening university dialogue where staff may vent their frustrations and voice their opinions.
Social needs	- Promote racial diversity within University X. - Promote gender equality within University X. - Provide more staff social gatherings in order to expand the social support network of staff. - Promote social cohesion amongst staff in order to restore their sense of a family-orientated work environment.

Social support consists of workplace social support from colleagues and management, as tabulated below:

Table 8.6: Recommendations for University X's social support

Social support from colleagues	- Promote equal relationship status among colleagues. - Encourage staff to find a trusted friend or peer within the university. - Encourage staff social support groups in order for staff to obtain objective perspectives and possible solutions to their work-related stressors.
Social support from management	- Promote two-way communication, both top-down and bottom-up, between staff and all levels of management. - Provide more social networking opportunities for staff and management.

8.2.1.2 Workplace Health Promotion (WHP)

University X partners with its medical aid provider and hosts an annual Staff Wellness Day. However, apart from this, no follow-up or additional support has been provided to staff to improve their health and wellness status. Workplace health promotion (WHP) should be implemented in order to assist and support University X's employees in the improvement and maintenance of their optimal health and wellness status. The following employee wellness factors, physical health and wellness, and lifestyle recommendations, should be considered for University X's WHP, as follows:

Table 8.7: Recommendations for University X's workplace health promotion

Physical health and wellness	• Provide physical activities, such as yoga and/or aerobics for staff on campuses during lunch time. • Encourage staff to take the stairs instead of lifts, and to walk around campus as a means of physical exercise. • Disseminate information for the effective management of body mass index, high blood pressure, cholesterol, diabetes, and other chronic diseases of lifestyle. • Provide staff support for ceasing smoking, and addressing alcohol, drug or related substance abuse. • Incorporate University X's Wellness Clinic as part of the internal wellness resources and disseminate information on the intranet. • Provide staff with access to a physiotherapist for total body maintenance. • Disseminate information on sound sleeping habits and techniques.
Lifestyle	• Provide a set lunch time for both academic and administrative staff during work days. • Encourage staff to take lunch outside of their immediate work environment at the university staff diner/lounge. • Disseminate information regarding healthy nutrition and meal planning. • Provide healthy food options in the campus cafeteria and at staff functions. • Provide staff with workplace flexibility for their family responsibilities. • Encourage staff to take time out over weekends and during holidays as a recovery period from work-related stressors.

Engagement was identified as an appropriate indicator for employees' wellness status. University X should be able to improve its employees' wellness status by implementing the recommendations for a wellness working environment, organisational intervention expectations, organisational wellness support, organisational culture, human relations, social support, physical health and wellness, and lifestyle. The above recommendations should be able to restore University X's staff job engagement (physical, cognitive and emotional involvement), thereby improving their employee wellness status.

8.2.2 Reduction of employee psychological stress-related symptoms

Secondary interventions aim to disrupt the psychological symptoms associated with the linkages between problems at work and employee health and wellness, thereby reducing the harmful psychological effects of stress experienced by employees (Randall & Nielson, 2010: 92). Stress Management Training (SMT) empowers employees with coping strategies (Murphy & Sauter, 2003: 151-157) and builds their psychological capital (Bergh, 2012: 313) which, in turn, improves their intrinsic health and wellness, enabling them to better respond to and manage work-related stressors. University X should integrate psychological health and wellness, resourcefulness, resilience and basic work life skills recommendations in its HRD offerings in order to build and strengthen its employees' psychological capital.

Table 8.8: Recommendations for University X's stress management training

Psychological health and wellness	- Correct the misinterpretation of stress amongst staff and management. - Enable employees to express their fear and anger safely. - Encourage staff to write about their work- and life-related stressors in a reflection journal. - Encourage staff to commit time for self-reflection. - Encourage staff to commit time for a recovery period. - Offer staff development workshops such as stress-coping techniques, assertiveness, communication skills, problem-solving and decision-making skills, conflict resolution, and relaxation training.
Resourcefulness	- Encourage staff to participate in regular physical activities such as walking, running, swimming, cycling and/or yoga as a means to relieve their stress. - Restore the trust between staff and executive management.
Resilience	- Provide staff support for ceasing dependence on stimulants such as cigarettes, alcohol, sugary sweets and excessive caffeine in order to cope with stress. - Offer staff development workshops for behaviour modification and meditation.
Basic work life skills	- Improve the Performance Management System (PMS) by ensuring proper feedback on, and recognition of, staff performance. - Offer staff development workshops for proper planning and organising of employees' work life, and time management skills.

8.2.3 Treatment of employee stress-related symptoms

Tertiary interventions aim to treat employees' stress-related symptoms for which primary and/or secondary interventions are not possible or effective. Specialist treatment and support for employees who are already experiencing significant work-related and/or life-related stress symptoms are offered via Employee Assistance Programmes (EAP) (Randall & Nielson, 2010: 92, 101).

University X implemented its EAP in 2011; however, staff were not aware of such support services as the information was not consistently disseminated and available to all staff members. It is therefore not surprising that the current research study identified that many of University X's staff had depersonalised themselves from the institution and experienced feelings of low personal accomplishment, and several showed manifestations of burnout. The provision of EAP was included under organisational intervention expectations internal wellness resources; and, in addition, University X should include EAP information on the proposed electronic employee wellness icon on the institutional intranet.

Furthermore, from the findings of this study, the researcher infers that University X's staff also has a responsibility towards their own health and wellness and should implement their

own individual interventions to assist staff in coping with daily work and personal stressors. For example, University X's staff should get the required 7-8 hours' sleep per night; engage in regular physical activities; set time aside for meditation and/or self-reflection; form a support network on campus to achieve an objective perspective; reduce their intake of coffee, alcohol and junk food; stop cigarette smoking; and attend training interventions to improve their time management skills.

8.3 Summary

The research results revealed that University X was still experiencing the same organisational challenges as it had in 2009 as documented in their Self-Evaluaiton report (University X, 2010b: 273). It was averred that University X should restructure the employee-organisational architecture in order to create a conducive person-environment fit where employees' interactions with the institutional environment produce positive and favourable outcomes for all stakeholders. Although the university has implemented a new Human Capital Strategy (Hendrickse & Mabuza, 2014), it still requires an Employee Wellness Policy that integrates a holistic employee wellness programme in order to prevent, reduce and treat employees' stress-related symptoms. This holistic employee wellness programme (HEWP) should integrate QWLB, WHP, SMT and EAP in a coordinated organisational policy and programme that supports employee-organisational health and wellness. Specific recommendations were provided for University X to assimilate into their HEWP, and in doing so, restore employee engagement.

The next chapter will expound on a normative model for a holistic employee wellness programme.

CHAPTER NINE
MODEL OF A HOLISTIC EMPLOYEE WELLNESS PROGRAMME FOR THE SOUTH AFRICAN HIGHER EDUCATION SECTOR

9.1 Introduction

This chapter follows on the recommendations for University X to improve its employee-organisational health and wellness. This research study produced thirteen employee wellness factors that constitute the foundation of holistic employee wellness programmes. Owing to this research study's multi-disciplinary approach and mixed methods application, the foundation of holistic employee wellness programmes may be implemented and customised in any organisation. However, as this research case study was a selected South African higher education institution (HEI), the Holistic Employee Wellness Programme Model was designed with specific positive outcomes for the South African Higher Education sector.

9.2 Model design

The Model of Holistic Employee Wellness Programme for the South African Higher Education sector was designed following the General Systems Theory (Von Bertalanffy, 1950: 134-264). According to Laszlo and Krippner (1998: 47-74) and Bergh (2012: 47) general systems theory branched into humanities and specifically psychology as a means to study and understand the complexity of human behaviour and experiences.

A system comprises of a group of components that interact with and relate to one another "that permit the identification of a boundary-maintaining entity or process" (Laszlo & Krippner, 1998: 47-74). Systems concepts interacting with and relating to one another include but is not limited to system-environment boundary, inputs, process or transformation and outputs. Furthermore, systems are open and interact with its environment which allows for continual evolution (Von Bertalanffy, 1950: 134-264; Principia Cybernetica, 1992).

A further development on general systems theory by Katz and Kahn (1978) regarding the social psychology of organisations revealed that organisations where "living social systems" interacting with its environment. Therefore, organisations have inputs that interact with one another in a process or transformation in order to produce outputs or outcomes for both employees and employer (Bergh, 2012: 51-52). As organisations are open systems continually interacting with its surrounding environment, it requires a continuous flow of information feedback to ensure its optimal functioning and adaptation (Luthans, 2008 as cited in Bergh, 2012: 52). The Human Resources function within organisations are considered

"soft systems" owing to human beings as its primary component, which are dynamic and every changing over time (Laszlo & Krippner, 1998: 47-74). Owing to the complexities of human behaviour, people-related systems should be viewed and studied holistically in order to fully comprehend the total meaning and reality of the "whole person" thus following the Gestalt approach (Bergh, 2012: 47).

Systems theory is advantageous owing to "its potential to provide a trans-disciplinary framework for a simultaneously critical and normative exploration of phenomena". Dynamic human complexities occur in multifaceted situations in a variety of disciplines which requires a holistic approach for problem-solving (Laszlo & Krippner, 1998: 47-74). Rapoport (1968: 457) posited that "the task of general systems theory is to find the most general conceptual framework in which a scientific theory or a technological problem can be placed without losing the essential features of the theory or problem. The proponents of general system theory see it in the focal point of resynthesis of knowledge". The application of general system theory in living social systems enables system designers to "devise a model of a system based on their vision of what *should* be" (Laszlo & Krippner, 1998: 47-74).

The study of employee wellness cuts across a variety of disciplines including Human Resource Management, Occupational Health Psychology, Industrial and Organisational Psychology, Employee Assistance Professionals and Alliance for Work / Life Progress with overlapping of concepts and processes. Finding a solution to employee wellness required a gestalt approach to understanding employee wellness within an organisation, thereby understanding the cause and effect of the problem, employee unwellness or employee disengagement. General systems theory supports the multi-disciplinary approach to employee wellness without losing any features of the problem. Exploring the theoretical and practical perspectives of employee wellness programmes (EWP) enabled the researcher to propose the foundation of holistic EWP within a HEI as a living social system. By understanding the origins of employee unwellness or disengagement as the inputs, this research study constructed the foundation of a holistic employee wellness programme as the transformation of employee-organisational health and wellness to produce positive outcomes for both employees and the employer. General systems theory application posits the foundation of Holistic Employee Wellness Programme (HEWP) as it should be viewed by Human Resource Management, Occupational Health Psychology, Industrial and Organisational Psychology, Employee Assistance Professionals and Alliance for Work / Life Progress practitioners to ensure integration and synergy for future knowledge and practical application.

Figure 9.1: Normative model of a Holistic Employee Wellness Programme for the South African Higher Education sector
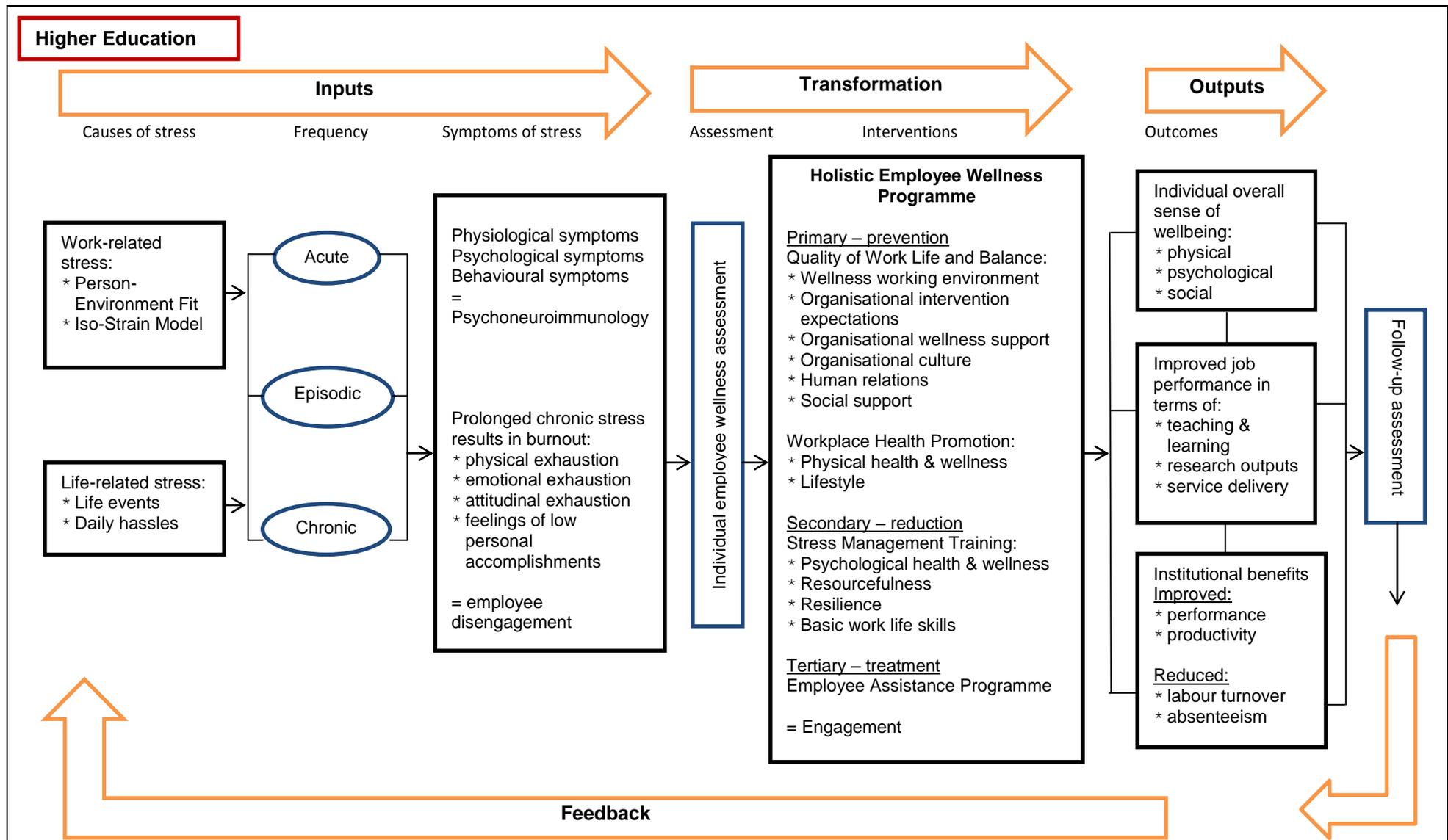
9.3 Discussion of a normative model of a Holistic Employee Wellness Programme (HEWP) for the South African Higher Education sector

This research study found that employee unwellness or disengagement correlated with manifestations of job burnout. In accordance with viewpoints of researchers such as Maslach (2003: 190) and Greenwood (1998: 88) employee stress and burnout should not be viewed as a sign of employees' weakness, rather a symptom of the work situation and environment they found themselves in. Hillier et al. (2005: 429) further explained that management teams are also experiencing similar unwellness symptoms as they too are affected by unhealthy work environments. In order to address all levels of employees' unwellness or disengagement, organisations require internal customer care in the form of a holistic employee wellness programme customised for individual employees and organisations in order to restore job engagement and promote employee-organisational health and wellness.

The foundation of a holistic employee wellness programme was designed within the general systems theory and contextualised within the South African Higher Education sector.

9.3.1 South African Higher Education environment

South African higher education is highly political and not neutral, therefore it is not surprising that it is experiencing a paradox between economic growth and social transformation (Botman, 2012: xiii). The new conceptualisation of a university is popularly known as a "McUniversity" owing to its amalgamation of social reform and academic values with "money-making initiatives" (Shore, 2010: 15-29; Parker & Jary, 2005: 319-338). Higher education institutions (HEI) staff, both academics and administrative staff find themselves in a 21st century work environment where universities are under pressure to improve its competitive edge via increasing student numbers, pass- and graduation rates; producing work-ready graduates to meet workplace demands; increasing research publications and transforming social inequality (Leibowitz & Holgate, 2012: 165-166).

9.3.2 Inputs

Dynamic human complexities require a gestalt view of employees, considering both their work and personal life in order to understand the whole person. Therefore, interventions to effectively manage and alleviate stress in the workplace require an understanding of both work-related and life-related stress.

Two contemporary interactional work-related stress theories, namely Person-Environment Fit (French & Caplan, 1972; Van Harrison, 1978; Caplan, 1993; Edwards et al., 1998) and Iso-Strain Model (Johnson & Hall, 1988: 1336-1342) were selected in order to understand employees' everyday wellness experiences in the workplace. P-E Fit differentiates between an employee and his/her work environment and the extent to which they fit together. Firstly, the extent to which the environmental demands fit together with the individual's needs, followed by the extent to which the environmental resources fit together with the individual's ability to cope. Secondly, the extent to which the individual's knowledge, skills, attitudes and abilities meet the job demands, followed by the extent to which the job environment meets the individual needs in terms of job autonomy (Cox & Griffiths, 2010: 38). This research study found that HEI staff experienced misfits which became occupational stressors and manifested as job burnout. The Iso-Strain considers the combination of job demand-control-support in the workplace. This research study found that HEI's staff experienced high job demands, low job control and average-low job support which contribute to a stressful work environment. The P-E misfit in the working environment with average-low job support perpetuated employee unwellness or disengagement.

Life-related stress is characterised by stressful life events (Holmes & Rahe, 1967: 213-218; Holmes & Rahe, 1971: 210-223; Bhagat, 1983: 660-671) and hassles of daily life (Lazarus & Folkman, 1984; De Longis et al., 1982: 119-136) which may seem as regular life occurrences but depending on the intensity and frequency of these events, may trigger the stress response. Boundaries between work-related and life-related stressors are blurred owing to the whole person as an employee, thus both negatively impacting the individual and organisation resulting in poor work-life balance and work performance (Bhagat et al., 1985: 202-214; Greenberg & Baron, 1995: 257; Michie, 2002: 68; Kazmi et al., 2008: 135-138). This research study found that HEI staff experienced poor work-life balance as they frequently took work home and worked over weekends, prompting their expectation that HEIs should consider their personal-family responsibilities and promote quality work life balance.

The frequency of stress determines the severity and duration of stress symptoms. Acute stress may be a current event or situation, once off which results in short-term symptoms. Episodic stress is more frequent occurrences of acute stress and may develop into serious health problems and eventually chronic symptoms. Chronic stress is the constant occurrence of stressors which because of daily pressures, develop into chronic symptoms (Steptoe & Brydon, 2005; Andrews, 2005: 16; Ho et al., 2010: 195). This research study found that HEIs staff experienced chronic stress which resulted in physical, psychological and behavioural symptoms of stress and manifestations of burnout.

Stress symptoms affect individuals uniquely and may result in either physiological, psychological and behavioural symptoms or a combination thereof. Often these symptoms develop into chronic diseases of lifestyle (Van der Merwe, Health Stress Management, n.d.). The relationship between stresses, body's immune system and health outcomes are known as psychoneuroimmunology (Walls, 2008: 1350; Ho et al., 2010: 191) which directly impacts employees' wellness status and job engagement. This study found that HEIs staff experienced poor physical health and wellness; had measures of psychological capital which was being eroded by unhealthy work environment; and were reliant on stimulants to get them through the day and cope with stress.

Prolonged exposure to stress without a real recovery period result in exhaustion (Selye, 1956) and manifests as burnout (Maslach, 1982). Burnout is characterised by physical-, emotional- and attitudinal exhaustion, and feelings of low personal accomplishments which erodes employees' job engagement (Maslach, 2003: 190). This research study correlates with previous research studies in SA HEI and concur that HEIs staff occupy "one of the most stressful careers" with a variety of occupational stressors that negatively impact their health and wellness, job performance and institutional objectives (Gillespie et al., 2001: 53-72; Barkhuizen, 2005: 84-87; Rothmann & Essenko, 2007: 150; Pienaar & Bester, 2009: 376). This research study found that HEIs staffs depersonalised and mentally distanced (Rothmann & Barkuizen, 2008: 450-451) themselves from the institution in order to cope with their occupational stressors which is another indicator of burnout, highlighting the misfit between the individual and job and/or work environment (Maslach & Goldberg, 1998: 64; Maslach 2003: 189), therefore perpetuating employee disengagement.

9.3.3 Transformation

Employee wellness is not a separate activity that individual employees engage in and should be integrated into their daily work lives in order to be effective and derive positive outcomes for both employees and employer. Therefore, employee wellness should be integrated into the Performance Management System (PMS), not as a key performance area, rather as a process to analyse employee weaknesses and improvement areas for employee development, similar to skills development. The PMS is designed as a developmental tool to measure, monitor and improve employees' job performance and contribution to institutional objectives. It is during these performance discussions where employees' weaknesses and improvement areas are identified, often only focusing on knowledge, skills and abilities. This research study found that HEIs staffs enjoy high job demands where employees have the necessary knowledge, skills and abilities to meet their job demands which utilises their strengths and talents. However, HEIs staffs have low employee wellness status, have

depersonalised themselves and are mentally distant from the institution which fuels their job disengagement resulting in poor performance and not contributing towards institutional objectives. This research study proposes that an employee wellness assessment should be conducted during the performance discussion in order to develop and customise each individual employee's wellness plan according to their individual employee wellness improvement areas. The employee wellness assessment tool could be a questionnaire similar to the one used in this research study in order to determine what type of intervention is needed in order to prevent, reduce or treat employees stress symptoms. Therefore, the PMS should produce three documents, firstly the performance management agreement; secondly, the individual skills development plan; and thirdly, the individual employee wellness plan.

The foundation of a holistic employee wellness programme comprises of three interventions, namely primary–prevention, secondary–reduction and tertiary–treatment in order to promote employee-organisational health and wellness. This research study produced thirteen employee wellness factors that are allocated according to the type of intervention and proposes employee wellness elements and activities for each.

Primary interventions aims to remove the source of work-related problems, therefore preventing further damage to employee health and wellness (Randall & Nielson, 2010: 92-93), hence the construct primary-prevention. Quality of work life and balance (QWLB) and workplace health promotion (WHP) was identified as organisational level and work environment interventions which should be implemented by organisations in order to positively disrupt the linkages between work-related problems and its harmful effects on employee-organisational health and wellness (Randall & Nielson, 2010: 89-101; Bergh, 2012: 314).

Quality of Work Life and Balance (QWLB) requires a restructuring the employee-organisational architecture in order to create a conducive person-environment fit where employees' interactions with the institutional environment produce positive and favourable outcomes for all stakeholders. In addition, the institutional environment should promote collegial employee interactions within the university to enable employees to receive social support in their high strain jobs. Furthermore, universities should exemplify equilibrium between employee-organisational architecture and employee personal-family life.

The following employee wellness factors contribute to QWLB:

- ➤ **Wellness working environment** should provide adequate job resources, and general staff facilities, ensure job role clarity and promote a healthy work environment.

- ➤ **Organisational intervention expectations** should address the employees immediate work environment needs, provide internal employee wellness resources, provide for and enable employee participation in on-site employee wellness activities.

- ➤ **Organisational wellness support** should consist of integrated organisational policies and organisational programmes that are geared towards promoting and maintaining employee-organisational health and wellness. Organisational policies should include an Employee Wellness policy with a functional Employee Wellness Staff Committee, and Employee Benefits Policy that support employees' personal-family life. Organisational programmes should promote quality of work life balance and disseminate information regarding employee wellness and the institutional support to all employees.

- ➤ **Organisational culture** should create shared customs and beliefs that promote institutional cohesiveness, and encourage employees to engage in preferred organisational behaviour that underpins employee-organisation health and wellness.

- ➤ **Human relations** should promote professional collegial employee interactions that respect the social needs of all employees.

- ➤ **Social support** in the workplace should be based on honest, mutual respect and communication between employees, their superiors and management teams.

Workplace Health Promotion (WHP) is over and above the medical aid provider and hosting annual Staff Wellness Days. WHP should be implemented in order to assist and support employees in their daily improvement and maintenance of their optimal health and wellness.

The following employee wellness factors contribute towards providing WHP:
- ➤ **Physical health and wellness** should include health and wellness education, screenings, and advice; health risk management for cholesterol, hypertensions, diabetes and obesity; and on-site lunch time physical activities.

- ➤ **Lifestyle** should include nutritional advice; weight control and weight loss programmes; smoking cessation and substance abuse support; techniques for sleep restoration; and total life planning for real stress recovery periods.

Secondary interventions aims to disrupt the psychological symptoms associated with the linkages between problems at work and employee health and wellness, thereby reducing the harmful psychological effects experienced by employees (Randall & Nielson, 2010: 92), hence the construct secondary-reduction. Stress Management Training (SMT) empowers employees with coping strategies (Murphy & Sauter, 2003: 151-157) and builds their psychological capital (Bergh, 2012: 313) which in turn improves their intrinsic health and wellness that enables them to better respond to and manage work-related stressors. In order to build and strengthen employees' psychological capital, the following employee wellness factors should be integrated into the institutions human resource development offerings:

> **Psychological health and wellness** should build employees capacity for stress management; relaxation and recovery; conflict resolution and anger management; effective communication; and managing difficult relationships and times of change.

> **Resourcefulness** should build employees capacity for problem solving and decision-making.

> **Resilience** should build employees capacity for total life planning and management.

> **Basic work life skills** should build employees capacity for planning and organising their daily work life, including time management skills and having access to a coach for additional support and advice.

Tertiary interventions aims to treat the stress related symptoms in employees for which primary-prevention and/or secondary-reduction interventions are not possible or effective, hence the construct tertiary-treatment. Specialist treatment and support to employees who are already experiencing significant work-related and/or life-related stress symptoms are offered via Employee Assistance Programmes (EAP) (Randall & Nielson, 2010: 92, 101).

EAP was originally part of organisational intervention expectations, however it is better suited for tertiary-treatment intervention.   The EAP provider should treat and restore employees' mental health in order to improve their performance and productivity, and enhance their social functioning (Terblanche, 2011: 25). EAP focuses on identifying and treating work-related and life-related stressors; promoting and ensuring mental health of employees and their families; and maintaining a healthy workforce (Bekwa & Ngokha, 2000: 415-416). If further more specialised psychological treatment is required, the medical aid provider should provide assistance and guidance to source a treatment specialist.

This research study identified **Engagement** as the indicator of the employees' wellness status and should reveal to what extent employees are physically, cognitively and emotionally involved in their job tasks and actively contributing towards institutional objectives.

This research study's foundation for a holistic employee wellness programme (HEWP) produced a definition for HEWP that should be the aim of institutions Employee Wellness Policy and outlined as follows:

- ➤ A proactive, long-term organisational intervention-driven strategy,
- ➤ to prevent employee harm via QWLB and WHP,
- ➤ to reduce employee psychological effects via SMT and building psychological capital,
- ➤ to treat employee stress-related symptoms via EAP, and
- ➤ to promote a healthy employee-organisation wellness climate and culture.

9.3.4 Outputs

Once the HEWP is customised for individual HEIs and implemented, positive outcomes for both individual employees and the employer may be expected. This research study found an improvement in the experimental group respondents' physical- and psychological health and wellness, and an increased sense of social support. Therefore, the proposed HEWP may improve employees overall sense of wellbeing, which may in turn improve their employee wellness status and engagement levels. Improved job engagement may result in improved job performance in terms of academics teaching and learning, and research outputs; and non-academic or administrative staff service delivery. Owing to the inverse relationship between stress and job performance (Kazmi et al., 2008: 135-138), it could be expected that if the HEWP is effectively implemented and monitored, employees will be less likely to be absent from work and terminate their services. Improved staff performance and productivity should contribute to the achievement of institutional strategic objectives.

9.3.5 Feedback

Employee wellness is not a static state, continuously influenced by work-related and life-related stressors. A follow up employee wellness assessment should be conducted during the follow up performance discussion in order to feedback to the inputs that will enable the individual employees to continuously update and customise their individual employee wellness plan.

9.4 Summary

Higher education is responsible for scientific knowledge production, continuously evolving with social, political and economic external environmental forces. It is imperative that HEIs provide a working environment that is underpinned by employee-organisational health and wellness in order to achieve its strategic objectives and being able to adapt to dynamic external environmental forces. The proposed HEWP may offer HEIs the solution to achieving optimal employee-organisation health and wellness.

The next chapter will highlight the contribution of this research study and present the achievements of the research objectives before concluding this research study.

CHAPTER TEN
CONCLUSION

10.1 Introduction

This research study provided the theoretical and practical perspectives of employee wellness programmes (EWP) and contextualised it within the SA HE sector. The plethora of literature infused with a multidisciplinary approach, combined with a mixed methods research design, enabled the researcher to extrapolate a foundation for a holistic employee wellness programme (HEWP). The previous chapter expounded on the Model of a HEWP for the SA HE sector. This chapter concludes the research study and highlights the achievement of the research objectives and contribution to the Human Resources (HR) body of knowledge. Furthermore, the study limitations, implications and suggestions for future research are addressed.

Although applied intervention research has not often been utilised by researchers (Randall & Nielsen, 2010: 89), this research study included a control group for comparison so as to determine if the employee wellness intervention improved the experimental group respondents' wellness status. During the quasi-experimental field study of this research study, five employee wellness intervention activities were implemented, namely, yoga, physiotherapy, health lunches, support groups and wellness reflection journaling. The noted successes of the employee wellness intervention for the experimental group respondents were as follows:

- The combination of yoga, physiotherapy, support groups and wellness reflection journaling improved their psychological health and wellness.

- The combination of yoga and wellness reflection journaling improved their level of resourcefulness.

- The combination of yoga and support groups improved their level of social support.

- The combination of yoga and physiotherapy improved their physical health and wellness.

- The combination of yoga and health lunches improved their mobility and fitness levels.

- Daily health lunches improved their perception of nutrition and commitment to a healthier lifestyle.

In addition to these benefits, three experimental group respondents reduced their dependence on stimulants to help them cope with stress which, in turn, improved their resilience. The wellness reflection journaling stimulated much needed self-reflection which enabled experimental group respondents to take back control of their stressors.

Furthermore, specific recommendations were proposed for University X (see Chapter eight) in order to improve its employee-organisational health and wellness.

The following sections summarise this study's limitations, implications, future research opportunities, achievement of research objectives, contribution to the HR body of knowledge and draw together the conclusions of this research study.

10.2 Study limitations, implications and suggestions for future research

This research study had limitations which are listed here, along with suggestions for future exploration:

1) Owing to the low national questionnaire response rate, the results of this study are unique to University X. For this reason, if the proposed model is to be implemented elsewhere, it should be contextualised within that particular environment and customised according to that organisation's employee wellness needs.

2) It is acknowledged that the 79-statement questionnaire was perceived as too long and time-consuming for respondents to complete. This possibly explains the non-completion of, and low response rate to, the questionnaire. The employee wellness questionnaire should thus be revised to include only employee wellness factor questions/statements with an acceptable to high Cronbach's alpha coefficient.

3) Staff workloads and time constraints were identified as nuisance variables which resulted in two drop outs from the experimental group, and a low return rate of the wellness reflection journal summaries. Despite the researcher's best efforts with face-to-face follow-up meetings and extension of due dates, few field study respondents completed and returned the summaries. Hence the proposal that employee wellness should be integrated into staff performance discussion for it to be viewed as an important contributor to employee performance.

The HEWP model and definition have direct implications for the HR professional body, SABPP and its HR System Standards Model (Meyer, 2013a: 24). The Employee Wellness element in the latter should be revised, as this study produced employee wellness factors that are over and above legislative (Occupational Health and Safety) compliance. Furthermore, the specific recommendations for University X should be addressed in its Human Capital Strategy (Hendrickse & Mabuza, 2014), specifically the Wellness Management component which requires an Employee Wellness Policy and Gestalt approach.

The integration of holistic employee wellness into the Performance Management System (PMS) is an area for future research. This research study proposes that the current employee wellness questionnaire should be customised as an employee wellness assessment tool that can be used to develop the individual employee wellness plan. Further research is required in order to construct a PMS that focuses on holistic employee development, including skills development and individual employee wellness, in order to produce optimal job performance and contribution to organisational strategic objectives.

10.3 Concluding remarks with respect to the objectives of this study

This study had six research objectives which are discussed here, along with conclusions drawn:

10.3.1. Research objective 1

The original wellness dimensions (or categories) identified in the literature review and employee wellness questionnaire evolved into 13 employee wellness factors during the exploratory factor analysis, as discussed in Chapter six. This study deduced that staff at a selected university (University X) experienced wellness challenges in their working environment, including the organisational culture and human relations. These challenges negatively affected their psychological and physical health and wellness, and their resourcefulness and lifestyle, resulting in low employee engagement. The latter, in turn, infused their expectations of organisational wellness support.

10.3.2 Research objective 2

Spirituality and connecting to a Higher Power formed part of the lifestyle which helped many employees to cope with their daily work and personal stressors. Although staff at University X had a measure of psychological capital, they internalised unresolved fear and anger, which led them to depersonalise themselves from the institution; and they were reliant on

stimulants (e.g., cigarettes, wine and chocolates) to help them cope with work-related stress. While some staff enjoyed satisfying human relations and social support from their colleagues and superiors, others expressed their sense of isolation, as they had limited trusted friends or peers within the institution.

10.3.3 Research objective 3

This study confirmed that university staff had high strain jobs with high job demands and low job control, all of which contributed to their chronic stress and negatively impacted their job engagement. Originally, staff at University X stated that they did not lose their temper with colleagues and students while stressed; however, it was later revealed that some students suffered the consequences of dissatisfied staff: as some staff became more pressurised, they lost their temper and took their frustrations out on students. Furthermore, inadequate job resources (unreliable server network, printing and photocopying) negatively impacted staff performance, which hampered them in trying to meet university deadlines. The combination of constant deadlines, high job demands, low job control and inadequate job resources increased staff stress to the point that their chronic stress levels led them to distance themselves mentally from the university in an effort to cope with the stressors. This also resulted in many staff having difficulty in concentrating, which negatively affected the quality of their work. Staff at University X exhibited signs of burnout which negatively impacted their job performance and service delivery to students.

10.3.4 Research objective 4

Addressing the employee wellness expectations of staff from University X in order to alleviate their professional and personal challenges revealed a combination of employee wellness factors. These included a wellness working environment, organisational intervention expectations, organisational wellness support, organisational culture, social support, lifestyle, resourcefulness, physical health and wellness, and basic work life skills.

Staff expected the university to provide adequate job resources, job role clarity, equitable workloads, research support, job feedback and recognition of achievements. In line with the latter, the PMS should facilitate career advancement by recognising teaching as a criterion for academic staff, with proper buy-in and follow-through from all stakeholders to ensure that staff feel valued within the institution. Furthermore, staff expected workplace health promotion, a set daily lunch time, a staff diner or lounge with healthy meal options, as well as employee wellness activities, including physical activities, during lunch time. Staff expressed

their need for a variety of types of stress management training, awareness of EAP, improved campus safety and security and, generally, the promotion of quality work life and balance.

10.3.5 Research objective 5

From the findings of this study, the researcher inferred that University X should refocus its institutional resources to create a working environment that promotes employee-organisational health and wellness. The refocusing should commence with an Employee Wellness Policy with clear objectives, resource allocation and integration with employee benefits which are driven by staff representative wellness committees. The HR function needs to ensure that fair and equitable HR policies, procedures and practices are implemented and upheld by all stakeholders. The university needs to address the discrepancies in staff's immediate work environment with respect to indoor pollution, the hygiene of toilets and general facilities, office ergonomics, ventilation, storage facilities and Information Technology System (ITS) support so as to maintain a healthy and conducive working environment. As a merged institution, the university needs to create a new organisational culture that promotes a professional academic environment that is underpinned by accountability, mutual respect and social cohesion, eliminating all victimisation and discrimination. Frequent, honest and transparent two-way communication between management and staff should restore the existing breakdown in the trust relationship, thereby fostering a supportive organisational climate. The university resources should support and enable staff to enjoy quality of work life and balance to stimulate improved job engagement levels, performance outcomes and result in the achievement of institutional strategic objectives.

10.3.6 Research objective 6

The most important objective that collates all the other objectives into one coherent whole is the development of a Holistic Employee Wellness Programme Model (HEWP). The HEWP model aims to address all levels of employees' unwellness or disengagement by implementing internal customer care in the form of holistic employee wellness, which should be customised for individual employees and organisations in order to restore job engagement and promote employee-organisational health and wellness. The HEWP model is specifically contextualised for the higher education sector to address the employee wellness needs and expectations of university staff, thereby promoting healthy and productive staff who are equipped to continue with scientific knowledge production and social reform within the SA higher education sector.

10.4 Research study contribution to the Human Resources body of knowledge

The evolution of Human Resources (HR) as a profession (Janse van Rensburg, 2009: 120-122) and the development of the professional body standards (SABPP HR System Standards Model) (Meyer, 2013a: 24) has firmly positioned HR in the social sciences. The complexities of human consciousness and behaviour, specifically how these manifest inside groups and organisations, requires a collaborative approach between HR and its related disciplines in order to promote consistency and synergy in people-related practices. Researchers like Murphy (1995: 44-47) and Mulvihill (2003: 15) have long been advocating for true integration of employee assistance, work-life and wellness within HR and related disciplines and professions. The development of this HEWP model and its definition would not have been possible without a multidisciplinary approach between HR, Occupational Health Psychology, Industrial and Organisational Psychology, Employee Assistance Professionals' Association, and Alliance for Work/Life. It is on this premise that this research study proposes integration, collaboration and synergy amongst disciplines and professions in order to implement and maintain holistic employee wellness within organisations.

The misinterpretation that a certain level of stress is good for stimulating human performance originated from the overgeneralisation of the Yerkes-Dodson Law (1908: 459-482) and is clearly visible in psychoneuroimmunology which examines the relationship between stress, the immune system and health outcomes (Walls, 2008: 1350; Ho et al., 2010: 191). This notion was further supported by Cox and Griffiths (2010: 36) and Le Fevre et al. (2003: 726-744) who argue that this misinterpretation is blurred by the confusion between stress (or pressure) and challenge (or excitement). This research study revealed that the majority of respondents thought stress was beneficial, as it helped to keep them on their toes; however, more than half of the respondents preferred not to work under pressure as it did not energise them and resulted in their having difficulty in concentrating, which negatively affected the quality of their work. This research study therefore concurs with Cox and Griffiths (2010: 36) and Le Fevre et al. (2003: 726-744) that there is a misinterpretation of stress which is caused by excessive demands or pressure and which has negative health consequences, compared to challenge or excitement that stimulates creativity and performance.

In 2015, the SABPP launched its *HR Profession's Research Agenda 2015 and Beyond* (Meyer & Abbott, 2015), specifically encouraging SA universities to align their research agendas with the SABPP, and in doing so, to address the needs of the HR discipline, businesses and community at large. The topic of *Employee Wellness Management from an HRM perspective* was identified as a gap in empirical research. This research study contributes not only a foundation for a HEWP model, but also offers a new definition of

holistic employee wellness that aims to narrow the empirical gap identified. Furthermore, this research study proposes closer collaboration between the HR profession and other related disciplines and professions in order to create synergy for the implementation and maintenance of holistic employee wellness management within organisations.

10.5 Conclusion

This research study originally undertook to investigate the theoretical and practical perspectives of employee wellness programmes (EWP) at selected South African universities. Owing to the low national questionnaire response rate, it was decided to convert this research into a case study of a selected South African university, University X.

Previous research conducted by Hubball and West (2008: 7-8) identified that higher education staff wellness is vital to the delivery of quality teaching and learning, creating positive student learning experiences, and stimulating learning and research-conducive environments. As Higher Education Institutions (HEIs) are increasingly being managed as profit-generating, globally competitive "McUniversities" (Parker & Jary, 2005: 319-338; Shore, 2010: 15-29; McKenna, 2012: 17; Singh, 2012: 2), the need for a "more intervention-driven" approach to holistic employee well-being at work (Barkhuizen, 2005: 159-160) is needed in order to alleviate the occupational stressors experienced by both academic and non-academic staff.

The main problem of this research study was that South African Higher Education Institutions offered limited or, in some selected universities, no EWP to help staff alleviate their everyday work and personal stressors. The purpose of this research study was to propose a EWP that would provide a support system for university staff to alleviate the impact of their daily work and personal challenges, and promote quality work life balance within the institution. This would hopefully promote optimal wellness and performance at work, preventing university staff from experiencing job burnout and health-related problems.

University X was selected as the case study site owing to its status as the largest university within the Western Cape Province. Although, at the time this study was conducted, University X was meeting targets of higher education with respect to increased student enrolments and graduation outputs, it was also experiencing high labour turnover amongst academic/research and professional support/administrative staff members. The reasons for staff termination of services were compared to work-related stress theories and strong correlations were found. The university staff wellness results revealed that employees were experiencing typical physiological and behavioural symptoms of stress and were developing

chronic diseases of lifestyle. Furthermore, the university did not have a EWP in place to address the employees' stress symptoms, nor was there any indication of the employee wellness needs and challenges that staff experienced on a daily basis.   It was on this premise that University X became the focus of the case study of this research.

The quasi-experimental field study followed on the dissemination of the national/institutional questionnaire and was conducted over a period of five weeks. Thereafter, triangulations mixed methods were applied, with both quantitative and qualitative data combined with equal importance. The data generated were brought together for comparison in order to interpret the phenomenon of employee wellness (De Vos et al., 2013: 442). The exploratory factor analysis produced 13 employee wellness factors which were named and described and which also formed the basis of the qualitative themes for data integration.

The research results revealed that, owing to the increasing student numbers, academic workloads were more teaching focused, resulting in academics neglecting their research activities. This placed more quantitative work overload on the ageing professors to produce more postgraduate and, specifically, doctoral graduates.   In addition, this situation contributed to qualitative work overload for academics without doctoral degrees, as these staff were under pressure to produce more master's graduates and research outputs while pursuing their own doctoral studies. It was found that University X's jobs were high strain, where employees had high job demands with low job control and autonomy. Equipment necessary to perform academic and administrative duties were largely inadequate, a situation which was an occupational stressor, resulting in employee disengagement. Moreover, University X was still at risk of losing more academic and non-academic (or administrative) staff owing to the continued lack of recognition for work well done, resulting in employees not feeling valued and prompting them to consider termination of their services to reduce their occupational stress and avoid possible burnout.

A further feature was that University X did not promote two-way communication within the institution. This could negatively impact on the staff's perception of social support, as some possibly felt voiceless; others might have perceived staff to be withholding information. Moreover, University X's staff could not rely on executive management to solve their problems, owing to a lack of trust and communication between them. A concerning factor was revealed in human relations which indicated that University X's interpersonal interactions were negatively affected by the manifestation of exhaustion or burnout (feelings of low personal accomplishments), and the fact that more respondents felt depressed and isolated at work, despite having a trusted friend or peer at the institution.

In addition to the afore-mentioned, many staff exhibited poor physical health and wellness and were at risk of developing physical exhaustion or burnout. Generally, staff misunderstood stress, owing to the confusion between stress (pressure) and challenge (excitement). Although staff had a measure of psychological capital, they were not able to express their fear and anger safely, which negatively impacted on their psychological health and wellness. Staff had depersonalised themselves from the university in an effort to deal with the trauma of the merger and related organisational changes.

This research study offered recommendations to University X (as discussed in Chapter eight) in order to prevent, reduce and treat its employee's stress-related symptoms and, in doing so, to promote a healthy employee-organisational wellness climate and culture. The recommendations were structured in accordance with the HEWP model transformation, which was based on the 13 employee wellness factors, as follows:

- Prevention of employee harm requires restructuring of the employee-organisational architecture, where specific focus should be placed on the wellness working environment, organisational intervention expectations, organisational wellness support, organisational culture, human relations, social support, and workplace health promotion (physical health and wellness, and lifestyle).

- Reduction of employee psychological stress-related symptoms requires an integrated approach to stress management training, where psychological health and wellness, resourcefulness, resilience and basic work life skills are incorporated into the human resource development offerings in order to build and strengthen employees' psychological capital.

- Treatment of employee stress-related symptoms should be facilitated via the employee assistance programme (EAP) and/or specialist referral in exceptional circumstances.

In addition to the recommendations offered to University X, this research study designed a HEWP model which was based on the General Systems Theory and contextualised within the SA HE sector. It is possible for other HEIs and/or businesses to consider customising the HEWP model for adaptation and implementation into its Employee Wellness Management in order to restore job engagement and promote employee-organisational health and wellness. Furthermore, the newly constructed definition for holistic employee wellness may form the basis of the Employee Wellness Management approach as it offers the following:

- A proactive, long-term organisational intervention-driven strategy,
- to prevent employee harm via QWLB and WHP,
- to reduce employee psychological effects via SMT and building psychological capital,
- to treat employee stress-related symptoms via EAP, and
- to promote a healthy employee-organisation wellness climate and culture.

Originally, this research study set out to design a EWP that would provide a wellness support system for university staff and promote quality work life balance, thereby preventing university staff from experiencing job burnout and health-related problems. In doing this, optimal wellness and performance at work would be promoted. During this research study, it became evident that a Gestalt approach was necessary to provide sustainable solutions to the human behavioural complexities experienced within the working environment. Employee wellness is required for the employee as a whole person, and needs to consider both work-related and life-related stressors in order to manage the effects that these have on job performance. The 13 employee wellness factors that emerged from this research study captured the essence of employee wellness challenges and shifted the focus of employee wellness to include organisational wellness. Holistic employee wellness thus focuses not only on the employee as a whole person, but includes the working environment in which the employee is expected to function as a whole.

Holistic employee wellness aims to prevent, reduce and treat employee stress. It requires both employees and organisation to work together to create a healthy employee-organisation wellness climate and culture. The envisioned benefits of holistic employee wellness include an overall sense of well-being for employees, improved job performance, and achievement of institutional strategic objectives. The development of the HEWP model and the newly constructed definition of holistic employee wellness have therefore exceeded the original aim of this research study.

Holistic employee wellness forms part of life-long learning, which in itself is a journey, not a destination. It requires an individual and organisational attitudinal change to lifestyle, perseverance and commitment. With this research, the journey was started and HR practitioners are requested to engage with it.

BIBLIOGRAPHY

Abouserie, R. 1996. Stress, coping and job satisfaction in university academic staff. *Educational Psychology,* 16: 49–56.

Addley, K., McQuillan, P. & Ruddle, M. 2001. Creating healthy workplaces in Northern Ireland: evaluation of a lifestyle and physical activity assessment programme. *Occupational Medicine*, 51(7): 439–449.

Aikins, D. 2010. The modern workforce. *People Dynamics*: 16, January.

Alasuutari, P., Bickman, L. & Brannen, J. (eds). 2008. *The SAGE handbook of social research methods.* London: SAGE.

Allen, J. R. 1993. Organizational support plays integral role in shaping healthy lifestyles. *Wellness Management*, 9(3): 6–7.

American Public Welfare Association. 1981. Burnout questionnaire. *Public Welfare*, 39(1).

Amos, T. L., Ristow, A., Ristow, L. & Pearse, N. J. 2008. *Human Resource Management.* 3rd ed. Cape Town: Juta and Co. Ltd.

Anderson, D., Richard, J. & Saha, L. 2002. *Changes in academic work: implications for universities of the changing age distribution and work roles of academic staff.* Canberra, Australia: Department of Education, Science and Training.

Andrew, L. 1999. Wellness promotion: a people ready strategy. *The Barbados Advocate, Business Monday*: 6-7.

Andrews, L. 2005. *Stress control for peace of mind*. London: Greenwich Editions.

Anonymous. 2007. Can wellness programs cut medical claims and costs? *Contractor's Business Management Report,* 8: 1-7.

Anonymous. 2011a. Brace for a mass exodus if stress soars. *Weekend Argus Saturday / Sunday Workplace*: 16, May 21.

Anonymous. 2011b. Stress: how much more can we take? *Sunday Times: Business Times Money & Careers*: 5, November 13.

Antoni, M. H. 2003. Stress management effects on psychological, endocrinological, and immune functioning in men with HIV infection: empirical support for a psychoneuroimmunological model. *Stress*, 6: 173–188.

Arkava, M. L. & Lane, T. A. 1983. *Beginning social work research.* Boston: Allyn & Bacon.

Armour, R. A., Caffarella, R. S., Fuhrmann, B. S. & Wergin, J. F. 1987. Academic burnout: Faculty responsibility and institutional climate. *New Directions for Teaching and Learning*, 29: 3–11.

Armstrong-Stassen, M., Cameron, S. J., Mantler, J. & Horsburgh, M. E. 2001. The impact of hospital amalgamation on the job attitudes of nurses. *Canadian Journal of Administrative Sciences,* 18(3): 149–162.

Arnold, J., Randall, R. et al. 2010. *Work psychology: understanding human behaviour in the workplace*. 5th ed. Harlow: Pearson.

Ashkenas, R. N. & Francis, S. C. 2000. The fine art of friendly acquisition. *Harvard Business Review*, 78(6): 101–107.

Association of University Teachers. 2003. *Survey of members.* London: AUT.

Auerbach, S. M. & Gramling, S. E. 1998. *Stress management: psychological foundations.* Upper Saddle River, NJ: Prentice Hall.

Babbie, E. 2007. *The practice of social research.* 11th ed. Belmont: Thomson Wadsworth.

Babbie, E. & Mouton, J. 2001. *The practice of social research.* Cape Town: Oxford University Press.

Babbie, E., Mouton, J., Payze, C., Vorster, J., Boshoff, N. & Prozesky, H. 2008. *The practice of social research.* South African ed. Cape Town: Oxford University Press.

Badat, S. 2009. Theorising institutional change: post 1994 South African higher education. *Studies in Higher Education*, 34(4): 455-467.

Ball, D. 2004. Attracting the right staff is a mission. *Sunday Business Times*, October 18.

Bansel, P., Davies, S., Gannon, S. & Linnell, S. 2008. Technologies of audit work at work on the writing subject: a discursive analysis. *Studies in Higher Education,* 33(6): 673–684.

Barbour, S. & Kitzinger, J. 1999. *Developing focus group research: politics, theory and practice.* London: SAGE.

Barkhuizen, E. N., Rothmann, S. & Tytherleigh, M. Y. 2004. Burnout of academic staff in a higher education institutions. Paper presented at the 2nd South African Wellness Conference. Potchefstroom, March 2004.

Barkhuizen, N. 2005. Occupational stress of academic staff in South African higher education institutions. Unpublished PhD thesis, North-West University, Potchefstroom.

BarOn, R. 1996. *A brief description of Reuven BarOn's EQ inventory.* Toronto: Multi-Health Systems.

Bastien, D. T. 1987. Common patterns of behaviour and communication in corporate mergers and acquisitions. *Human Resource Management,* 26(1): 17–33.

Baty, P. 2005. Staff stress could lead to court. *Times Higher Education Supplement*, 1674, 14 January.

Baty, P. 2012. The fragile and changing nature of university reputation. *University World News.* 19 February 2012. http://www.universityworldnews.com/article.php?story=20120214154324613. [21 February 2012].

Beard, C. & Wilson, J. P. 2004. *The power of experiential learning – a handbook for trainers and educators.* London: Kogan Page.

Becher, T. & Trowler, P. R. 2001. *Academic tribes and territories*. 2nd ed. Buckingham: SRHE & Open University Press.

Bekwa, N. & Ngokha, G. 2000. Employee wellbeing. In Meyer, M. & Botha, E. (eds). *Organisation development and transformation in South Africa*. Durban: Butterworths: 405–423.

Bellamy, S., Morley, C. & Watty, K. 2003. Why business academics remain in Australian Universities despite deteriorating working conditions and reduced job satisfaction: an intellectual puzzle. *Journal of Higher Education Policy and Management,* 25: 13–28.

Benavides, A. D. & David, H. 2010. Local government wellness programs: a viable option to decrease healthcare costs and improve productivity. *Public Personnel Management*, 39(4): 291–306, Winter.

Bergh, Z. 2012. Frameworks for thinking and practice in I-O psychology. In Bergh, Z. (ed.). *Introduction to work psychology.* Cape Town: Oxford University Press Southern Africa: 29–58.

Bergh, Z. 2012. Psychological well–being and maladjustment at work. In Bergh, Z. (ed.). *Introduction to work psychology.* Cape Town: Oxford University Press Southern Africa: 288–318.

Bergman, M. M. 2008. *Advances in mixed methods research.* London: SAGE.

Bezuidenhout, A. & Cilliers, F. V. N. 2010. Burnout, work engagement and sense of coherence in female academics in higher education institutions in South Africa. *SA Journal of Industrial Psychology / SA Tydskif vir Bedryfsielkunde,* 36(1): Art. # 872, 10 pages.

Bhagat, R. S. 1983. Effects of stressful life events on individual performance and work adjustment processes within organizational settings: A research model. *Academy of Management Review*: 660-671, October.

Bhagat, R. S., McQuaid, S. J., Lindholm, H. & Segovis, J. 1985. Total life stress: a multi–method validation of the construct and its effects on organizationally valued outcomes and withdrawal behaviors. *Journal of Applied Psychology*, 70: 202–214.

Bliese, P. D. & Castro, C. A. 2000. Role clarity work overload and organizational support: multilevel evidence of the importance of support. *Work & Stress*, 14(1): 65–73.

Blix, A. G., Cruise, R. J., Mitchell, B. M. & Blix, G. G. 1994. Occupational stress among university teachers. *Educational Research,* 36: 157–169.

Block, J. & Kreman, A. M. 1996. IQ and ego-resiliency: conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*, 70: 349-361.

Bok, D. 2003. *Universities in the marketplace: the commercialization of higher education.* Princeton, NJ: Princeton University Press.

Bothma, R. 2014. Workplace – an employee's second home. *HR Future:* 36–37, May.

Botman, R. 2011. Africa and the MDGs. Global Poverty Summit, Johannesburg. http://www.sun.ac.za/university/Management/rektor/docs/GlobalPoverty Summit.pdf. [19 January 2012].

Botman, H. R. 2012. Foreword. In Leibowitz, B. (ed.). *Higher Education for the public good: views from the South.* Stellenbosch: Trentham Books in association with Sun Media: xiii – xvi.

Bowerman, J. & Collins, G. 1999. The coaching network: a program for individual and organizational development. *Journal of Workplace Learning: Employee Assistance Counselling Today,* 1918: 291–297.

Boyd, S. & Wylie, C. 1994. *Workload and stress in New Zealand Universities.* Wellington: New Zealand Council for Educational Research and the Association of University staff of New Zealand.

Brannon, L. & Feist, J. 2004. *Health Psychology: an introduction to behaviour and health.* 5th ed. Belmont, CA: Thomson Wadsworth.

Brenneis, D., Shore, C. & Wright, S. 2005. Getting the measure of academia: universities and the politics of accountability. *Anthropology in Action,* 1: 1–10.

Brewer, P. C., Gallo, A. & Smith, M. R. 2010. Getting fit with corporate wellness programs. *Strategic Finance*: 27–33, May.

Brewster, C., Dowling, P., Grobler, P., Holland, P. & Warnich, S. 2008. *Contemporary issues in human resources management: gaining a competitive advantage.* 3rd ed. Cape Town: Oxford University Press.

Brockett, J. 2007. QVC buys into wellness. *People Management*, 13(7): 10.

Brown, A. L., Daniels, L. & Sanchez, R. 1996. Bridges and barriers to faculty vitality: the Grossmont College Project 1995 – 1996. Paper presented at the International Conference on Teaching and Leadership Excellence, Austin, Texas.

Bunting, I. & Cloete, N. 2004a. Approaches to measuring performance in higher education. A South African case study. Draft Discussion Paper, CHET. http://www.chet.org.za [May 2012].

Buono, A. F., Bowditch, J. L. & Lewis, J. W. III. 1985. When cultures collide. *Human Relations*, 38(5): 477–500.

Burke, R. J. 1988. Some antecedents and consequences of work – family conflict. *Journal of Social Behaviour and Personality*, 3: 287–302.

Business Knowledge Source. 2003–2010. *Employee health and fitness: popular wellness programs.* http://businessknowledgesource.com/health/popular_wellness_programs_030259.html [25 June 2010].

Byrne, B. N. 1991. Burnout: investigating the impact of background variables for elementary, intermediate, secondary and university educators. *Teaching and Teacher Education*, 7: 197-209.

Cannon, W. B. 1929. *Bodily changes in pain, hunger, fear and rage: an account of recent research into the function of emotional excitement.* New York: Appleton–Century–Crafts.

Caplan, R. D. 1983. Person – environment fit: Past, present and future. In Cooper, C. L. (ed). *Stress research: Issues for the eighties.* Chichester: John Wiley & Sons.
Catano, V., Francis, L., Haines, T., Kirpalani, H., Shannon, H., Stringer, B. & Lozanski, L. 2007. *Occupational Stress among Canadian University Academic staff.* Canadian Association of University Teachers (CAUT) Stress Study Report.

Clark, M. M., Warren, B. A., Hagen, P. T., Johnson, B. D., Jenkins, S. M., Werneburg, B. L. & Olsen, K. D. 2011. Stress level, health behaviours, and quality of life in employees joining a wellness center. *American Journal of Health Promotion*, 26(1): 21–25, September/October.

Cloete, N. & Moja, T. 2005. Transformation tensions in higher education: equity, efficiency and development. *Social Research,* 72(3): 693–722.

Cloete, N., Fennel, R., Maason, P., Moja, T., Perold, H. & Gibbon, T. (eds). 2005. *Transformation in higher education: global pressures and local realities in South Africa.* 2nd ed. E-book http://chet.org.za/books/transformation-higher-education-O [1 July 2011].

Coetzee, S. & Cilliers, F. 2001. Psychofortology: explaining coping behaviours in organizations. *The Industrial–Organizational Psychologist*, 38(4): 62–68.

Coetzee, S. E. & Rothmann, S. 2004. An adapted model of burnout for employees at a higher education institution in South Africa. *SA Journal of Industrial Psychology / SA Tydskif vir Bedryfsielkunde,* 30(3): 29-40.

Cook, J. D., Hepworth, S. J., Wall, T. D. & Warr, P. B. 1981. *The experience of work: a compendium and review of 249 measures and their use.* London: Academic Press.

Cooper, C. L. & Marshall, J. 1976. Occupational source of stress: a review of the literature relating to coronary heart disease and mental ill health. *Journal of Occupational Health Psychology*, 49: 11–28.

Cooper, C. L., Dewe, P. J. & O'Driscoll, M. P. 2001. *Organizational stress: a review of critique of theory, research, and applications.* Thousand Oaks, CA: Sage.

Council on Higher Education. 2000. *Towards a new higher education landscape: meeting the equity, quality and social development imperatives of South Africa in the 21st century.* Pretoria: CHE.

Council on Higher Education. 2004. *Higher education in the first decade of democracy.* Pretoria: CHE.

Council on Higher Education. 2008. *Academic freedom, institutional autonomy and public accountability in South African higher education. Report of the independent task team on higher education, institutional autonomy and academic freedom (HEIAAF) No. 5.* Pretoria: CHE.

Council on Higher Education. 2009. *The state of higher education report. Higher Education Monitor no. 8.* Pretoria: CHE.

Council on Higher Education. 2010. *Access and throughput in South African higher education - three case studies. Higher Education Monitor No. 9.* Pretoria: CHE.

Covin, T. J., Sightler, K. W., Kolenko, T. A. & Tudor, R. K. 1996. An investigation of post-acquisition satisfaction with the merger. *The Journal of Applied Behavioral Science,* 32(2): 125–142.

Cox, T. & Cox, S. 1985. The role of the adrenals in the psychophysiology of stress. In Karas, E. (ed.). *Current issues in clinical psychology*. London: Plenum Press.

Cox, T. & Griffiths, A. 2010. Work-related stress: a theoretical perspective. In Leka, S. & Houdmont, J. (eds). *Occupational Health Psychology*. Oxford: Wiley-Blackwell: 32-42.

Cox, T. & Mackay, C. J. 1982. Psychological factors and psychophysiological mechanisms in the aetiology and development of cancers. *Journal of Social Science and Medicine,* 16: 381–396.

Cox, T., Karanika-Murray, M., Griffiths, A.J. & Houdmont, J. 2007. Evaluating organisational–level work stress interventions: beyond traditional methods. *Work & Stress,* 21: 348–362.

Cox, T., Thirlaway, M., Gotts, C. & Cox, S. 1983. The nature and assessment of general well-being. *Journal of Psychosomatic Research*, 27: 353–359.

Crawford, P. 2005. *Corporate Heart.* http://www.corporateheart.co.uk/wellness1.htm [June 2005].

Creelman, D. 2010. What makes a good workplace? *HR Future*: 13, April.

Creswell, J. W. & Plano Clark, V. L. 2007. *Designing and conducting mixed methods research.* Thousand Oaks, CA: SAGE.

Cross, G. & Carroll, D. 1990. *Goodwill under stress: morale in UK universities.* London: Association of University Teachers.

Currie, J. & Newson, J. 1998. *Universities and globalisation: critical perspectives.* Thousand Oaks, CA: Sage.

Currie, J. & Vidovich, L. 2009. The changing culture of academic work. In Tight, M., Mok, K., Huisman, J. & Morphew, C. (eds). *The Routledge International Handbook of Higher Education.* London: Routledge.

D' Andrea, V. & Gosling, D. 2005. *Improving teaching and learning; a whole institution approach*. Maidenhead: SRHE and Open University Press.

Daniels, K. & Guppy, A. 1994. An exploratory study of stress in a British university. *Higher Education Quarterly*, 48: 135–144.

Davenport, J. 1983. Whatever happened to QWL? *Office Administration and Automation,* 44: 26–28.

Davy, J. A., Kinicki, A., Kilroy, J. & Scheck, C. 1988. After the merger: dealing with people's uncertainty. *Training and Development Journal*: 57-61, November.

De Longis, A., Coyne, J.C., Dakof, G., Folkman, S. & Lazarus, R. S. 1982. Relationships of daily hassles, uplifts and major life events to health status. *Health Psychology*, 1: 119–136.

Demerouti, E., Bakker, A. B., De Jonge, J., Janssen, P. P. M. & Schaufeli, W. B. 2001. Burnout and engagement at work as function of demands and control. *Scandinavian Journal of Work Environment and Health*, 27: 279–286.

Demerouti, E., Bakker, A. B., Nachreiner, F. & Schaufeli, W. B. 2001. The job demands – resourced model of burnout. *Journal of Applied Psychology*, 86: 499–512.

De Moranville, C. W., Schoenbachler, D. D. & Przytulski, J. 1998. Wellness at work. *Marketing Health Services*, 18(2): 14–24.

De Souza, L. 2007. Entering a culture quietly: writing and cultural survival in indigenous education in Brazil. In Makoni, S. & Pennycook, A. (eds). *Disinventing and reconstituting Languages*. Clevedon, England: Multilingual Matters.

De Vos, A. S., Strydom, H., Fouché, C. B. & Delport, C. S. L. 2013. *Research at grass roots for the social sciences and human service professionals.* 4th ed. Pretoria, South Africa: Van Schaik Publishers.

Dhobale, R. S. 2009. Stress management training: a boon to employee wellness! *The Icfai University Journal of Soft Skills*, III(1): 39–44.

Dick, M. J. 1992. Burnout in doctorally prepared nurse faculty. *Journal of Nursing Education*, 31: 341–346.

Dickson, W. J. 1945. The Hawthorne plan of personnel counselling. *American Journal of Orthopsychiatry*, 15: 343–347.

Dikgale-Freeman, K. 2013. HR gets national standards. Why should HR have standards and what are they? *HR Future*: 18-19, July.

Dimsdale, J. E. 2008. Psychological stress and cardiovascular disease. *Journal of the American College of Cardiology*, 51(13): 1237–1246, April.

Donaldson, S. I. 1993. Effects of lifestyle and stress on the employee and organization: implications for promoting health at work. *Anxiety, stress, and coping: An International Journal*, 6(3): 155-177.

Doyle, C. & Hind, P. 1998. Occupational stress, burnout and jobs status in female academics. *Gender, Work and Organizations,* 5: 67–82.

Drucker, P. 1996. *The age of discontinuing: guidelines to our changing society.* New York: Harper & Row.

Du Pré, R. 2010. Universities of technology in the context of the South African higher education landscape. In Kagisano No. 7. *University of Technology - Deepening the Debate.* Pretoria, South Africa: CHE.

Du Toit, A. 2005. *Autonomy as a social compact.* Pretoria, South Africa: CHE.

Dubrin, A. J. 1994. *Applying psychology: individual and organizational effectiveness.* 4th ed. Englewoods Cliff, NJ: Prentice Hall.

Dubrin, A. J. 2004. *Human Relations: Interpersonal, Job – oriented skills*. 8th ed. Upper Saddle River, NJ: Pearson Prentice Hall.

EAPA. 2010. *EAPA standards and professional guidelines for Employee Assistance Programs.* Arlington, VA: Employee Assistance Professionals Association (EAPA).

Eden, D. 2001. Vacations and other respites: studying stress on and off the job. In Cooper, C. L. & Robertson, I. T. (eds). *International review of industrial and organizational psychology.* Chichester, England: Wiley: 121–146.

Edries, N., Jelsma, J. & Maart, S. 2013. The impact of an employee wellness programme in clothing/textile manufacturing companies: a randomised controlled trial. *BioMed Central Public Health*, 13: 25.

Edwards, J. R., Caplan, R. D., & Van Harrison, R. 1998. Person – environment fit theory: conceptual foundations, empirical evidence, and directions for future research. In Cooper, C. (ed). *Theories of organisational stress.* New York, NY: Oxford University Press.

Els, D. 2005. *Wellness: A pig's life. First behaviour-based wellness book.* Pretoria, South African: MC Printers.

Els, D. A. & De La Rey, R. P. 2006. Developing a holistic wellness model. *SA Journal of Human Resource Management / SA Tydskrif vir Menslikehulpbronbestuur*, 4(2): 46–56.

Employee Wellness Committee. 2011. Proposed Wellness Days: 2011. Cape Town, South Africa: University X.

Employee Wellness Programs. n.d. *Assessing and addressing extension employees' wellness needs.* http://employee-wellness-programs.org/assessing-and-addressing-extension-employees-wellness-needs [25 June 2010].

ENWHP. 2004. *Making the case for workplace health promotion: analysis of the effects of WHP.* Belgium: European Network for Workplace Health Promotion (ENWHP).

Fittogether. 2004. *Workplace Wellness Toolkit.* http://www.fittogethernc.org/WorkplaceWellnessAbout.aspx#62 [25 June 2010].

Folkman, S. 1997. Positive psychological states and coping with severe stress. *Soc Sc Med*, 45: 1207–1221.

Free State Department of Education. 2005. *Background of employee wellness programmes*. http://www.fsdoe.fs.gov.za/employeewellness/employeewellness.asp [2 September 2008].

French, J. R. P. Jr. & Caplan, R. D. 1972. Occupational stress and individual strain. In Marrow, A. J. (ed.). *The failure of success*. New York: Amacon.

Fritz, A. 2013. Navigate your way to wellness. *HR Future*: 10-11, December.

Frone, M. R., Russel, M. & Cooper, M. L. 1992. Antecedents and outcomes of work-family conflict: testing a model of the work-family interface. *Journal of Applied Psychology,* 77: 65–78.

Gair, N. P. 1999. Out in the wilderness: the inspirational and spiritual effects of the outdoors. *Horizons,* 6: 17–20.

Gappa, J. M., Austin, A. E. & Trice, A. G. 2007. *Rethinking faculty work: higher education's strategic imperative.* Hoboken, NJ: John Wiley and Sons Inc.

Gadon, H. 1984. Making sense of Quality of Work Life Programs. *Business Horizons*: 42–46, January – February.

Garnsworthy, K. 2003. What's shaking at the University of Alberta? A best-practice workplace wellness plan. *Wellspring*, 14(3). Alberta Centre for Active Living http://www.centre4activeliving.ca/Publications/WellSpring/2003/Fall/UoFA.html

Gersick, C. J. G. 1991. Revolutionary change theories: a multilevel exploration of the punctuated equilibrium paradigm. *Academy of Management Review,* 16: 10–36.

Gillespie, N. A., Walsh, M., Winefield, A. H., Dua, S. J. & Stough, C. 2001. Occupational stress in universities: staff perceptions of the causes, consequences and moderators of stress. *Work & Stress,* 15: 53–72.

Gizard, N. 2009. Living to work, working to die. *City Press*: 15, January 11.

Gmelch, W. H. 1993. *Coping with faculty stress.* Newbury Park, CA: Sage Publications.

Govender, P. 2010. Varsities raise the bar for first year students. *Sunday Times*: 1-2, August 1.

Greenberg, J. & Baron, R. A. 1995. *Behavior in organizations: understanding and managing the human side of work.* 5th ed. Trenton, NJ: Prentice Hall.

Greenhaus, J. H. & Beutell, N. J. 1985. Source of conflict between work and family roles. *Academic Management Review*, 10: 76–88.

Greenwood, D. 1998. The management of pressure and prevention of stress. In Doidge, J., Hardwick, B. & Wilkinson, J. (eds). *Developing support and allied staff in higher education*. London: Kogan Page.

Griffiths, A. J. 1999. Organisational interventions: facing the limitations of the natural science paradigm. *Scandinavian Journal of Work Environment & Health*, 25: 589–596.

Grinnell, R. M. & Unrau, Y. A. 2008. *Social work research and evaluation: foundations of evidence-based practice.* New York: Oxford University Press.

Grinnell, R. M. & Williams, M. 1990. *Research in social work: a primer.* Itasca, IL: Peacock.

Groetzel, R. Z. & Ozminkowski, R. J. 2008. The health and cost benefits of work site health-promotion programs. *Annual Review of Public Health,* 29: 303–323.

Gutek, B. A., Searle, S. & Klepa, L. 1991. Rational versus gender role expectations for work-family conflict. *Journal of Applied Psychology*, 76: 560–568.

Haines, D. J., Davis, L., Rancour, P., Robinson, M., Neel-Wilson, T. & Wagner, S. 2007. A pilot intervention to promote walking and wellness and to improve the health of college faculty and Staff. *Journal of American College Health*, 55: 219–225, January/February.

Hall, M., Symes, A. & Luescher, T. 2002. *Governance in South African higher education: research report prepared for the Council on Higher Education.* Pretoria, South Africa: CHE.

Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Petska, K. S. & Creswell, J. D. 2005. Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52(2): 224-235.

Hartley, M., Saltmarsh, J. & Clayton, P. 2010. Is the civic engagement movement changing higher education? *British Journal of Educational Studies*, 58(4): 391-406.

Heaney, C. A. & Van Ryn, M. 1990. Broadening the scope of worksite stress programs: a guiding framework. *American Journal of Health Promotion*, 4: 413–420.

Hemp, P. 2004. Presenteeism: at work – but out of it. *Harvard Business Review*, 82(10): 49–58.

Hendrickse, S. B. & Mabuza, M. 2014. Human Capital Strategy. Cape Town, South Africa: University X.

Herzberg, F. 1968. One more time: how do you motivate employees? *Harvard Business Review*, 46(1): 53-62.

Hettler, B. National Wellness Institute. 2007. *The six dimensional wellness model.* http://www.nationalwellness.org/index.php?id=391&id_tier=381 [10 August 2007].

Hian, C. C. & Einstein, W. O. 1990. Quality of work life (QWL): what can unions do? *S.A.M. Advanced Management Journal*, 55(2): 17–22.

Higgins, C., Duxburg, L. & Irving, R. H. 1992. Work-family conflict in the dual-career family. *Organizational Behavior and Human Decision Processes*, 51: 51–75.

Higher Education Quality Committee. 2001. *Founding Document.* Pretoria: CHE. http://www.che.ac.za/sites/default/files/publications/HEQC_Founding_document_web_2001.pdf [January 2012].

Hillier, D., Fewell, F., Cann, W. & Shephard, V. 2005. Wellness at work: enhancing the quality   of our working lives. *International Review of Psychiatry*, 17(5): 419–431, October.

Hind, P. & Doyle, C. 1996. A cross-cultural comparison of perceived occupational stress in academics in higher education. Paper present at the XXVI International Congress of Psychology, Montreal, Canada.

Ho, R. C. M., Neo, L. F., Chua, A. N. C., Cheak, A. A. C. & Mak, A. 2010. Research on psychoneuroimmunology: does stress influence immunity and cause coronary artery disease? *Annals Academy of Medicine,* 39(3): 191–196, March.

Holmes, T. H. & Rahe, R. H. 1967. Social readjustment rating scale. *Journal of Psychosomatic Research*, 11: 213–218.

Holmes, T. H. & Rahe, R. H. 1971. The social adjustment rating scale. *Journal of Psychosomatic Research*, 15: 210–223.

Homburg, C., Fassnacht, M. & Guenther, C. 2000. The role of soft factors in implementing a service-orientated strategy in industrial marketing companies. Unpublished ISBM report 18. Mannheim: University of Mannheim.

Hubball, H. T & West, D. 2007. *Silence and Authentic Reflection Strategies: Holistic Learning in an Outdoor Education Program.* Submission to 3M National Teaching Fellows (eds). Society for Teaching in Higher Education.

Hubball, H. & West, D. 2008. Assessing faculty wellness: critical foundations for the scholarship of teaching and learning. *Transformative Dialogues: Teaching and Learning Journal*, 2(1): 1-10.

Huysamen, G. K. 1991. Steekproefgroottes in plaaslik gepubliseerde psigologiese navorsing [Sample sizes in locally published psychology research]. *Suid-Afrikaanse Tydskrif vir Sielkunde*, 21(3): 183-190.

International Foundation of Employee Benefits Plan. n.d. *Glossary.* http://wfnetwork.bc.edu/glossary_entry.php?term=Employee%20Assistance%20Program [28 June 2010].

Islam, Z. & Siengthai, S. 2009. Quality of work life and organizational performance: empirical evidence from Dhaka Export Processing Zone. Paper prepared for the ILO Conference on Regulating for Decent Work, International Labour Office, Geneva, 8–10 July 2009.

Ivancevich, J. M., Matteson, M. T., Freedman, S. M. & Phillips, J. S. 1990. Worksite stress management interventions. *American Psychologist*, 45: 252–261.

Ivankova, N. V., Creswell, J. W. & Plano Clark, V. L. 2007. Foundations and approaches to mixed methods research. In Maree, K. (ed.). *First steps in research.* Pretoria: Van Schaik Publishers.

Jackson, L. T. B. & Rothmann, S. 2005. An adapted model of burnout for educators in South Africa. *South African Journal of Education,* 25: 100–108.

Jackson, S. E., Schwab, R. L. & Schuler, R. S. 1986. Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, 71: 630–640.

Janice, T. S. & Ho, C. 1997. Corporate wellness programmes in Singapore: effect on stress, satisfaction and absenteeism. *Journal of Managerial Psychology*, 12(3): 177-189.

Janse van Rensburg, A. H. 2009. Human Resource Management as a profession in South Africa. Unpublished MPhil thesis, University of Pretoria, Pretoria.

Jay, J. & Shapiro, B. n.d. *The Wellness Self-Test.* http://www.Westchester-Ent.com [9 May 2011].

Jaye, J. 2010. Identify and address job stress. *HR Future*: 43, March.

Johnson, J. V. & Hall, E.M. 1988. Job strain, workplace social support and cardiovascular disease: a cross sectional study of a random sample of the Swedish working population. *American Journal of Public Health*, 78, 1336–1342.

Johnson, R. B. & Onwuegbuzie, A. J. 2004. Mixed methods research: a research paradigm whose time has come. *Educational Researcher*, 33(7): 14-26.

Johnson, T. 1993. An overview of the issues surrounding faculty burnout. Paper presented to the Western States Communication Association Annual Convention Albuquerque, New Mexico.

Jones, A. 2007. Looking over our shoulders: critical thinking and ontological insecurity in higher education. *London Review of Education,* 5(3): 209–222.

Jones, J. M. S. 2000. The impact of hospital mergers on organizational culture, organizational commitment, professional commitment, job satisfaction, and intent to turnover on registered professional nurses on medical-surgical hospital units. Unpublished Doctoral dissertation, State University of New York, Buffalo.

Jordaan, B. 2006. Firms must tread carefully when dismissing stressed employees. *Sunday Times*: October 1.

Jorgensen, L. I. & Rothmann, S. 2010. The evaluation of a work-related well-being intervention. *Proceedings of the 22nd Annual Conference of the Southern Africa Institute of Management Scientists (SAIMS)*, Mpekweni, 12–15, September 2010.

Joshi, S., Leichne, J., Melanson, K., Pruna, C., Sager, N., Story, C.J. & Williams, K. 2002. *Work-Life Balance: A case of social responsibility or competitive advantage?* Worklifebalance.com, Inc. http://www.worklifebalance.com [6 September 2010].

Karasek, R. 1979. Job demands, job decision latitude and mental strain: implications for job design*. Administrative Science Quarterly*, 24: 285-306.

Karasek, R. & Theorell, T. 1990*. Healthy work: stress, productivity and the reconstruction of working life.* New York: Basic Books.

Katz, D. & Kahn, R. L. 1978. *The social psychology of organizations.* 2nd ed. New York: John Wiley and Sons.

Kazmi, R., Amjad, S. & Khan, D. 2008. Occupational stress and its effect on job performance: a case study of medical house officers of district Abbotabad. *J Ayub Med Coll Abbotabad*, 20(3): 135–139.

Kelly, S., Charlton, J. & Jenkins, R. 1995. Suicide deaths in England and Wales, 1982–1992: the contribution of occupation and geography. *Population Trends,* 80.

Kendall-Tackett, K. 2009. Psychological trauma and physical health: a psychoneuroimmunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma: Theory, Research Practice and Policy*, 1: 35–48.

Kiley, J. 2012. Workplace motivation and emotion. In Bergh, Z. (ed). *Introduction to Work Psychology.* Cape Town: Oxford University Press Southern Africa: 201-202.

Kinman, G. 1998. *Pressure points: a survey into the causes and consequences of occupational stress in the UK academics and related staff.* London: Association of University Teachers.

Kinman, G. 2001. Pressure points: a review of research on stressors and strains in UK academics. *Educational Psychology*, 21: 473–492.

Kinman, G. & Jones, F. 2003. Running up and down the escalator: stressors and strains in UK academics. *Quality in Higher Education*, 9: 21–38.

Klaas, N. P. 2007. Factors influencing the retention of nurses in the rural health facilities of the Eastern Cape Province. Unpublished Master's thesis. Pretoria: University of South Africa.

Kluge. M. A. 2005. It's never too late to dare: outdoor adventure programming for the age wave. *Journal of Physical Education, Recreation and Dance,* 75(5): 39–46.

Kraak, A. & Perold, H. (eds). 2003. *Human Resources Development Review, 2003. Education, Employment and Skills in South Africa.* HSRC Press, e-book http://www.hsrc.ac.za/Research_Publication-4426.phtml [9 May 2011].

Krueger, R. A. & Casey, M. A. 2000. *Focus groups: a practical guide for applied research.* 3rd ed. Thousand Oaks, CA: SAGE.

Küskü, F. 2003. Employee satisfaction in higher education: the case of academic and administrative staff in Turkey. *Career Development International*, 8: 347–356.

Laloo, E. A. 2010. Wellness Report: 2009. Cape Town: University X.

Laloo, E. A. 2011. The employment assistance programme at University X. *Moja*: 9, February/March.

Lange, L. 2012. The public purposes of the university: a historical view, 1995-2010. In Leibowitz, B. (ed). *Higher education for the public good: views from the south.* Stellenbosch Trentham Books in association with Sun Media: 45–57.

Laszlo, A. & Krippner, S. 1998. Systems theories: their origins, foundations and development. In Jordan, J. S. (ed.). *Systems theories and a priori aspects of perception*. Amsterdam: Elsevier Science: 47-74.

Launis, K. & Pihlaja, J. 2007. Changes in production concepts emphasize problems in work-related well-being. *Safety Science*, 45: 603–619.

Lazarus, R. S. & Folkman, S. 1984. *Stress, appraisal, and coping*. New York: Springer-Verlag.

Leather, P. J., Lawrence, C., Beale, D. & Cox, T. 1998. Exposure to occupational violence and the effects of intra-organisational support. *Work & Stress*, 12: 161–178.

Le Fevre, M., Matheny, J. & Kolt, G. S. 2003. Eustress, distress and interpretation in occupational stress. *Journal of Managerial Psychology*, 18: 726–744.

Leibowitz, B. 2012. Introduction: reflections on higher education and the public good. In Leibowitz, B. (ed). *Higher education for the public good: views from the south*. Stellenbosch: Trentham Books in association with Sun Media: xvii – xxvii.

Leibowitz, B. & Holgate, D. 2012. Critical professionalism: a lecturer attribute for troubled times. In Leibowitz, B. (ed). *Higher education for the public good: views from the south.* Stellenbosch: Trentham Books in association with Sun Media: 165–178.

Leiter, M. P. & Maslach, C. 1988. The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior*, 9: 297–308.

Leiter, M. P. & Wahlen, J. 1996. The role of employee assistance counselors in addressing organization problems. *Employee Assistance Quarterly,* 12(1): 15–28.

Lesch, N. K. 2005. Motorola drives strategic initiatives through collaboration and interdependence. *The Integration of Employee Assistance, Work/Life, and Wellness Services*, 77: 203–217.

Levert, T., Lucas, M. & Ortlepp, K. 2000. Burnout in psychiatric nurses: contributions of the work environment and a sense of coherence. *South African Journal of Psychology*, 30: 36–43.

Lewis, D. 1995. Why wellness programs fail. *Financial Executive, Employee Benefits*: 26–29, March/April.

Lindfors, P. M., Meretoja, O. A., Toyry. S. M., Luukkonen, R. A., Elovainio, M. J. & Leino, T. J. 2007. Job satisfaction, work ability and life satisfaction among Finnish anaesthesiologists. *Acta Anaesthesiologica Scandinavica,* 51: 815–822.

Lockwood, N. R. 2003. Work / life balance: challenges and solutions – 2003 Research Quarterly. *HR Magazine*, June.
http://findarticles.com/p/articles/mi_m3495/is_6_48/ai_1029468781
[6 September 2010].

London, S. 2003. *Higher education for the public good: a report from the national leadership dialogues.* Anne Arbour: National Forum of Higher Education for the Public Good.
http://www.scottlondon.com/reports/national_forum.pdf [January 2012].

Loscocco, K. A. & Roschelle, A. R. 1991. Influences on the quality of work and non-work life: two decades in review. *Journal of Vocational Behavior*, 39: 182–225.

Lubatkin, M. 1983. Mergers and performance of the acquired firm. *Academy of Management Review,* 8(2): 218–225.

Lubbe, J. P. H. 2010. Worksite Wellness Programs. Johannesburg: Wellness Africa.

Luthans, F. 2008. *Organizational behavior.* Boston: McGraw-Hill.

MacGregor, K. 2013. Re-envisioning higher education through curriculum reform. *University World News*, 290. http://www.universityworldnews.com/article.php?story=
20131004144945629. [9 October 2013].

Makrides, L. 2004. The case for workplace health promotion. *Newsbeat of CACR*, 12: 1–6.

Malouf, M. 2011. Implementing a strategic approach to employee wellness – globally and locally. *Benefits Quarterly*: 13-16, Fourth Quarter.

Mamdani, M. 2011. *The importance of research in a university.* http://pambazyka.org/en/category/feautures/72782 [9 May 2011].

Maree, J. G. & Eiselen, R. J. 2004. The emotional intelligence profile of academics in a merger setting. *Education and Urban Society,* 36(4): 482–504, August. http://eus.sagepub.com/content/36/4/48 [9 October 2013].

Martin, A. & Roodt, G. 2008. Perceptions of organisational commitment, job satisfaction and turnover intentions in a post-merger South African tertiary institution. *SA Journal of Industrial Psychology,* 34(1): 23–31.

Maslach, C. 1982. *Burnout: the cost of caring.* Englewood Cliffs, NJ: Prentice Hall.

Maslach, C. 2003. Job burnout: new directions in research and intervention*. Current Directions in Psychological Science*, 12(5): 189–192, October.

Maslach, C. & Goldberg, J. 1998. Prevention of burnout: new perspectives. *Applied & Preventative Psychology*, 7: 63–74.

Maslach, C. & Leiter, M. P. 1995. Teacher burnout: a research agenda. Symposium presented as part of the conference: Teacher Burnout. Marbach, Germany.

Maslach, C., Schaufeli, W. B. & Leiter, M. P. 2001. Job burnout. *Annual Review of Psychology*, 52: 397–422.

Maslow, A. H. 1943. A theory of human motivation. *Psychological Review*, 50: 370–396, July.

Mathur, R. N. 1989. *Quality of working life of women construction workers.* New Dehli, India: Commonwealth Publishers.

Maynard, H. B. & Mehrtens, S. E. 1996. *The Fourth Wave.* San Francisco: Berrett-Koehler Publishing.

McGowan, M. L. 2000. The think tank an outdoor adventure education and spiritual development. *Horizons*, 9: 15-19.

McInnis, C. 2000. Changing academic work roles: the everyday realities challenging quality in teaching. *Quality in Higher Education,* 6: 143–152.

McKenna, S. 2012. Interrogating the academic project. In Quinn, L. (ed.). *Re-imagining academic staff development: spaces for disruption.* Stellenbosch: Sun Media: 15–26.

McLean, M. 2006. *Pedagogy and the university: critical theory and practice.* London: Continuum.

Merina. A. 1992. Wellness at work. *NEA Today,* 10(6): 4.

Meyer, M. 2006. The current demand for HR staff in South Africa: a content analysis of HR employment opportunities. Pretoria: University of South Africa.

Meyer, M. 2013a. Help us create HR standards and metrics. *HR Future*: 22-25, January.

Meyer, M. 2013b. HR chiefs write national HR standards. *HR Future*: 26-27, June.

Meyer, M. 2013c. National HR Standards are rolled out. Overview of the HR Standards definitions. *HR Future*: 16 & 18, August.

Meyer, M. & Abbott, P. 2015. The HR professional's research agenda 2015 and beyond. Parktown, South Africa: SA Board for People Practices.

Meyer, M., Bushney, M., Mey, M., Joubert, P. & Van der Merwe, J. 2010. *8th Annual ASTD state of the South African Learning and Development Industry Report*. ASTD Global Network South African in association with South African Board for People Practices.

Michie, S. 2002. Causes and management of stress at work. *Occup Environ Med*, 59: 67–72.

Miller, L. 2010. Coaching as means of rebuilding trust in a post- recession world. *Human Resource*, 15(3): 22-23, September.

MIND. 2005. *MIND guide to surviving work life.* http://www.mind.org.uk/Information/Booklets/Mind+guide+to/worklife.htm [June 2005].

Mlambo-Ngcuka, P. 2006. Address delivered by the Deputy President, Phumzile Mlambo-Ngcuka at the launch of the Joint Initiative for Priority Skills Acquisition (JIPSA), President Guest House. Pretoria: South African Government Information.

Moller, M. 2013. Interview with the researcher on 12 November 2013, Cape Town.

Monette, D. R., Sullivan, T. J. & De Jong, C. R. 2005. *Applied social research: a tool for the human services.* 6th ed. Australia: Thomson Brooks/Cole.

Moodley, T. 2010. Employers ignore workplace stress at their peril. *The Star*. 5, September 15.

Morrison, E. W. & Robinson, S. L. 1997. When employees feel betrayed: a model of how psychological contract violation develops. *Academy of Management Review*, 22: 226–256.

Motala, E. 2005. *Transformation revisited.* Johannesburg: CEPD.

Mouton, J. 2008. *How to succeed in your master's & doctoral studies: a South African guide and resource book.* Pretoria, South Africa: Van Schaik Publishers.

Mullins, L. J. 1999. *Management and organisational behaviour.* 5th ed. Harlow, England: Financial Times Prentice Hall.

Mulvihill, M. 2003. The definition and core practices of wellness. *Journal of Employee Assistance*: 13–15, 4th Quarter.

Murphy, L. R. 1988. Workplace interventions for stress reduction and prevention. In Cooper, C. L. & Payne, R. (eds). *Causes, coping, and consequences of stress at work.* Chichester: John Wiley & Sons: 301-331.

Murphy, L. R. 1995. Managing job stress: an employee assistance / human resource management partnership. *Personnel Review*, 24(1): 41–50.

Murphy, L. R. & Hurrell, J. J. 1987. Stress management in the process of organizational stress reduction. *Journal of Managerial Psychology*, 2: 18–23.

Murphy, L. R. & Sauter, S. L. 2003. The USA perspective: current issues and trends in the management of work stress. *Australian Psychologist*, 38: 151–157.

Naidoo, A. V. & Jano, R. 2003. The role of EAPs the SA context. *The social work practitioner – researcher: A Journal on the Application of Research in Practice,* 15(2): 113-127.

Nel, P., Werner, A., Poisat, P., Sono du Plessis, A., & Ngalo, O. 2011. *Human Resources Management.* 8th ed. Cape Town: Oxford University Press.

Nelson, D. & Cooper, C. L. (eds). 2007. *Positive organizational behavior*. London: Sage Publications.

Nelson, D. L. & Simmons, B. L. 2003. Health psychology and work stress: a more positive approach. In Quick, J. C. & Tetrick, L. E. (eds). *Handbook of occupational health psychology.* Washington, DC: American Psychological Association: 97–119.

Netemeyer, R. G., Boles, J. S. & McMurrian, R. 1996. Development and validation of work–family conflict and family-work conflict scales. *Journal of Applied Psychology*, 81: 400–410.

Neuman, W. L. 2003. *Social research methods: qualitative and quantitative approaches.* 5th ed. Boston: Allyn & Bacon.

Neuman, W. L. 2006. *Social research methods: qualitative and quantitative approaches.* 6th ed. Boston: Pearson Education Inc.

Nevid, J. S., Rathus, S. A. & Greene, B. 2008. *Abnormal psychology in a changing world.* 7th ed. Upper Saddle River, NJ: Pearson / Prentice Hall.

Newman, J. D. & Beehr, T. 1979. Personal and organizational strategies for handling job stress: a review of research and opinion. *Personnel Psychology*, 32: 1–43.

Noblet, A. J. & Rodwell, J. J. 2007. Integrating job stress and social exchange theories to predict employee well-being. *Academy of Management Proceedings:* 1–6.

Noblet, A. J. & Rodwell, J. J. 2010. Workplace health promotion. In Leka, S. & Houdmont, J. (eds). *Occupational Health Psychology*. West Sussex: Wiley–Blackwell Publishing Ltd: 157–193.

Nompula, T. I. 2007. An exploratory investigation of the factors that influence the retention of knowledge workers at the national energy regulator of South Africa. Unpublished Masters in Business Administration thesis. Grahamstown: Rhodes Investec Business School.

Nose Creek Sport Physical Therapy. 2011. *The top 10 benefits of physiotherapy.* http://www.calgaryphysicaltherapy.com/the-top-10-benefits-of-physiotherapy/ [5 December 2013].

Nyati, F. 2013. Focus your wellness programme. *HR Future*: 45, April.

Olivier, M. A. J., Venter, D. J. H. & De Lange, N. 2004. Emotional intelligence of academics. Paper presented at the 2nd South African Wellness Conference, Potchefstroom, March 2004.

Ondari-Okemwa, E. 2011. Knowledge production and distribution by institutions of higher education in sub-Saharan Africa: opportunities and challenges. *South African Journal of Higher Education*, 25(7): 1447–1469.

Oshagbemi, T. 1996. Job satisfaction of UK academics. *Educational Management and Administration,* 2: 389–400.

Oxford Advanced Learner's Dictionary. 6th ed. 2004. Oxford: Oxford University Press.

Park, J. 2007. Work stress and job performance. *Statistics Canada*: 5-17, December.

Parker, M. & Jary, D. 2005. The McUniversity-organization, management and academic subjectivity. *Organization,* 2: 319–338.

Parkes, K. R. & Sparks, T. J. 1998. *Organizational interventions to reduce work stress: are they effective? A review of the literature.* Sudbury: HSE Books.

Parra-Sandoval, M., de Carmona, A. & Gonzalez, A. 2010. *University: the last call?* Maracaibo: Ediciones Astro Data.

Payne, L. & Usatine, R. 2002. *Yoga Rx: a step–by–step program to promote health, wellness and healing for common ailments.* New York: Broadway Books.

Peeters, M. C. & Le Blanc, P. M. 2001. Matching the support between job demands and sources of social support: a study among oncology care providers*. European Journal of Work & Organisational Psychology,* 10: 53–72.

Pennebaker, J. 1990. *Opening up: the healing power of confiding in others*. New York: Morrow.

Pienaar, C. & Bester, C. 2009. Addressing career obstacles within a changing higher education work environment: perspectives of academics. *South African Journal of Psychology,* 39(3): 376–385. http://sap.sagepub.com/content/39/3/376 [9 October 2013].

Pitman, T. 2000. Perceptions of academics and students as customers: a survey of administrative staff in higher education. *Journal of Higher Education Policy and Management*, 22: 165–176.

Pleck, J. H., Graham, L. S. & Linda, L. 1980. Conflicts between work and family life. *Monthly Labor Review*, 103: 29-33.

Plotnikoff, R., Poon, P., Prodaniuk, T. & McGannon, K. 2004. Can workplace active living work? Perspectives from the workplace. *AVANTE*, 10(2): 57–70.

Porter, M. V. 2005. Wellness at work. *Association Management,* 57(4): 49–54.

Potgieter, C. 2002. *Black Academics on the move.* Pretoria, South Africa: Centre for Higher Education Transformation (CHET).

Principia Cybernetica. 1992. What is systems theory? http://www.pespmc1.vub.ac.be/systheor.html [14 October 2014].

Punch, K. F. 2005. *Introduction to social research: quantitative and qualitative approaches.* 2nd ed. London: SAGE.

Randall, R. & Lewis, R. 2007. Stress management interventions. In Donaldson–Feilder, E. (ed.). *Well-being and Performance*. London: CIPD.

Randall, R. & Nielsen, K. 2010. Interventions to promote well-being at work. In Leka, S. & Houdmont, J. (eds). *Occupational Health Psychology.* Hoboken, West-Sussex: Wiley–Blackwell: 88–123.

Randall, R., Griffiths, A. & Cox, T. 2005. Evaluating organizational stress-management interventions using adopted study designs. *European Journal of Work and Organizational Psychology*, 14: 23-41.

Rapoport, A. 1968. General system theory. *The international encyclopaedia of social sciences*, 15: 452-458.

Renaud, L., Kishchuk, N., Juneau, M., Nigam, A., Tétreault, K. & Le Blanc, M. 2008. Implementation and outcomes of a comprehensive worksite health promotion programme. *Canadian Journal of Public Health,* 99(1): 73–77.

Rensburg, I. 2013. Runaway numbers squeeze universities. *Sunday Times:* 5, January 13.

Research Councils UK. n.d. *Multidisciplinary Research.* http://www.rcuk.ac.uk/RCUKPrinterFriendly?postingGUID={149BC3C0-B864-4620 [9 April 2009].

Reynolds, L. 1989. New illnesses in the age of computers. *Management Review*: 56, August.

Richardson, J. & McKenna, S. 2003. International experience and academic careers – what do academics have to say? *Personnel Review,* 8: 774–795.

Riggio, R. E. 2008. *Introduction to industrial / organizational psychology.* 5th ed. Upper Saddle River, NJ: Pearson Prentice-Hall.

Riggs, C. J. & Rantz, M. J. 2001. A model of staff support to improve retention in long-term care. *Nursing Administration Quarterly*, 19(4): 43–54.

Rockefeller Foundation. 2001. *Partnership for higher education in Africa. 2003–2007. Case studies of higher education in Africa.* Oxford: James Curry.

Rose, R. C., Beh, L., Uli, J. & Idris, K. 2006. Quality of work life: implications of career dimensions. *Journal of Social Sciences*, 2(2): 61–67.

Rosen, L. N. & Moghadam, L. Z. 1990. Matching the support to the stressor: implications for the buffering hypothesis. *Military Psychology*, 2: 193–204.

Rosethorn, H. & Members of Bernard Hodes Group and Contributors. 2009. *The employer brand: keeping faith with the deal*. Farnham, Surrey: Gower.

Rosow, J. M. (ed.). 1974. *The worker and the job*. New York: The American Assembly, Columbia University.

Rosse, J. G., Boss, R. W., Johnson, A. E. & Crown, D. F. 1991. Conceptualizing the role of self-esteem in the burnout process. *Group and Organization* Studies, 16: 197–204.

Rothmann, S. & Barkhuizen, N. 2008. Burnout of academic staff in South African higher education institutions. *South African Journal of Higher Education*, 22(2): 439–456.

Rothmann, S., Barkhuizen, N. & Tytherleigh, M. Y. 2008. Model of work-related ill health of academic staff in a South African higher education institution. *South African Journal of Higher Education,* 22(2): 404–422.

Rothmann, S. & Essenko, N. 2007. Job characteristics, optimism, burnout, and ill health of support staff in a higher education institution in South Africa. *South African Journal of Psychology,* 37(1): 135–152.

Rule, P. & John, V. 2011. *Your guide to case study research.* Pretoria: Van Schaik Publishers.

Ryan, G. W. & Bernard, H. R. n.d. *Techniques to identify themes in qualitative data.* http://www.analytich-tech.com/mb870 [19 July 2001].

SABPP. 2013. HR Management System Application Standards: Draft for comments – October 2013. Johannesburg: South African Board for People Practices (SABPP).

Schaufeli, W. B. & Enzmann, D. 1998. *The burnout companion to study and practice: a critical analysis.* London: Taylor and Francis.

Schien, E. H. 1988. *Organizational Psychology.* 3rd ed. Englewood Cliffs, NJ: Prentice Hall.

Schindler, D. R. & Cooper, P. S. 2001. *Business research methods.* 7th ed. New York: McGraw-Hill.

Schuetz, R. 2006. Keynote address at the HR Institute of New Zealand Conference.

Sehoole, M. T. C. 2005. *Democratizing higher education policy. Constraints of reform in post-apartheid South Africa.* New York: Routledge.

Seiler, R. E. & Pearson, D. A. 1985. Dysfunctional stress among university faculty. *Educational Research Quarterly*, 9: 15–26.

Sekaran, U. 2003. *Research methods for business a skill building approach.* 4th ed. New York: John Wiley and Sons.

Seldin, P. 1987. Research findings on causes of academic stress. In Seldin, P. (ed.). *New directions for teaching and learning.* San Francisco, CA: Jossey–Bass.

Seligman, M. 1992. *Helplessness: on depression, development, and death.* San Francisco: Freeman and Company.

Selye, H. 1950. *Stress.* Montreal: Acta Incorporated.

Selye, H. 1956. *Stress of life.* New York: McGraw – Hill.

Shamir, B. & Salomon, I. 1985. Work-at-home and the quality of working life. *Academic Management*, 10: 455–464.

Sharpley, C. F., Reynolds, R., Acosta, A. & Dua, J. K. 1996. The presence, nature and effects of job stress on physical and psychological health at a large Australian university. *Journal of Education Administration*, 34: 73–86.

Shaw, G., Alfonso, H., Howat, P. A. & Corben, K. 2007. Use of pedometers in a workplace physical activity program. *Australasian Journal of Podiatric Medicine,* 41: 23–28.

Shevel, A. 2011. If you want a job, get a degree that fills a gap. *Sunday Times:* December 4.

Shore, C. 2010. Beyond the multiversity: neoliberalism and the rise of the schizophrenic university. *Social Anthropology / Anthropologie Sociale*, 18(1): 15 – 29.

Sieberhagen, C., Pienaar, J. & Els, C. 2011. Management of employee wellness in South Africa: employer, service provider and union perspectives. *SA Journal of Human Resource Management / SA Tydskrif vir Menslikehulpbronbestuur*, 9(1) # 305: 1–14.

Sieberhagen, C., Rothmann, S. & Pienaar, J. 2009. Employee health and wellness in South Africa: the role of legislation and management standards. *SA Journal of Human Resource Management / SA Tydskrif vir Menslikehulpbronbestuur*, 7(1) #144: 1–9.

Siegrist, J. 1996. Adverse health effects of high-effort / low-reward conditions at work. *Journal of Occupational Health Psychology*, 1: 27–43.

Singh, M. 1992. Transformation time! *Transformations*, 17: 48-60.

Singh, M. 2012. Re-inserting the 'public good' into higher education transformation. In Leibowitz, B. (ed). *Higher education for the public good: views from the south.* Stellenbosch: Trentham Books in association with Sun Media: 1–15.

Singh, S. N., Mishra, S. & Kim, D. 1998. Research-related burnout among faculty in higher education. *Psychological Reports*, 83: 463–473.

Smewing, C. & Cox. T. 1998. Employee assistance programmes and their place within universities. *British Journal of Guidance and Counselling,* 26: 273-286.

Smith, D. C. 1983. QWL, EI needed now more than ever. *Ward's Auto World*, 19: 12.

Snyder, C. R. & Lopez, J. (eds). 2002. *Handbook of positive psychology.* New York: Oxford University Press.

Society for Human Resource Management. n.d. *Glossary.* http://wfnetwork.bc.edu/glossary_entry.php?term=Employee%20Assistance%Program [28 June 2010].

Sonnentag, S. 2003. Recovery, work engagement, and proactive behaviour: a new look at the interface between nonwork and work. *Journal of Applied Psychology*, 88: 518–528.

South Africa. 1993a. *Occupational Health and Safety Act, No. 85 of 1993.* Pretoria: Government Printer.

South Africa. 1993b. *Compensation for Occupational Injuries and Disease Act, No.130 of 1993.* Pretoria: Government Printer.

South Africa. 1997*. Basic Conditions of Employment Act, No.75 of 1997*. Pretoria: Government Printer.

South Africa. 1998. *Skills Development Act, No 97 of 1998.* Pretoria: Government Printer.

South Africa. 2012. *Basic Conditions of Employment Act, No.75 of 1997: Determination: Earnings threshold.* Pretoria: Government Printer.

South Africa. Department of Education. 2001. *Higher Education Act.* Pretoria: Government Printer.

South Africa. Department of Education. 1997. *White Paper 3. A programme for the transformation of higher education.* Pretoria: Government Printer.

South Africa. Department of Education. 2001a. *National Plan for Higher Education*. Pretoria: Government Printer.

South Africa. Department of Education. 2001b. The *Restructuring of the Higher Education System in South Africa: Report of the National Working Group to the Minister of Education.* Pretoria: Government Printer.

South Africa. Department of Higher Education and Training. 2013. *Higher Education Qualifications Sub-Framework Act As revised January 2013.* Pretoria: CHE.

South Africa. Department of Labour. 1998. *Employment Equity Act, No. 55 of 1998*. Pretoria: Government Printer.

Sparks, C. 2007. Embodiment, academics and the audit culture: a story seeking consideration. *Qualitative Research*, 7(4): 521–550.

Sparks, K., Faragher, B. & Cooper, C. L. 2001. Well-being and occupation health in the 21st century workplace. *Journal of Occupational and Organizational Psychology*, 74(4): 489–509.

Sparrow, P. R. & Cooper, C. L. 2003. *The employment relationship: key challenges for HR*. Oxford: Butterworth Heinemann.

Sperry, L. 1996. *Corporate therapy and consulting*. New York: Brunner/ Mazel.

Stansfeld, S. & Candy, B. 2006. Psychosocial work environment and mental health: a meta–analytical review. *Scandinavian Journal of Work Environment and Health*, 32: 443–462.

Steers, R. M. & Porter, L. W. 1991. *Motivation and work behaviour*. 5th ed. New York: McGraw-Hill.

Steptoe, A. & Brydon, L. 2005. Psychoneuroimmunology and coronary artery disease. In Vedhara, K. & Irwin, M. (eds). *Human Psychoneuroimmunology.* Oxford: Oxford University Press.

Stoker, D. J. 1989. Basic sampling methods. In Schnetler, J. (ed.). *Survey methods and practice.* Pretoria, South Africa: Human Sciences Research Council.

Stoner, C. R. & Fry, F. L. 1983. Developing a corporate policy for managing stress. *Personne*l: 66–76, May/June.

Strümpfer, D. J. W. 1995. The origins of health and strength: from 'salutogenesis' to 'fortigenesis'. *South African Journal of Psychology*, 25(2): 81-89.

Strümpfer, D. J. W. & Mlonzi, E. 2001. Antonovsky's sense of coherence scale and job attitudes: three studies. *South African Journal of Psychology*, 31(2): 30-37.

Taris, T. W., Schreurs, P. J. G. & Van Iersel-Van Silfhout, I. J. 2001. Job stress, job strain, and psychological withdrawal among Dutch university staff: towards a dual–process model for the effects of occupational stress. *Work & Stress,* 15: 283–296.

Taylor, D. 2014. Make your investment in wellness count! *HR Future*: 16–17, June.

Teddlie, C. & Tashakkori, A. 2009. *Foundations of mixed methods research: integrating quantitative and qualitative approaches in the social and behavioral sciences.* Thousand Oaks, CA: SAGE.

Terblanche, L. 2011. Employee assistance programmes explained. *HR Future*: 25, April.

Tettey, W. J. 2006. *Staff retention in African universities: elements of a sustainable strategy.* Published World Bank report. Calgary: University of Calgary.

The Word Spy. 2002. *Work-life-balance.* http://www.worc1spy.com/words/work-lifebalance.asp [30 January 2003].

Thøgersen-Ntoumani, C. & Fox, K. 2005. Physical activity and mental well-being typologies in corporate employees: a mixed methods approach. *Work and Stress*, 19(1): 50–67.

Tubbs, W. 1993. Karoushi: stress–death and the meaning of work. *Journal of Business Ethics*, 12: 869–877.

Turner, N., Barling, J. & Zacharatos, A. 2002. Positive psychology at work. In Snyder, C. N. & Lopez, J. (eds). *Handbook of positive psychology*. New York: Oxford University Press: 715-728.

Tytherleigh, M. Y., Webb. C., Cooper, C. L. & Ricketts, L. 2005. Occupational stress in UK higher education institutions: a comparative study of all staff categories. *Higher Education Research & Development,* 1: 41–61.

Ulrich, D., Brockbank, W., Johnson, D., Sandholtz, K. & Younger, J. 2008. *HR competencies: mastery at the intersection of people and business*. Alexandria, VA: Society for Human Resource Management (SHRM).

Ungerer, M., Herholdt, J. & Uys, K. 2006. *Leveraging knowledge-based assets - The new value equation to create competitive advantage*. Johannesburg, South Africa: Knowledge Resources.

University of Pennsylvania Division of Human Resources. 2007. *Quality of Worklife.* http://www.hr.upenn.edu/quality/history.aspx [6 September 2010].

University X. 2010. Self-Evaluation Report 2010. South Africa.

University X. 2010. Strategies for creating futures at the University X. South Africa.

University X. n.d. *History of University X.* http://www.universityX.ac.za/about/history [25 September 2013].

University X. n.d. *University statistics and information.* http://www.universityX.ac.za/services/institutional-planning/data [25 September 2013].

Vaida, G. 2005. Sick leave costs SA millions. *Sunday Times*, 1, August 14.

Van den Ende, L. 2004. Corporate social responsibility in South Africa: fact or fiction. Unpublished Master's dissertation in Business Management. Johannesburg: Rand Afrikaans University.

Van der Merwe, A. 2009a. Health living is easier than you think. *HR Future*: 53, February.

Van der Merwe, A. 2009b. Wellness solutions. *HR Future*: 48–49, April.

Van der Merwe, A. n.d. *Health Stress Management.* http://www.healthstresswellness.com/index.asp?pgid=117 [25 June 2010].

Van Harrison, R. 1978. Person-environment fit and job stress. In Cooper, C. L. & Payne, R. (eds). *Stress at work*. Chichester, England: John Wiley & Sons.

Van Rooyen, J. 2002. *BarOn EQ-i™ training manual.* Johannesburg, South Africa: Jopie van Rooyen & Partners.

Venter, R., Levy, A., Conradie, M. & Holtzhausen, M. (eds). 2009. *Labour relations in South Africa.* 3rd ed. Cape Town: Oxford University Press Southern Africa.

Von Bertalanffy, L. 1950. An outline of general systems theory. *British Journal of Philosophy of Science*, 1: 134-264.

Voydanoff, P. 1988. Work role characteristics, family structure demands and work / family conflict. *Journal of Marriage and the Family*, 50: 749–761.

Walls, A. 2008. Resilience and psychoneuroimmunology: the role of adaptive coping in immune system responses to stress. Dissertation Abstracts International 2008: Section B: The Science and Engineering, 69: 1350.

Watkins, J. 2003. Wellness beats output slump. *People Management*, 9(25): 12.

Watts, W. D., Cox, L., Wright, L. S., Garrison, J., Herkimer, A. & Howze, H. H. 1991. Correlates of drinking and drug use by higher education faculty staff: implications for prevention. *Journal of Drug Education*, 21: 43–64.

Weber, Y., Lubatkin, M. & Schweiger, D. M. 1994. Top management turnover following mergers: a longitudinal study of perceptual and attitudinal determinants. Annual Meeting of Academy of Management, Dalls, Texas.

Webster, E. 2011. Challenges facing SA higher education. *Sunday Times:* 12, November 27.

Weintrob, J. 2011. High-calibre Somatology students at the ready as Wellness Clinic re-opens. *Moja*: 12, March/April.

Weiss, D. J., Dawis, R. V., England, G. W. & Lofquist, L. H. 1967. *Manual for Minnesota Satisfaction Questionnaire.* Minneapolis: University of Minnesota.

Welman, C., Kruger, F. & Mitchell, B. 2009. *Research Methodology.* 3rd ed. Cape Town: Oxford University Press.

Westman, M. & Etzion, D. 2001. The impact of vacation and job stress on burnout and absenteeism. *Psychology and Health*, 16: 595–606.

Wilburn, R. L. Reference for Business. n.d. *Quality of Work Life.* http://www.referenceforbusiness.com/management/Pr-Sa/Quality-of-Work-Life.html/ [6 September 2010].

Wilmont, C., Williams, B., Guest, J. & Amos, T. 2010. The factors that influence the retention of academics at a tertiary education institution: an exploratory study. *Proceedings of the 22nd Annual Conference of The Southern Africa Institute of Management Scientists,* Mpekweni, 12-15 September 2010: 1–22.

Wilson, J. L. 2001. *Adrenal fatigue: the 21st century stress syndrome.* Petaluma, CA: Smart Publications.

Winefield, A. H. & Jarrett, R. J. 2001. Occupational stress in university staff. *International Journal of Stress Management*, 8: 285–298.

Winefield, A. H., Gillespie, N., Stough, C., Dua, J. & Hapuararchi, J. 2002. *Occupational stress in Australian universities: a national survey.* Melbourne, Australia: National Tertiary Education Union.

Winter, R., Taylor, T. & Sarros, J. 2000. Trouble at mill: quality of academic work life issues within a comprehensive Australian university. *Studies in Higher Education,* 25: 279–294.

Wojcik, J. 2007. Employers spot link between health, profit. *Business Insurance*, 41(50): 120.

Wolfe, R., Parker, D. & Napier, N. 1994. Employee health management and organizational performance. *Journal of Applied Behavioural Science*, 30(1): 22-42.

Wolters Kluwer Health / Lippincott Williams & Wilkins. 2009. Understanding Type 2 diabetes. South Africa: Proactive Hygiene Solutions SA.

World Health Organization. 2002. *Constitution of the World Health Organization.* http://whqlibdoc.who.int/hist/official_records/constitution.pdf [26 June 2004].

World Health Organization. n.d. *Occupational health: Stress at the workplace.* http://www.who.int/occupational_health/topics/stressatwp/en/ [19 August 2013].

Wynne, R. & Rafferty, R. 1999. Ireland: stress prevention in an airport management company. In Kompier, M. & Cooper, C. L. (eds). *Preventing stress, improving productivity: European case studies in the workplace.* London: Routledge: 242–261.

Yale University. 2010. *Worklife Program.* http://www.yale.edu/hronline/worklife [6 September 2010].

Yerkes, R. M. & Dodson, J. D. 1908. The relation of strength of stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology*, 18: 459–482.

Zhu, Y., May, S. K. & Rosenfield, L. B. 2004. Information adequacy and job satisfaction during merger and acquisition. *Management Communication Quarterly,* 18(2): 241–270.

Employee Wellness Questionnaire

This questionnaire is designed to determine the employee wellness (EW) needs and expectations of Higher Education Institutions' staff across South Africa. The EW questionnaire is divided into two sections; biographical information in section A and employee wellness statements in section B.

If you wish to participate in this questionnaire, please read and sign the research participant informed consent form (next page of this document).

Please return the signed informed consent form and completed employee wellness questionnaire to the researcher, Liiza Gie by no later than **Friday, 14 December 2012**. You may either post or e-mail (in PDF format) the documents to:

Ms. Liiza Gie
Cape Peninsula University of Technology   or   giel@cput.ac.za   or   Room 3.21,
Commerce
Faculty of Business
Department of Human Resource Management
PO Box 652
Cape Town
8000

Thank you for making a difference in Higher Education.

Kind Regards

Ms. Liiza Gie
Doctor Technologiae: Human Resource Management student

Research Participant Informed Consent Form

Research Title: Theoretical and practical perspectives of Employee Wellness Programmes (EWP) at selected South African universities

Researcher: Ms. Liiza Gie

Supervisor: Prof. Andre Slabbert

Introduction:
I extend an invitation to you for participation in the Employee Wellness (EW) questionnaire at selected South African universities. Please note that taking part in this research is entirely voluntary. Should you wish to take part, please sign this form below, indicating your willingness to participate.

The purpose of this research study:

- ➢ To propose an EWP that is aimed at promoting quality work life balance for higher education institutions' (HEIs') staff;
- ➢ To provide HEIs' staff with a support system that could alleviate the impact of their everyday work and personal challenges;
- ➢ To prevent HEIs' staff from experiencing job burnout and health related problems; and
- ➢ To promote optimal wellness and performance at work.

Research method:
This is a quantitative self-administered questionnaire, designed to determine the employee wellness needs and expectations of Higher Education Institutions' (HEIs') staff across South Africa. This is a comprehensive questionnaire and your honest responses will be highly appreciated.

Potential Benefits:
The significance of this research study is to recommend an Employee Wellness Programme (EWP), which is specifically designed for staff in a changing higher education environment. Research outcomes could benefit higher education institutions' staff in terms of their wellness and performance needs.

Statement of Ethics:
Confidentiality of responses will be ensured and no HEI or individual employee will be prejudice for participating in this study, while quality control and secure storage of data will be maintained. All participants will remain anonymous and no probability of harm exists.

Contact Information for Questions or Concerns:
For any further information about this research, clarity on the statements and/or concerns please do not hesitate to contact the researcher, Liiza Gie at (021) 460 3919 or (giel@cput.ac.za).

Participant: By signing this consent form, you indicate that you are voluntarily choosing to take part in this research.

_____   _____
Signature of Participant   Date Returned

SECTION A: Biographical Information

1. Age grouping:

☐ 18-25   ☐ 26-35   ☐ 36-45   ☐ 46-55   ☐ 56-65   ☐ 66 years and beyond

2. Gender:

☐ Male   ☐ Female

3. Occupation:

☐ Administrative (support & services) staff   ☐ Academic (lecturing) staff

☐ Managerial (Head of Department and/or higher level) staff

4. Length of service in higher education:

☐ 0-5 years   ☐ 6-10 years   ☐ 11-15 years   ☐ 16-20 years

☐ 21-25 years   ☐ 26-30 years   ☐ 31-35 years   ☐ 36 and more years

5. Highest qualification obtained:

☐ National Senior Certificate   ☐ 3-year Diploma   ☐ Undergraduate Degree

☐ BTech Degree / Advanced Diploma   ☐ Honours Degree / Post Graduate Diploma

☐ Masters Degree   ☐ Doctoral Degree   ☐ Other

SECTION B: Employee Wellness Statements

Please respond to the following statements by making a cross (x) in the appropriate box	1 Never	2 Seldom	3 Most of the time	4 All of the time
1. I maintain a healthy diet, (such as low fat, low sugar, fresh fruits and vegetables, whole grains and nuts).				
2. I find it easy to maintain my ideal body weight.				
3. I sleep the required 7-8 hours each night.				
4. I have enough energy to meet my daily work and family responsibilities.				
5. I frequently suffer from physical complaints such as headaches, lingering cold / flu, sore throat and/or backaches.				
6. I schedule regular (once per month) body massages.				
7. I engage in regular (2-3 times per week) physical activities, including walking, running, swimming, cycling, and/or yoga.				
8. I have regular (at least every second day) effortless bowel movements.				
9. I rely on stimulants (such as caffeine, nicotine, alcohol and / or drugs) to keep me going throughout the day.				
10. I have the ability to concentrate on my job tasks.				
11. I am able to adjust my attitude as a result of the changing work environment.				
12. I feel that I am working harder and harder but not accomplishing as much as I put in.				
13. I am able to safely express my fear and anger.				
14. I engage in meditation, contemplation or psychotherapy to better understand my feelings.				
15. I take time to relax on my own, away from everything and everyone.				
16. I commit time to reflect on my life, both good and bad experiences.				
17. I take time for prayer and/or connecting to my spiritual beliefs.				
18. I feel depressed and isolated at work.				
19. Equipment necessary to perform my job functions, such as photocopy machine, scanner, fax, laptop, data projector, overhead projector, flipchart stand and paper are working and available for usage.				
20. I feel irritable and short-tempered at home.				
21. I feel valued at work.				
22. I can freely discuss my work problems with my superior without the fear of victimization.				

Please respond to the following statements by making a cross (x) in the appropriate box	1 Never	2 Seldom	3 Most of the time	4 All of the time
23. I feel frustrated at work, and powerless to make the changes that I want to see.				
24. I feel safe at work.				
25. I feel negative and detached from my colleagues				
26. I receive recognition for work well done.				

Please note a change in description of the rating scale for next set of statements

Please respond to the following statements by making a cross (x) in the appropriate box	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
27. Everyone experiences difficult or painful times in their life.				
28. I have experienced a physical medical condition caused by job stress.				
29. My difficult or painful experiences enabled me to grow and become a better person.				
30. Labour legislation provides sick leave and it is my right to use it when I do not feel like going to work.				
31. I go out of my way to help others.				
32. I have experienced an emotional / mental medical condition caused by job stress.				
33. I feel a sense of belonging to a group or community.				
34. I expect my employer to provide a comprehensive medical aid for me and my family.				
35. A certain amount of stress is good for keeping me on my toes.				
36. I expect my employer to provide staff counseling via Employee Assistance Programmes (EAP).				
37. I can take time out in a busy day to breathe and refocus my energy.				
38. I expect my employer to provide a sustainable pension / provident fund for my retirement.				
39. I have a trusted friend / peer at work that I can share my frustrations with.				

Please respond to the following statements by making a cross (x) in the appropriate box	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
40. I expect my employer to consider, understand and be flexible to my family responsibilities.				
41. I do not need any stimulants, (such as caffeine, nicotine, alcohol and/or drugs) to cope with my stress.				
42. I expect my employer to promote racial diversity in the workplace.				
43. I work in a healthy environment with respect to clean air, water and indoor pollution.				
44. I have self confidence to discuss my work problems with my immediate superior.				
45. I expect my employer to provide career opportunities for future promotions and career prospects.				
46. I have specific goals in my professional life.				
47. I prefer to exercise, (such as walking, running, swimming, cycling and/or yoga) in order to relieve my stress.				
48. I expect my employer to promote quality of work life balance.				
49. I prefer to work under pressure as it makes me feel alive.				
50. I expect my employer to promote gender equality in the workplace.				
51. I believe that change is a normal part of life and need to adapt to it.				
52. When I am stressed, I have difficulty concentrating on my work.				
53. I expect my employer to provide training interventions, (such as lifestyle management, nutrition, stress management, conflict resolution, and health awareness) for all staff.				
54. I have an optimistic outlook on work and life.				
55. When I am stressed, I lose my temper with colleagues who irritate me.				
56. I expect my employer to respect weekends / holidays as my time for rest and relaxation.				
57. My current job utilizes my strengths and talents.				
58. When I am stressed, I keep my stress at work under control, but when I get home I let loose and take my frustration out on my family.				
59. I expect my employer to offer physical activities, including walking, running, swimming, cycling and/or yoga during lunch times.				
60. When I am stressed, I do not want to see or talk to other people.				
61. I have a work space that is fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting.				

Please respond to the following statements by making a cross (x) in the appropriate box	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree
62. When I am stressed, I lose my temper with students who irritate me.				
63. It is the norm at my workplace not to take lunch and eat at your desk.				
64. When I am stressed, the quality of my work performance is negatively affected.				
65. Equipment necessary to perform my job functions, (such as photocopy machine, scanner, fax, laptop, data projector, overhead projector, flipchart stand and paper are working) and available for usage.				
66. My employer provides healthy food options at the workplace.				
67. I have the freedom to practice my religion without fear of discrimination from colleagues.				
68. When I am stressed, I scream or shout or curse people who make me upset.				
69. My employer promotes two-way communication, from top down and bottom up.				
70. I am grateful for the blessings in my life.				
71. Staff performance, either good or bad, matters to my superior.				
72. I enjoy a day of rest completely away from work.				
73. When I do not feel like going to work, I phone in sick.				
74. I feel a sense of purpose for my life.				
75. I have the ability to forgive myself for mistakes.				
76. When I am stressed, I struggle to sleep at night.				
77. I have long-term career prospects with my current employer.				
78. I experience intimacy in my committed relationships.				
79. I have trust in our executive management.				

Thank you for your participation ☺

Some questions have been adapted from work done by the following authors and are recognized as such below:

American Public Welfare Association. 1981. Burnout Questionnaire. *Public Welfare*, 39(1).

Jay, J. & Shapiro, B. *s.a. The Wellness Self-Test.* http://www.Westchester-Ent.com [9 May 2011].

Wilson, J. L. 2001. *Adrenal Fatigue: The 21st Century Stress Syndrome.* Petaluma, CA: Smart Publications.

APPENDIX B: DESCRIPTIVE STATISTICAL DATA

Original employee wellness questionnaire: frequency table

Variables	Categories	ORIGINAL SURVEY	
		Frequency	**Percentage out of total**
Biographic variables			
1. Age	18-25 Yrs	2	4.1%
	26-35 Yrs	14	28.6%
	36-45 Yrs	17	34.7%
	46-55 Yrs	4	8.2%
	56-65 Yrs	12	24.5%
2. Gender	Male	23	46.9%
	Female	26	53.1%
3. Occupation	Administrative	6	12.2%
	Academic	37	75.5%
	Managerial	6	12.2%
4. Length of service	0-5 Yrs	13	26.5%
	6-10 Yrs	14	28.6%
	11-15 Yrs	11	22.4%
	16-20 Yrs	7	14.3%
	21-25 Yrs	1	2.0%
	26-30 Yrs	2	4.1%
	31-35 Yrs	1	2.0%
5. Highest qualification	National Senior Certificate	3	6.1%
	BTech Degree / Advanced diploma	9	18.4%
	Honours Degree / Post Graduate Diploma	4	8.2%
	Master's Degree	25	55.1%
	Doctoral Degree	6	12.2%
Measuring instrument – employee wellness statements			
1. I maintain a healthy diet	Never	1	2.0%
	Seldom	16	32.7%
	Most of the time	32	65.3%
	All the time	0	0.0%
2. I find it easy to maintain my ideal body weight	Never	10	20.4%
	Seldom	16	32.6%
	Most of the time	21	42.9%
	All the time	2	4.1%
3. I sleep the required 7-8 hours each night	Never	4	8.2%
	Seldom	22	44.9%
	Most of the time	21	42.9%
	All the time	2	4.1%
4. I have enough energy to meet my daily work and family responsibilities	Never	1	2.0%
	Seldom	10	20.4%
	Most of the time	32	65.3%
	All the time	6	12.2%
5. I frequently suffer from physical complaints such as headaches, lingering cold/flu,	Never	4	8.2%
	Seldom	32	65.3%
	Most of the time	10	20.4%

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Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
sore throat and/or backaches	All the time	3	6.1%
5. I **DO NOT** frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Never	3	6.1%
	Seldom	10	20.4%
	Most of the time	32	65.3%
	All the time	4	8.2%
6. I schedule regular body massages	Never	42	85.7%
	Seldom	4	8.2%
	Most of the time	3	6.1%
	All the time	0	0.0%
7. I engage in regular physical activities, including walking, running, swimming, cycling, and/or yoga	Never	4	8.2%
	Seldom	22	44.9%
	Most of the time	16	32.6%
	All the time	7	14.3%
8. I have regular effortless bowel movements	Never	1	2.0%
	Seldom	8	16.3%
	Most of the time	20	40.8%
	All the time	20	40.8%
9. I rely on stimulants to keep me going throughout the day	Never	27	55.1%
	Seldom	9	18.4%
	Most of the time	12	24.5%
	All the time	1	2.0%
9. I **DO NOT** rely on stimulants to keep me going throughout the day	Never	1	2.0%
	Seldom	12	24.5%
	Most of the time	9	18.4%
	All the time	27	55.1%
10. I have the ability to concentrate on my job tasks	Never	0	0.0%
	Seldom	2	4.1%
	Most of the time	28	57.1%
	All the time	19	38.8%
11. I am able to adjust my attitude as a result of the changing work environment	Never	1	2.0%
	Seldom	7	14.3%
	Most of the time	31	63.3%
	All the time	10	20.4%
12. I feel that I am working harder and harder but not accomplishing as much as I put in	Never	3	6.1%
	Seldom	22	44.9%
	Most of the time	18	36.7%
	All the time	6	12.2%
12. I **DO NOT** feel that I am working harder and harder but not accomplishing as much as I put in	Never	6	12.2%
	Seldom	18	36.7%
	Most of the time	22	44.9%
	All the time	3	6.1%
13. I am able to safely express my fear and anger	Never	7	14.3%
	Seldom	20	40.8%
	Most of the time	16	32.6%
	All the time	6	12.2%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
14. I engage in meditation, contemplation or psychotherapy to better understand my feelings	Never	27	55.1%
	Seldom	14	28.6%
	Most of the time	4	8.2%
	All the time	4	8.2%
15. I take time to relax on my own, away from everything and everyone	Never	7	14.3%
	Seldom	23	46.9%
	Most of the time	14	28.6%
	All the time	5	10.2%
16. I commit time to reflect on my life, both good and bad experiences	Never	4	8.2%
	Seldom	22	44.9%
	Most of the time	18	36.7%
	All the time	5	10.2%
17. I take time for prayer and/or connecting to my spiritual beliefs	Never	4	8.2%
	Seldom	6	12.2%
	Most of the time	26	53.1%
	All the time	13	26.5%
18. I feel depressed and isolated at work	Never	14	28.6%
	Seldom	22	44.9%
	Most of the time	12	24.5%
	All the time	1	2.0%
18. I **DO NOT** feel depressed and isolated at work	Never	1	2.0%
	Seldom	12	24.5%
	Most of the time	22	44.9%
	All the time	14	28.6%
19. Equipment necessary to perform my job functions are working and available for usage	Never	13	26.5%
	Seldom	21	42.9%
	Most of the time	8	16.3%
	All the time	7	14.3%
20. I feel irritable and short-tempered at home	Never	7	14.3%
	Seldom	31	63.3%
	Most of the time	11	22.4%
	All the time	0	0.0%
20. I **DO NOT** feel irritable and short-tempered at home	Never	0	0.0%
	Seldom	11	22.4%
	Most of the time	31	63.3%
	All the time	7	14.3%
21. I feel valued at work	Never	12	24.5%
	Seldom	22	44.9%
	Most of the time	9	18.4%
	All the time	6	12.2%
22. I can freely discuss my work problems with my superior without the fear of victimization	Never	10	20.4%
	Seldom	12	24.5%
	Most of the time	18	36.7%
	All the time	9	18.4%
23. I feel frustrated at work, and powerless to make the	Never	6	12.2%
	Seldom	17	34.7%
	Most of the time	14	28.6%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
changes that I want to see	All the time	12	24.5%
23. I **DO NOT** feel frustrated at work, and powerless to make the changes that I want to see	Never	12	24.5%
	Seldom	14	28.6%
	Most of the time	17	34.7%
	All the time	6	12.2%
24. I feel safe at work	Never	11	22.4%
	Seldom	10	20.4%
	Most of the time	20	40.8%
	All the time	8	16.3%
25. I feel negative and detached from my colleagues	Never	14	28.6%
	Seldom	23	46.9%
	Most of the time	11	22.4%
	All the time	1	2.0%
25. I **DO NOT** feel negative and detached from my colleagues	Never	1	2.0%
	Seldom	11	22.4%
	Most of the time	23	46.9%
	All the time	14	28.6%
26. I receive recognition for work well done	Never	10	20.4%
	Seldom	18	36.7%
	Most of the time	18	36.7%
	All the time	3	6.1%
27. Everyone experiences difficult or painful times in their life	Strongly Disagree	2	4.1%
	Disagree	0	0.0%
	Agree	18	36.7%
	Strongly Agree	29	59.2%
28. I have experienced a physical medical condition caused by job stress	Strongly Disagree	8	16.3%
	Disagree	14	28.6%
	Agree	19	38.8%
	Strongly Agree	8	16.3%
28. I have **NOT** experienced a physical medical condition caused by job stress	Strongly Disagree	8	16.3%
	Disagree	19	38.8%
	Agree	14	28.6%
	Strongly Agree	8	16.3%
29. My difficult or painful experiences enabled me to grow and become a better person	Strongly Disagree	0	0.0%
	Disagree	7	14.3%
	Agree	24	49.0%
	Strongly Agree	18	36.7%
30. Labour legislation provides sick leave and it is my right to use it when I do not feel like going to work	Strongly Disagree	17	34.7%
	Disagree	18	36.7%
	Agree	4	8.2%
	Strongly Agree	10	20.4%
30. Labour legislation provides sick leave and it is **NOT** my right to use it when I do not feel like going to work	Strongly Disagree	10	20.4%
	Disagree	4	8.2%
	Agree	18	36.7%
	Strongly Agree	17	34.7%
31. I go out of my way to help	Strongly Disagree	0	0.0%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
others	Disagree	1	2.0%
	Agree	23	46.9%
	Strongly Agree	25	51.0%
32. I have experienced and emotional/mental condition caused by job stress	Strongly Disagree	14	28.6%
	Disagree	11	22.4%
	Agree	16	32.6%
	Strongly Agree	8	16.3%
32. I have **NOT** experienced and emotional/mental condition caused by job stress	Strongly Disagree	8	16.3%
	Disagree	16	32.6%
	Agree	11	22.4%
	Strongly Agree	14	28.6%
33. I feel a sense of belonging to a group or a community	Strongly Disagree	2	4.1%
	Disagree	14	28.6%
	Agree	26	53.1%
	Strongly Agree	7	14.3%
34. I expect my employer to provide a comprehensive medical aid for me and my family	Strongly Disagree	1	2.0%
	Disagree	0	0.0%
	Agree	20	40.8%
	Strongly Agree	28	57.1%
35. I certain amount of stress is good for keeping me on my toes	Strongly Disagree	1	2.0%
	Disagree	11	22.4%
	Agree	30	61.2%
	Strongly Agree	7	14.3%
35. A certain amount of stress is **NOT** good for keeping me on my toes	Strongly Disagree	7	14.3%
	Disagree	30	61.2%
	Agree	11	22.4%
	Strongly Agree	1	2.0%
36. I expect my employer to provide staff counseling via EAP	Strongly Disagree	2	4.1%
	Disagree	5	10.2%
	Agree	24	49.0%
	Strongly Agree	18	36.7%
37. I can take time out in a busy day to breathe and refocus my energy	Strongly Disagree	7	14.3%
	Disagree	16	32.6%
	Agree	21	42.9%
	Strongly Agree	5	10.2%
38. I expect my employer to provide sustainable pension/provident fund for my retirement	Strongly Disagree	0	0.0%
	Disagree	1	2.0%
	Agree	15	30.6%
	Strongly Agree	33	67.4%
39. I have a trusted friend/peer at work that I can share my frustrations with	Strongly Disagree	4	8.2%
	Disagree	6	12.2%
	Agree	24	49.0%
	Strongly Agree	15	30.6%
40. I expect my employer to consider, understand and be flexible to my family responsibilities	Strongly Disagree	0	0.0%
	Disagree	5	10.2%
	Agree	18	36.7%
	Strongly Agree	26	53.1%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
41. I do not need any stimulants to cope with my stress	Strongly Disagree	6	12.2%
	Disagree	11	22.4%
	Agree	14	28.6%
	Strongly Agree	18	36.7%
42. I expect my employer to promote racial diversity in the workplace	Strongly Disagree	1	2.0%
	Disagree	3	6.1%
	Agree	23	46.9%
	Strongly Agree	22	44.9%
43. I work in a healthy environment with respect to clean air, water and indoor pollution	Strongly Disagree	12	24.5%
	Disagree	19	38.8%
	Agree	14	28.6%
	Strongly Agree	4	8.2%
44. I have self-confidence to discuss my work problems with my immediate superior	Strongly Disagree	7	14.3%
	Disagree	12	24.5%
	Agree	20	40.8%
	Strongly Agree	10	20.4%
45. I expect my employer to provide career opportunities for future promotions and career prospects	Strongly Disagree	1	2.0%
	Disagree	1	2.0%
	Agree	17	34.7%
	Strongly Agree	30	61.2%
46. I have specific goals in my professional life	Strongly Disagree	0	0.0%
	Disagree	1	2.0%
	Agree	19	38.8%
	Strongly Agree	29	59.2%
47. I prefer to exercise in order to relief my stress	Strongly Disagree	1	2.0%
	Disagree	7	14.3%
	Agree	29	59.2%
	Strongly Agree	12	24.5%
48. I expect my employer to promote quality of work life balance	Strongly Disagree	0	0.0%
	Disagree	1	2.0%
	Agree	24	49.0%
	Strongly Agree	24	49.0%
49. I prefer to work under pressure as it makes me feel alive	Strongly Disagree	7	14.3%
	Disagree	24	49.0%
	Agree	15	30.6%
	Strongly Agree	3	6.1%
49. I **DO NOT** prefer to work under pressure as it **DOES NOT** make me feel alive	Strongly Disagree	3	6.1%
	Disagree	15	30.6%
	Agree	24	49.0%
	Strongly Agree	7	14.3%
50. I expect my employer to promote gender equality in the workplace	Strongly Disagree	1	2.0%
	Disagree	1	2.0%
	Agree	27	55.1%
	Strongly Agree	20	40.8%
51. I believe that change is a normal part of life and need to adapt to it	Strongly Disagree	0	0.0%
	Disagree	0	0.0%
	Agree	30	61.2%
	Strongly Agree	19	38.8%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
52. When I am stressed, I have difficulty concentrating on my work	Strongly Disagree	2	4.1%
	Disagree	16	32.6%
	Agree	24	49.0%
	Strongly Agree	7	14.3%
52. When I am stressed, I have **NO** difficulty concentrating on my work	Strongly Disagree	7	14.3%
	Disagree	24	49.0%
	Agree	16	32.6%
	Strongly Agree	2	4.1%
53. I expect my employer to provide training interventions for all staff	Strongly Disagree	1	2.0%
	Disagree	4	8.2%
	Agree	25	51.0%
	Strongly Agree	19	38.8%
54. I have an optimistic outlook on work and life	Strongly Disagree	1	2.0%
	Disagree	5	10.2%
	Agree	26	53.1%
	Strongly Agree	17	34.7%
55. When I am stressed, I lose my temper with colleagues who irritate me	Strongly Disagree	13	26.5%
	Disagree	25	51.0%
	Agree	11	22.4%
	Strongly Agree	0	0.0%
55. When I am stressed, I **DO NOT** lose my temper with colleagues who irritate me	Strongly Disagree	0	0.0%
	Disagree	11	22.4%
	Agree	25	51.0%
	Strongly Agree	13	26.5%
56. I expect my employer to respect weekends/holidays as my time for rest and relaxation	Strongly Disagree	1	2.0%
	Disagree	2	4.1%
	Agree	13	26.5%
	Strongly Agree	33	67.4%
57. My current job utilizes my strengths and talents	Strongly Disagree	7	14.3%
	Disagree	11	22.4%
	Agree	22	44.9%
	Strongly Agree	9	18.4%
58. When I am stressed, I keep my stress at work under control, but when I get home I let loose and take my frustration out on my family	Strongly Disagree	13	26.5%
	Disagree	22	44.9%
	Agree	13	26.5%
	Strongly Agree	1	2.0%
58. When I am stressed, I keep my stress at work under control, but when I get home I **DO NOT** let loose and take my frustration out on my family	Strongly Disagree	1	2.0%
	Disagree	13	26.5%
	Agree	22	44.9%
	Strongly Agree	13	26.5%
59. I expect my employer to offer physical activities during lunch times	Strongly Disagree	7	14.3%
	Disagree	19	38.8%
	Agree	15	30.6%
	Strongly Agree	8	16.3%
60. When I am stressed, I do not want to see or talk to other	Strongly Disagree	5	10.2%
	Disagree	20	40.8%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
people	Agree	19	38.8%
	Strongly Agree	5	10.2%
60. When I am stressed, I **DO** want to see or talk to other people	Strongly Disagree	5	10.2%
	Disagree	19	38.8%
	Agree	20	40.8%
	Strongly Agree	5	10.2%
61. I have a work space that is fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting	Strongly Disagree	12	24.5%
	Disagree	7	14.3%
	Agree	19	38.8%
	Strongly Agree	11	22.4%
62. When I am stressed, I lose my temper with students who irritate me	Strongly Disagree	13	26.5%
	Disagree	26	53.1%
	Agree	7	14.3%
	Strongly Agree	3	6.1%
62. When I am stressed, I **DO NOT** lose my temper with students who irritate me	Strongly Disagree	3	6.1%
	Disagree	7	14.3%
	Agree	26	53.1%
	Strongly Agree	13	26.5%
63. It is the norm at my workplace not to take lunch and eat at your desk	Strongly Disagree	7	14.3%
	Disagree	7	14.3%
	Agree	20	40.8%
	Strongly Agree	15	30.6%
63. It is the norm at my workplace **TO** take lunch and **NOT** eat at your desk	Strongly Disagree	15	30.6%
	Disagree	20	40.8%
	Agree	7	14.3%
	Strongly Agree	7	14.3%
64. When I am stressed, the quality of my work is negatively affected	Strongly Disagree	5	10.2%
	Disagree	13	26.5%
	Agree	27	55.1%
	Strongly Agree	4	8.2%
64. When I am stressed, the quality of my work is **NOT** negatively affected	Strongly Disagree	4	8.2%
	Disagree	27	55.1%
	Agree	13	26.5%
	Strongly Agree	5	10.2%
65. Equipment necessary to perform my job functions are available for usage	Strongly Disagree	20	40.8%
	Disagree	15	30.6%
	Agree	11	22.4%
	Strongly Agree	3	6.1%
66. My employer provides healthy food options at the workplace	Strongly Disagree	31	63.3%
	Disagree	16	32.6%
	Agree	2	4.1%
	Strongly Agree	0	0.0%
67. I have the freedom to practice my religion without fear of discrimination from colleagues	Strongly Disagree	3	6.1%
	Disagree	5	10.2%
	Agree	30	61.2%
	Strongly Agrtee	11	22.4%
68. When I am stressed, I scream	Strongly Disagree	26	53.1%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
or shout or curse people who make me upset	Disagree	17	34.7%
	Agree	6	12.2%
	Strongly Agree	0	0.0%
68. When I am stressed, I **DO NOT** scream or shout or curse people who make me upset	Strongly Disagree	0	0.0%
	Disagree	6	12.2%
	Agree	17	34.7%
	Strongly Agree	26	53.1%
69. My employer promotes two-way communication, from top down and bottom up	Strongly Disagree	15	30.6%
	Disagree	23	46.9%
	Agree	11	22.4%
	Strongly Agree	0	0.0%
70. I am grateful for the blessings in my life	Strongly Disagree	1	2.0%
	Disagree	0	0.0%
	Agree	14	28.6%
	Strongly Agree	34	69.4%
71. Staff performance, either good or bad, matters to my superior	Strongly Disagree	2	4.1%
	Disagree	17	34.7%
	Agree	22	44.9%
	Strongly Agree	8	16.3%
72. I enjoy a day of rest completely away from work	Strongly Disagree	3	6.1%
	Disagree	6	12.2%
	Agree	16	32.6%
	Strongly Agree	24	49.0%
73. When I do not feel like going to work, I phone in sick	Strongly Disagree	27	55.1%
	Disagree	19	38.8%
	Agree	3	6.1%
	Strongly Agree	0	0.0%
73. When I do not feel like going to work, I **DO NOT** phone in sick	Strongly Disagree	0	0.0%
	Disagree	3	6.1%
	Agree	19	38.8%
	Strongly Agree	27	55.1%
74. I feel a sense of purpose for my life	Strongly Disagree	2	4.1%
	Disagree	4	8.2%
	Agree	26	53.1%
	Strongly Agree	17	34.7%
75. I have the ability to forgive myself for mistakes	Strongly Disagree	0	0.0%
	Disagree	11	22.4%
	Agree	26	53.1%
	Strongly Agree	12	24.5%
76. When I am stressed, I struggle to sleep at night	Strongly Disagree	1	2.0%
	Disagree	7	14.3%
	Agree	29	59.2%
	Strongly Agree	12	24.5%
76. When I am stressed, I **DO NOT** struggle to sleep at night	Strongly Disagree	12	24.5%
	Disagree	29	59.2%
	Agree	7	14.3%
	Strongly Agree	1	2.0%
77. I have long-term career prospects with my current	Strongly Disagree	11	22.4%
	Disagree	12	24.5%

Variables	Categories	ORIGINAL SURVEY	
		Frequency	Percentage out of total
employer	Agree	17	34.7%
	Strongly Agree	9	18.4%
78. I experience intimacy in my committed relationships	Strongly Disagree	2	4.1%
	Disagree	10	20.4%
	Agree	20	40.8%
	Strongly Agree	17	34.7%
79. I have trust in our executive management	Strongly Disagree	20	40.8%
	Disagree	18	36.7%
	Agree	9	18.4%
	Strongly Agree	2	4.1%

Experimental group: descriptive statistics for all the variables

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
Biographic variables					
1. Age	18-25 Yrs	0	0.0%	0	0.0%
	26-35 Yrs	8	44.4%	8	44.4%
	36-45 Yrs	7	38.9%	7	38.9%
	46-55 Yrs	2	11.1%	2	11.1%
	56-65 Yrs	1	5.6%	1	5.6%
2. Gender	Male	6	33.3%	6	33.3%
	Female	12	66.7%	12	66.7%
3. Occupation	Administrative	11	61.1%	11	61.1%
	Academic	7	38.9%	7	38.9%
	Managerial	0	0.0%	0	0.0%
4. Length of service	0-5 Yrs	6	33.3%	6	33.3%
	6-10 Yrs	7	38.9%	7	38.9%
	11-15 Yrs	3	16.7%	3	16.7%
	16-20 Yrs	0	0.0%	0	0.0%
	21-25 Yrs	0	0.0%	0	0.0%
	26-30 Yrs	2	11.1%	2	11.1%
	31-35 Yrs	0	0.0%	0	0.0%
5. Highest qualification	National Senior Certificate	4	22.0%	4	22.0%
	3 Year Diploma	1	5.6%	1	5.6%
	BTech Degree / Advanced diploma	5	27.8%	5	27.8%
	Honours Degree / Post Graduate Diploma	1	5.6%	1	5.6%
	Master's	5	27.8%	5	27.8%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Degree				
	Doctoral Degree	2	11.1%	2	11.1%
Measuring instrument – employee wellness statements					
1. I maintain a healthy diet	Never	1	5.6%	0	0.0%
	Seldom	7	38.9%	4	22.2%
	Most of the time	8	44.4%	11	61.1%
	All the time	2	11.1%	3	16.7%
2. I find it easy to maintain my ideal body weight	Never	3	16.7%	3	16.7%
	Seldom	9	50.0%	3	16.7%
	Most of the time	6	33.3%	10	55.6%
	All the time	0	0.0%	2	11.1%
3. I sleep the required 7-8 hours each night	Never	3	16.7%	3	16.7%
	Seldom	11	61.1%	8	44.4%
	Most of the time	4	22.2%	7	38.9%
	All the time	0	0.0%	0	0.0%
4. I have enough energy to meet my daily work and family responsibilities	Never	0	0.0%	0	0.0%
	Seldom	7	38.9%	7	38.9%
	Most of the time	9	50.0%	8	44.4%
	All the time	2	11.1%	3	16.7%
5. I frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Never	1	5.6%	4	22.2%
	Seldom	10	55.6%	9	50.0%
	Most of the time	6	33.3%	5	27.8%
	All the time	1	5.6%	0	0%
5. I **DO NOT** frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Never	1	5.6%	0	0%
	Seldom	6	33.3%	5	27.8%
	Most of the time	10	55.6%	9	50.0%
	All the time	1	5.6%	4	22.2%
6. I schedule regular body massages	Never	14	77.8%	9	50.0%
	Seldom	3	16.7%	5	27.8%
	Most of the time	1	5.6%	4	22.2%
	All the time	0	0.0%	0	0.0%
7. I engage in regular physical activities, including walking, running, swimming, cycling, and/or yoga	Never	4	22.2%	0	0.0%
	Seldom	9	50.0%	5	27.8%
	Most of the time	5	27.8%	9	50.0%
	All the time	0	0.0%	4	22.2%
8. I have regular effortless bowel movements	Never	1	5.6%	0	0.0%
	Seldom	6	33.3%	3	16.7%
	Most of the time	6	33.3%	7	38.9%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	All the time	5	27.8%	8	44.4%
9. I rely on stimulants to keep me going throughout the day	Never	8	44.4%	5	27.8%
	Seldom	4	22.2%	10	55.6%
	Most of the time	2	11.1%	2	11.1%
	All the time	4	22.2%	1	5.6%
9. I **DO NOT** rely on stimulants to keep me going throughout the day	Never	4	22.2%	1	5.6%
	Seldom	2	11.1%	2	11.1%
	Most of the time	4	22.2%	10	55.6%
	All the time	8	44.4%	5	27.8%
10. I have the ability to concentrate on my job tasks	Never	0	0.0%	0	0.0%
	Seldom	2	11.1%	2	11.1%
	Most of the time	11	61.11%	12	66.7%
	All the time	5	27.8%	4	22.2%
11.I am able to adjust my attitude as a result of the changing work environment	Never	0	0.0%	0	0.0%
	Seldom	0	0.0%	2	11.1%
	Most of the time	11	61.1%	11	61.1%
	All the time	7	38.9%	5	27.8%
12. I feel that I am working harder and harder but not accomplishing as much as I put in	Never	0	0.0%	1	5.6%
	Seldom	8	44.4%	6	33.3%
	Most of the time	7	38.9%	10	55.6%
	All the time	3	16.7%	1	5.6%
12. I **DO NOT** feel that I am working harder and harder but not accomplishing as much as I put in	Never	3	16.7%	1	5.6%
	Seldom	7	38.9%	10	55.6%
	Most of the time	8	44.4%	6	33.3%
	All the time	0	0.0%	1	5.6%
13. I am able to safely express my fear and anger	Never	3	16.7%	1	5.6%
	Seldom	8	44.4%	9	50.0%
	Most of the time	4	22.2%	6	33.3%
	All the time	3	16.7%	2	11.1%
14. I engage in meditation, contemplation or psychotherapy to better understand my feelings	Never	9	50.0%	5	27.8%
	Seldom	8	44.4%	8	44.4%
	Most of the time	0	0.0%	3	16.7%
	All the time	1	5.6%	2	11.1%
15. I take time to relax on my own, away from everything and everyone	Never	3	16.7%	3	16.7%
	Seldom	13	72.2%	8	44.4%
	Most of the time	2	11.1%	5	27.8%
	All the time	0	0.0%	2	11.1%
16. I commit time to reflect on my life, both good and bad experiences	Never	2	11.1%	1	5.6%
	Seldom	12	66.7%	7	38.9%
	Most of the time	3	16.7%	8	44.4%

Variables	Categories	PRE		POST	
		Frequency	**Percentage out of total**	**Frequency**	**Percentage out of total**
	All the time	1	5.6%	2	11.1%
17. I take time for prayer and/or connecting to my spiritual beliefs	Never	0	0.0%	0	0.0%
	Seldom	3	16.7%	1	5.6%
	Most of the time	9	50.0%	11	61.1%
	All the time	6	33.3%	6	33.3%
18. I feel depressed and isolated at work	Never	0	0.0%	3	16.7%
	Seldom	10	55.6%	9	50.0%
	Most of the time	7	38.9%	6	33.3%
	All the time	1	5.6%	0	0.0%
18. I **DO NOT** feel depressed and isolated at work	Never	1	5.6%	0	0.0%
	Seldom	7	38.9%	6	33.3%
	Most of the time	10	55.6%	9	50.0%
	All the time	0	0.0%	3	16.7%
19. Equipment necessary to perform my job functions are working and available for usage	Never	3	16.7%	5	27.8%
	Seldom	10	55.6%	7	38.9%
	Most of the time	5	27.8%	6	33.3%
	All the time	0	0.0%	0	0.0%
20. I feel irritable and short-tempered at home	Never	5	27.8%	4	22.0%
	Seldom	7	38.9%	13	72.2%
	Most of the time	5	27.8%	1	5.6%
	All the time	1	5.6%	0	0.0%
20. I **DO NOT** feel irritable and short-tempered at home	Never	1	5.6%	0	0.0%
	Seldom	5	27.8%	1	5.6%
	Most of the time	7	38.9%	13	72.2%
	All the time	5	27.8%	4	22.0%
21. I feel valued at work	Never	5	27.8%	3	16.7%
	Seldom	11	61.1%	10	55.6%
	Most of the time	2	11.1%	4	22.2%
	All the time	0	0.0%	1	5.6%
22. I can freely discuss my work problems with my superior without the fear of victimization	Never	6	33.3%	6	33.3%
	Seldom	6	33.3%	3	16.7%
	Most of the time	5	27.8%	7	38.9%
	All the time	1	5.6%	2	11.1%
23. I feel frustrated at work, and powerless to make the changes that I want to see	Never	0	0.0%	1	5.6%
	Seldom	5	27.8%	6	33.3%
	Most of the time	12	66.7%	8	44.4%
	All the time	1	5.6%	3	16.7%
23. I **DO NOT** feel frustrated at work, and powerless to make the changes that I want to see	Never	1	5.6%	3	16.7%
	Seldom	12	66.7%	8	44.4%
	Most of the time	5	27.8%	6	33.3%
	All the time	0	0.0%	1	5.6%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
24. I feel safe at work	Never	3	16.7%	2	11.1%
	Seldom	7	38.9%	11	61.1%
	Most of the time	6	33.3%	4	22.2%
	All the time	2	11.1%	1	5.6%
25. I feel negative and detached from my colleagues	Never	5	27.8%	5	27.8%
	Seldom	8	44.4%	8	44.0%
	Most of the time	4	22.2%	5	27.8%
	All the time	1	5.6%	0	0.0%
25. I **DO NOT** feel negative and detached from my colleagues	Never	1	5.6%	0	0.0%
	Seldom	4	22.2%	5	27.8%
	Most of the time	8	44.4%	8	44.0%
	All the time	5	27.8%	5	27.8%
26. I receive recognition for work well done	Never	4	22.2%	3	16.7%
	Seldom	8	44.4%	8	44.4%
	Most of the time	5	27.8%	6	33.3%
	All the time	1	5.6%	1	5.6%
27. Everyone experiences difficult or painful times in their life	Strongly Disagree	1	5.6%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	10	55.6%	10	55.6%
	Strongly Agree	7	38.9%	8	44.4%
28. I have experienced a physical medical condition caused by job stress	Strongly Disagree	1	5.6%	1	5.6%
	Disagree	9	50.0%	4	22.2%
	Agree	6	33.3%	8	44.4%
	Strongly Agree	2	11.1%	5	27.8%
28. I have **NOT** experienced a physical medical condition caused by job stress	Strongly Disagree	2	11.1%	5	27.8%
	Disagree	6	33.3%	8	44.4%
	Agree	9	50.0%	4	22.2%
	Strongly Agree	1	5.6%	1	5.6%
29. My difficult or painful experiences enabled me to grow and become a better person	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	3	16.7%	4	22.0%
	Agree	7	38.9%	5	27.8%
	Strongly Agree	8	44.4%	9	50.0%
30. Labour legislation provides sick leave and it is my right to use it when I do not feel like going to work	Strongly Disagree	5	27.8%	6	33.3%
	Disagree	4	22.2%	4	22.2%
	Agree	3	16.7%	4	22.2%
	Strongly Agree	6	33.3%	4	22.2%
30. Labour legislation	Strongly	6	33.3%	4	22.2%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
provides sick leave and it is **NOT** my right to use it when I do not feel like going to work	Disagree				
	Disagree	3	16.7%	4	22.2%
	Agree	4	22.2%	4	22.2%
	Strongly Agree	5	27.8%	6	33.3%
31. I go out of my way to help others	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	4	22.2%	8	44.4%
	Strongly Agree	14	77.8%	10	55.6%
32. I have experienced and emotional/mental condition caused by job stress	Strongly Disagree	0	0.0%	3	16.7%
	Disagree	10	5.6%	4	22.2%
	Agree	6	33.3%	8	44.4%
	Strongly Agree	2	11.1%	3	16.7%
32. I **DO NOT** have experienced and emotional/mental condition caused by job stress	Strongly Disagree	2	11.1%	3	16.7%
	Disagree	6	33.3%	8	44.4%
	Agree	10	5.6%	4	22.2%
	Strongly Agree	0	0.0%	3	16.7%
33. I feel a sense of belonging to a group or a community	Strongly Disagree	1	5.6%	0	0.0%
	Disagree	4	22.2%	4	22.2%
	Agree	11	61.1%	10	55.6%
	Strongly Agree	2	11.1%	4	22.2%
34. I expect my employer to provide a comprehensive medical aid for me and my family	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	2	11.1%	0	0.0%
	Agree	4	22.2%	3	16.7%
	Strongly Agree	12	66.7%	15	83.3%
35. A certain amount of stress is good for keeping me on my toes	Strongly Disagree	4	22.2%	3	16.7%
	Disagree	3	16.7%	2	11.1%
	Agree	9	50.0%	11	61.1%
	Strongly Agree	2	11.1%	2	11.1%
35. A certain amount of stress is **NOT** good for keeping me on my toes	Strongly Disagree	2	11.1%	2	11.1%
	Disagree	9	50.0%	11	61.1%
	Agree	3	16.7%	2	11.1%
	Strongly Agree	4	22.2%	3	16.7%
36. I expect my employer to provide staff counseling via EAP	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	1	5.6%
	Agree	4	22.2%	4	22.2%
	Strongly	13	72.2%	13	72.2%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Agree				
37. I can take time out in a busy day to breathe and refocus my energy	Strongly Disagree	3	16.7%	3	16.7%
	Disagree	5	27.8%	3	16.7%
	Agree	8	44.4%	9	50.0%
	Strongly Agree	2	11.1%	3	16.7%
38. I expect my employer to provide sustainable pension/provident fund for my retirement	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	0	0.0%
	Agree	4	22.2%	3	16.7%
	Strongly Agree	13	72.2%	15	83.3%
39. I have a trusted friend/peer at work that I can share my frustrations with	Strongly Disagree	0	0.0%	1	5.6%
	Disagree	2	11.1%	1	5.6%
	Agree	6	33.3%	6	33.3%
	Strongly Agree	10	55.6%	10	55.6%
40. I expect my employer to consider, understand and be flexible to my family responsibilities	Strongly Disagree	0	0.0%	1	5.6%
	Disagree	2	11.1%	0	0.0%
	Agree	4	22.2%	4	22.2%
	Strongly Agree	12	66.7%	13	72.2%
41. I do not need any stimulants to cope with my stress	Strongly Disagree	5	27.8%	2	11.1%
	Disagree	5	27.8%	5	27.8%
	Agree	4	22.2%	6	33.3%
	Strongly Agree	4	22.2%	5	27.8%
42. I expect my employer to promote racial diversity in the workplace	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	0	0.0%
	Agree	9	50.0%	6	33.3%
	Strongly Agree	8	44.4%	12	66.7%
43. I work in a healthy environment with respect to clean air, water and indoor pollution	Strongly Disagree	6	33.3%	5	27.8%
	Disagree	7	38.9%	10	55.6%
	Agree	4	22.2%	2	11.1%
	Strongly Agree	1	5.6%	1	5.6%
44. I have self-confidence to discuss my work problems with my immediate superior	Strongly Disagree	3	16.7%	4	22.2%
	Disagree	4	22.2%	2	11.1%
	Agree	7	38.9%	9	50.0%
	Strongly Agree	4	22.2%	3	16.7%
45. I expect my employer to provide career	Strongly Disagree	0	0.0%	1	5.6%
	Disagree	1	5.6%	0	0.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
opportunities for future promotions and career prospects	Agree	5	27.8%	2	11.1%
	Strongly Agree	12	66.7%	15	83.3%
46. I have specific goals in my professional life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	9	50.0%	7	38.9%
	Strongly Agree	9	50.0%	11	61.1%
47. I prefer to exercise in order to relief my stress	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	6	33.3%	1	5.6%
	Agree	5	27.8%	6	33.3%
	Strongly Agree	7	38.9%	11	61.1%
48. I expect my employer to promote quality of work life balance	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	0	0.0%
	Agree	8	44.4%	6	33.3%
	Strongly Agree	9	50.0%	12	66.7%
49. I prefer to work under pressure as it makes me feel alive	Strongly Disagree	2	11.1%	4	22.2%
	Disagree	8	44.4%	8	44.4%
	Agree	6	33.3%	4	22.2%
	Strongly Agree	2	11.1%	2	11.1%
49. I **DO NOT** prefer to work under pressure as it **DOES NOT** make me feel alive	Strongly Disagree	2	11.1%	2	11.1%
	Disagree	6	33.3%	4	22.2%
	Agree	8	44.4%	8	44.4%
	Strongly Agree	2	11.1%	4	22.2%
50. I expect my employer to promote gender equality in the workplace	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	10	55.6%	6	33.3%
	Strongly Agree	8	44.4%	12	66.7%
51. I believe that change is a normal part of life and need to adapt to it	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	8	44.4%	7	38.9%
	Strongly Agree	10	55.6%	11	61.1%
52. When I am stressed, I have difficulty concentrating on my work	Strongly Disagree	1	5.6%	1	5.6%
	Disagree	6	33.3%	5	27.8%
	Agree	7	38.9%	8	44.4%
	Strongly Agree	4	22.2%	4	22.2%

Variables	Categories	PRE		POST	
		Frequency	**Percentage out of total**	**Frequency**	**Percentage out of total**
52. When I am stressed, I **DO NOT** have difficulty concentrating on my work	Strongly Disagree	4	22.2%	4	22.2%
	Disagree	7	38.9%	8	44.4%
	Agree	6	33.3%	5	27.8%
	Strongly Agree	1	5.6%	1	5.6%
53. I expect my employer to provide training interventions for all staff	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	0	0.0%
	Agree	7	38.9%	3	16.7%
	Strongly Agree	10	55.6%	15	83.3%
54. I have an optimistic outlook on work and life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.6%	1	5.6%
	Agree	9	50.0%	6	33.3%
	Strongly Agree	8	44.4%	11	61.1%
55. When I am stressed, I lose my temper with colleagues who irritate me	Strongly Disagree	2	11.1%	6	33.3%
	Disagree	9	50.0%	8	44.4%
	Agree	5	27.8%	4	22.2%
	Strongly Agree	2	11.1%	0	0.0%
55. When I am stressed, I **DO NOT** lose my temper with colleagues who irritate me	Strongly Disagree	2	11.1%	0	0.0%
	Disagree	5	27.8%	4	22.2%
	Agree	9	50.0%	8	44.4%
	Strongly Agree	2	11.1%	6	33.3%
56. I expect my employer to respect weekends/holidays as my time for rest and relaxation	Strongly Disagree	0	0.0%	1	5.6%
	Disagree	0	0.0%	0	0.0%
	Agree	4	22.2%	4	22.2%
	Strongly Agree	14	77.8%	13	72.2%
57. My current job utilizes my strengths and talents	Strongly Disagree	3	16.7%	5	27.8%
	Disagree	6	33.3%	2	11.1%
	Agree	5	27.8%	8	44.4%
	Strongly Agree	4	22.2%	3	16.7%
58. When I am stressed, I keep my stress at work under control, but when I get home I let loose and take my frustration out on my family	Strongly Disagree	4	22.2%	7	38.9%
	Disagree	8	44.4%	5	27.8%
	Agree	5	27.8%	5	27.8%
	Strongly Agree	1	5.6%	1	5.6%
58. When I am stressed, I keep my stress at work	Strongly Disagree	1	5.6%	1	5.6%
	Disagree	5	27.8%	5	27.8%

Variables	Categories	PRE		POST	
		Frequency	**Percentage out of total**	**Frequency**	**Percentage out of total**
under control, but when I get home I **DO NOT** let loose and take my frustration out on my family	Agree	8	44.4%	5	27.8%
	Strongly Agree	4	22.2%	7	38.9%
59. I expect my employer to offer physical activities during lunch times	Strongly Disagree	1	5.6%	0	0%
	Disagree	2	11.1%	1	5.6%
	Agree	6	33.3%	3	16.7%
	Strongly Agree	9	50.0%	14	77.8%
60. When I am stressed, I do not want to see or talk to other people	Strongly Disagree	0	0.0%	2	11.1%
	Disagree	8	44.4%	9	50.0%
	Agree	5	27.8%	4	22.2%
	Strongly Agree	5	27.8%	3	16.7%
60. When I am stressed, I **DO** want to see or talk to other people	Strongly Disagree	5	27.8%	3	16.7%
	Disagree	5	27.8%	4	22.2%
	Agree	8	44.4%	9	50.0%
	Strongly Agree	0	0.0%	2	11.1%
61. I have a work space that is fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting	Strongly Disagree	1	5.6%	0	0.0%
	Disagree	6	33.3%	5	27.8%
	Agree	9	50.0%	7	38.9%
	Strongly Agree	2	11.1%	6	33.3%
62. When I am stressed, I lose my temper with students who irritate me	Strongly Disagree	4	22.2%	8	44.4%
	Disagree	8	44.4%	7	38.9%
	Agree	4	22.2%	2	11.1%
	Strongly Agree	2	11.1%	1	5.6%
62. When I am stressed, I **DO NOT** lose my temper with students who irritate me	Strongly Disagree	2	11.1%	1	5.6%
	Disagree	4	22.2%	2	11.1%
	Agree	8	44.4%	7	38.9%
	Strongly Agree	4	22.2%	8	44.4%
63. It is the norm at my workplace not to take lunch and eat at your desk	Strongly Disagree	3	16.7%	0	0.0%
	Disagree	5	27.8%	3	16.7%
	Agree	5	27.8%	8	44.4%
	Strongly Agree	5	27.8%	7	38.9%
63. It is the norm at my workplace **TO** take lunch	Strongly Disagree	5	27.8%	7	38.9%
	Disagree	5	27.8%	8	44.4%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
and **NOT** eat at your desk	Agree	5	27.8%	3	16.7%
	Strongly Agree	3	16.7%	0	0.0%
64. When I am stressed, the quality of my work is negatively affected	Strongly Disagree	1	5.6%	0	0.0%
	Disagree	4	22.2%	8	44.4%
	Agree	10	55.6%	9	50.0%
	Strongly Agree	3	16.7%	1	5.6%
64. When I am stressed, the quality of my work is **NOT** negatively affected	Strongly Disagree	3	16.7%	1	5.6%
	Disagree	10	55.6%	9	50.0%
	Agree	4	22.2%	8	44.4%
	Strongly Agree	1	5.6%	0	0.0%
65. Equipment necessary to perform my job functions are available for usage	Strongly Disagree	6	33.3%	7	38.9%
	Disagree	4	22.2%	6	33.3%
	Agree	8	44.4%	4	22.2%
	Strongly Agree	0	0.0%	1	5.6%
66. My employer provides healthy food options at the workplace	Strongly Disagree	9	50.0%	14	77.8%
	Disagree	7	38.9%	2	11.1%
	Agree	0	0.0%	1	5.6%
	Strongly Agree	2	11.1%	1	5.6%
67. I have the freedom to practice my religion without fear of discrimination from colleagues	Strongly Disagree	0	0.0%	4	22.2%
	Disagree	4	22.2%	2	11.1%
	Agree	6	33.3%	8	44.4%
	Strongly Agree	8	44.4%	4	22.2%
68. When I am stressed, I scream or shout or curse people who make me upset	Strongly Disagree	6	33.3%	9	50.0%
	Disagree	7	38.9%	6	33.3%
	Agree	2	11.1%	3	16.7%
	Strongly Agree	3	16.7%	0	0.0%
68. When I am stressed, I **DO NOT s**cream or shout or curse people who make me upset	Strongly Disagree	3	16.7%	0	0.0%
	Disagree	2	11.1%	3	16.7%
	Agree	7	38.9%	6	33.3%
	Strongly Agree	6	33.3%	9	50.0%
69. My employer promotes two-way communication, from top down and bottom up	Strongly Disagree	3	16.7%	4	22.2%
	Disagree	10	55.6%	10	55.6%
	Agree	5	27.8%	2	11.1%
	Strongly Agree	0	0.0%	2	11.1%
70. I am grateful for the	Strongly	0	0.0%	1	5.6%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
blessings in my life	Disagree				
	Disagree	0	0.0%	0	0.0%
	Agree	5	27.8%	4	22.2%
	Strongly Agree	13	72.2%	13	72.2%
71. Staff performance, either good or bad, matters to my superior	Strongly Disagree	1	5.6%	2	11.1%
	Disagree	3	16.7%	3	16.7%
	Agree	11	61.1%	8	44.4%
	Strongly Agree	3	16.7%	5	27.8%
72. I enjoy a day of rest completely away from work	Strongly Disagree	1	5.6%	3	16.7%
	Disagree	1	5.6%	1	5.6%
	Agree	4	22.2%	3	16.7%
	Strongly Agree	12	66.7%	11	61.1%
73. When I do not feel like going to work, I phone in sick	Strongly Disagree	8	44.4%	8	44.4%
	Disagree	5	27.8%	5	27.8%
	Agree	3	16.7%	3	16.7%
	Strongly Agree	2	11.1%	2	11.1%
73. When I do not feel like going to work, I **DO NOT** phone in sick	Strongly Disagree	2	11.1%	2	11.1%
	Disagree	3	16.7%	3	16.7%
	Agree	5	27.8%	5	27.8%
	Strongly Agree	8	44.4%	8	44.4%
74. I feel a sense of purpose for my life	Strongly Disagree	2	11.1%	0	0.0%
	Disagree	2	11.1%	3	16.7%
	Agree	6	33.3%	5	27.8%
	Strongly Agree	8	44.4%	10	55.6%
75. I have the ability to forgive myself for mistakes	Strongly Disagree	1	5.6%	0	0.0%
	Disagree	3	16.7%	3	16.7%
	Agree	10	55.6%	11	61.1%
	Strongly Agree	4	22.2%	4	22.2%
76. When I am stressed, I struggle to sleep at night	Strongly Disagree	1	5.6%	1	5.6%
	Disagree	1	5.6%	2	11.1%
	Agree	8	44.4%	6	33.3%
	Strongly Agree	8	44.4%	9	50.0%
76. When I am stressed, I **DO NOT** struggle to sleep at night	Strongly Disagree	8	44.4%	9	50.0%
	Disagree	8	44.4%	6	33.3%
	Agree	1	5.6%	2	11.1%
	Strongly	1	5.6%	1	5.6%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Agree				
77. I have long-term career prospects with my current employer	Strongly Disagree	4	22.2%	4	22.2%
	Disagree	6	33.3%	5	27.8%
	Agree	6	33.3%	4	22.2%
	Strongly Agree	2	11.1%	5	27.8%
78. I experience intimacy in my committed relationships	Strongly Disagree	0	0.0%	1	5.6%
	Disagree	5	27.8%	3	16.7%
	Agree	9	50.0%	6	33.3%
	Strongly Agree	4	22.2%	8	44.4%
79. I have trust in our executive management	Strongly Disagree	9	50.0%	12	66.7%
	Disagree	6	33.3%	4	22.2%
	Agree	2	11.1%	1	2.6%
	Strongly Agree	1	5.6%	1	5.6%

Control group:descriptive statistics for all the variables

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
Biographic variables					
1. Age	18-25 Yrs	1	5.0%	1	5.0%
	26-35 Yrs	9	45.0%	9	45.0%
	36-45 Yrs	3	15.0%	3	15.0%
	46-55 Yrs	5	25.0%	5	25.0%
	56-65 Yrs	2	10.0%	2	10.0%
2. Gender	Male	8	40.0%	8	40.0%
	Female	12	60.0%	12	60.0%
3. Occupation	Administrative	12	60.0%	12	60.0%
	Academic	4	20.0%	4	20.0%
	Managerial	4	20.0%	4	20.0%
4. Length of service	0-5 Yrs	5	25.0%	5	25.0%
	6-10 Yrs	4	20.0%	4	20.0%
	11-15 Yrs	4	20.0%	4	20.0%
	16-20 Yrs	3	15.0%	3	15.0%
	21-25 Yrs	4	20.0%	4	20.0%
	26-30 Yrs	0	0.0%	0	0.0%
	31-35 Yrs	0	0.0%	0	0.0%
5. Highest qualification	National Senior Certificate	5	25.0%	5	25.0%
	3 Year Diploma	6	30.%	6	30.0%
	Under graduate	1	5.0%	1	5.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Degree				
	BTech Degree / Advanced diploma	1	5.0%	1	5.0%
	Honours Degree / Post Graduate Diploma	1	5.0%	1	5.0%
	Master's Degree	3	15.0%	3	15.0%
	Doctoral Degree	3	15.0%	3	15.0%
Measuring instrument – employee wellness statements					
1. I maintain a healthy diet	Never	2	10.0%	2	10.0%
	Seldom	11	55.5%	9	45.0%
	Most of the time	7	35.0%	9	45.0%
	All the time	0	0.0%	0	0.0%
2. I find it easy to maintain my ideal body weight	Never	4	20.0%	3	15.0%
	Seldom	7	35.0%	7	35.0%
	Most of the time	9	45.0%	10	50.0%
	All the time	0	0.0%	0	0.0%
3. I sleep the required 7-8 hours each night	Never	4	20.0%	3	15.0%
	Seldom	8	40.0%	12	60.0%
	Most of the time	5	25.0%	5	25.0%
	All the time	3	15.0%	0	0.0%
4. I have enough energy to meet my daily work and family responsibilities	Never	0	0.0%	0	0.0%
	Seldom	7	35.0%	5	25.0%
	Most of the time	10	50.0%	11	55.0%
	All the time	3	15.0%	4	20.0%
5. I frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Never	1	5.0%	2	10.0%
	Seldom	10	50.0%	9	45.0%
	Most of the time	6	30.0%	7	35.0%
	All the time	3	15.0%	2	10.0%
5. I **DO NOT** frequently suffer from physical complaints such as headaches, lingering cold/flu, sore throat and/or backaches	Never	3	15.0%	2	10.0%
	Seldom	6	30.0%	7	35.0%
	Most of the time	10	50.0%	9	45.0%
	All the time	1	5.0%	2	10.0%
6. I schedule regular body massages	Never	16	80.0%	17	85.0%
	Seldom	4	20.0%	3	15.0%
	Most of the time	0	0.0%	0	0.0%
	All the time	0	0.0%	0	0.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
7. I engage in regular physical activities, including walking, running, swimming, cycling, and/or yoga	Never	6	30.0%	4	20.0%
	Seldom	7	35.0%	9	45.0%
	Most of the time	2	10.0%	2	10.0%
	All the time	5	25.0%	5	25.0%
8. I have regular effortless bowel movements	Never	2	10.0%	1	5.0%
	Seldom	5	25.0%	6	30.0%
	Most of the time	8	40.0%	7	35.0%
	All the time	5	25.0%	6	30.0%
9. I rely on stimulants to keep me going throughout the day	Never	7	35.0%	7	35.0%
	Seldom	7	35.0%	6	30.0%
	Most of the time	2	10.0%	3	15.0%
	All the time	4	20.0%	4	20.0%
9. I **DO NOT** rely on stimulants to keep me going throughout the day	Never	4	20.0%	4	20.0%
	Seldom	2	10.0%	3	15.0%
	Most of the time	7	35.0%	6	30.0%
	All the time	7	35.0%	7	35.0%
10. I have the ability to concentrate on my job tasks	Never	0	0.0%	0	0.0%
	Seldom	1	5.0%	1	5.0%
	Most of the time	9	45.0%	12	60.0%
	All the time	10	50.0%	7	35.0%
11. I am able to adjust my attitude as a result of the changing work environment	Never	1	5.0%	0	0.0%
	Seldom	2	10.0%	3	15.0%
	Most of the time	10	50.0%	12	60.0%
	All the time	7	35.0%	5	25.0%
12. I feel that I am working harder and harder but not accomplishing as much as I put in	Never	3	15.0%	0	0.0%
	Seldom	4	20.0%	9	45.0%
	Most of the time	8	40.0%	8	40.0%
	All the time	5	25.0%	3	15.0%
12. I **DO NOT** feel that I am working harder and harder but not accomplishing as much as I put in	Never	5	25.0%	3	15.0%
	Seldom	8	40.0%	8	40.0%
	Most of the time	4	20.0%	9	45.0%
	All the time	3	15.0%	0	0.0%
13. I am able to safely express my fear and anger	Never	1	5.0%	0	0.0%
	Seldom	9	45.0%	12	60.0%
	Most of the time	7	35.0%	6	30.0%
	All the time	3	15.0%	2	10.0%
14. I engage in meditation, contemplation or psychotherapy to better	Never	10	50.0%	9	45.0%
	Seldom	5	25.0%	8	40.0%
	Most of the time	4	20.0%	3	15.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
understand my feelings	All the time	1	5.0%	0	0.0%
15. I take time to relax on my own, away from everything and everyone	Never	3	15.0%	4	20.0%
	Seldom	10	50.0%	5	25.0%
	Most of the time	6	30.0%	10	50.0%
	All the time	1	5.0%	1	5.0%
16. I commit time to reflect on my life, both good and bad experiences	Never	3	15.0%	2	10.0%
	Seldom	8	40.0%	9	45.0%
	Most of the time	8	40.0%	8	40.0%
	All the time	1	5.0%	1	5.0%
17. I take time for prayer and/or connecting to my spiritual beliefs	Never	1	5.0%	1	5.0%
	Seldom	4	20.0%	3	15.0%
	Most of the time	9	45.0%	11	55.0%
	All the time	6	30.0%	5	25.0%
18. I feel depressed and isolated at work	Never	6	30.0%	6	30.0%
	Seldom	7	35.0%	9	45.0%
	Most of the time	5	25.0%	4	20.0%
	All the time	2	10.0%	1	5.0%
18. I **DO NOT** feel depressed and isolated at work	Never	2	10.0%	1	5.0%
	Seldom	5	25.0%	4	20.0%
	Most of the time	7	35.0%	9	45.0%
	All the time	6	30.0%	6	30.0%
19. Equipment necessary to perform my job functions are working and available for usage	Never	5	25.0%	7	35.0%
	Seldom	7	35.0%	3	15.0%
	Most of the time	3	15.0%	8	40.0%
	All the time	5	25.0%	2	10.0%
20. I feel irritable and short-tempered at home	Never	5	25.0%	5	25.0%
	Seldom	9	45.0%	11	55.0%
	Most of the time	6	30.0%	4	20.0%
	All the time	0	0.0%	0	0.0%
20. I **DO NOT** feel irritable and short-tempered at home	Never	0	0.0%	0	0.0%
	Seldom	6	30.0%	4	20.0%
	Most of the time	9	45.0%	11	55.0%
	All the time	5	25.0%	5	25.0%
21. I feel valued at work	Never	2	10.0%	1	5.0%
	Seldom	11	55.0%	10	50.0%
	Most of the time	6	30.0%	9	45.0%
	All the time	1	5.0%	0	0.0%
22. I can freely discuss my work problems with my superior without the fear	Never	4	20.0%	4	20.0%
	Seldom	7	35.0%	6	30.0%
	Most of the time	5	25.0%	7	35.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
of victimization	All the time	4	20.0%	3	15.0%
23. I feel frustrated at work, and powerless to make the changes that I want to see	Never	3	15.0%	1	5.0%
	Seldom	5	25.0%	6	30.0%
	Most of the time	10	50.0%	11	55.0%
	All the time	2	10.0%	2	10.0%
23. I **DO NOT** feel frustrated at work, and powerless to make the changes that I want to see	Never	2	10.0%	2	10.0%
	Seldom	10	50.0%	11	55.0%
	Most of the time	5	25.0%	6	30.0%
	All the time	3	15.0%	1	5.0%
24. I feel safe at work	Never	1	5.0%	0	0.0%
	Seldom	9	45.0%	6	30.0%
	Most of the time	7	35.0%	14	70.0%
	All the time	3	15.0%	0	0.0%
25. I feel negative and detached from my colleagues	Never	5	25.0%	5	25.0%
	Seldom	7	35.0%	8	40.0%
	Most of the time	7	35.0%	7	35.0%
	All the time	1	5.0%	0	0.0%
25. I **DO NOT** feel negative and detached from my colleagues	Never	1	5.0%	0	0.0%
	Seldom	7	35.0%	7	35.0%
	Most of the time	7	35.0%	8	40.0%
	All the time	5	25.0%	5	25.0%
26. I receive recognition for work well done	Never	2	10.0%	3	15.0%
	Seldom	12	60.0%	9	45.0%
	Most of the time	5	25.0%	8	40.0%
	All the time	1	5.0%	0	0.0%
27. Everyone experiences difficult or painful times in their life	Strongly Disagree	1	5.0%	1	5.0%
	Disagree	0	0.0%	0	0.0%
	Agree	5	25.0%	7	35.0%
	Strongly Agree	14	70.0%	12	60.0%
28. I have experienced a physical medical condition caused by job stress	Strongly Disagree	3	15.0%	2	10.0%
	Disagree	7	35.0%	5	25.0%
	Agree	6	30.0%	8	40.0%
	Strongly Agree	4	20.0%	5	25.0%
28. I have **NOT** experienced a physical medical condition caused by job stress	Strongly Disagree	4	20.0%	5	25.0%
	Disagree	6	30.0%	8	40.0%
	Agree	7	35.0%	5	25.0%
	Strongly Agree	3	15.0%	2	10.0%
29. My difficult or painful	Strongly	0	0.0%	0	0.0%

Variables	Categories	PRE		POST	
		Frequency	**Percentage out of total**	**Frequency**	**Percentage out of total**
experiences enabled me to grow and become a better person	Disagree				
	Disagree	3	15.0%	2	10.0%
	Agree	13	65.0%	15	75.0%
	Strongly Agree	4	20.0%	3	15.0%
30. Labour legislation provides sick leave and it is my right to use it when I do not feel like going to work	Strongly Disagree	6	30.0%	7	35.0%
	Disagree	6	30.0%	7	35.0%
	Agree	3	15.0%	2	10.0%
	Strongly Agree	5	25.0%	4	20.0%
30. Labour legislation provides sick leave and it is **NOT** my right to use it when I do not feel like going to work	Strongly Disagree	5	25.0%	4	20.0%
	Disagree	3	15.0%	2	10.0%
	Agree	6	30.0%	7	35.0%
	Strongly Agree	6	30.0%	7	35.0%
31. I go out of my way to help others	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	2	10.0%	0	0.0%
	Agree	13	65.0%	15	75.0%
	Strongly Agree	5	25.0%	5	25.0%
32. I have experienced and emotional/mental condition caused by job stress	Strongly Disagree	5	25.0%	4	20.0%
	Disagree	5	25.0%	9	45.0%
	Agree	5	25.0%	5	25.0%
	Strongly Agree	5	25.0%	2	10.0%
32. I have **NOT** experienced and emotional/mental condition caused by job stress	Strongly Disagree	5	25.0%	2	10.0%
	Disagree	5	25.0%	5	25.0%
	Agree	5	25.0%	9	45.0%
	Strongly Agree	5	25.0%	4	20.0%
33. I feel a sense of belonging to a group or a community	Strongly Disagree	1	5.0%	0	0.0%
	Disagree	4	20.0%	1	5.0%
	Agree	9	45.0%	16	80.0%
	Strongly Agree	6	30.0%	3	15.0%
34. I expect my employer to provide a comprehensive medical aid for me and my family	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	2	10.0%	1	5.0%
	Agree	6	30.0%	7	35.0%
	Strongly Agree	12	60.0%	12	60.0%
35. I certain amount of stress is good for keeping me on my toes	Strongly Disagree	2	10.0%	0	0.0%
	Disagree	2	10.0%	4	20.0%
	Agree	15	75.0%	15	75.0%
	Strongly	1	5.0%	1	5.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Agree				
35. I certain amount of stress is **NOT** good for keeping me on my toes	Strongly Disagree	1	5.0%	1	5.0%
	Disagree	15	75.0%	15	75.0%
	Agree	2	10.0%	4	20.0%
	Strongly Agree	2	10.0%	0	0.0%
36. I expect my employer to provide staff counseling via EAP	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.0%	1	5.0%
	Agree	9	45.0%	11	55.0%
	Strongly Agree	10	50.0%	8	40.0%
37. I can take time out in a busy day to breathe and refocus my energy	Strongly Disagree	5	25.0%	5	25.0%
	Disagree	7	35.0%	4	20.0%
	Agree	6	30.0%	9	45.0%
	Strongly Agree	2	10.0%	2	10.0%
38. I expect my employer to provide sustainable pension/provident fund for my retirement	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.0%	0	0.0%
	Agree	6	30.0%	8	40.0%
	Strongly Agree	13	65.0%	12	60.0%
39. I have a trusted friend/peer at work that I can share my frustrations with	Strongly Disagree	0	0.0%	1	5.0%
	Disagree	5	25.0%	3	15.0%
	Agree	8	40.0%	13	65.0%
	Strongly Agree	7	35.0%	3	15.0%
40. I expect my employer to consider, understand and be flexible to my family responsibilities	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.0%	0	0.0%
	Agree	7	35.0%	9	45.0%
	Strongly Agree	12	60.0%	11	55.0%
41. I do not need any stimulants to cope with my stress	Strongly Disagree	2	10.0%	2	10.0%
	Disagree	5	25.0%	4	20.0%
	Agree	7	35.0%	6	30.0%
	Strongly Agree	6	30.0%	8	40.0%
42. I expect my employer to promote racial diversity in the workplace	Strongly Disagree	1	5.0%	1	5.0%
	Disagree	0	0.0%	0	0.0%
	Agree	7	35.0%	8	40.0%
	Strongly Agree	12	60.0%	11	55.0%
43. I work in a healthy environment with	Strongly Disagree	4	20.0%	3	15.0%
	Disagree	6	30.0%	6	30.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
respect to clean air, water and indoor pollution	Agree	8	40.0%	7	35.0%
	Strongly Agree	2	10.0%	4	20.0%
44. I have self-confidence to discuss my work problems with my immediate superior	Strongly Disagree	3	15.0%	2	10.0%
	Disagree	7	35.0%	6	30.0%
	Agree	7	35.0%	8	40.0%
	Strongly Agree	3	15.0%	4	20.0%
45. I expect my employer to provide career opportunities for future promotions and career prospects	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	2	10.0%	2	10.0%
	Agree	6	30.0%	10	50.0%
	Strongly Agree	12	60.0%	8	40.0%
46. I have specific goals in my professional life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	2	10.0%	1	5.0%
	Agree	10	50.0%	13	65.0%
	Strongly Agree	8	40.0%	6	30.0%
47. I prefer to exercise in order to relief my stress	Strongly Disagree	2	10.0%	1	5.0%
	Disagree	3	15.0%	3	15.0%
	Agree	11	55.0%	12	60.0%
	Strongly Agree	4	20.0%	4	20.0%
48. I expect my employer to promote quality of work life balance	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	9	45.0%	9	45.0%
	Strongly Agree	11	55.0%	11	55.0%
49. I prefer to work under pressure as it makes me feel alive	Strongly Disagree	3	15.0%	3	15.0%
	Disagree	7	35.0%	7	35.0%
	Agree	7	35.0%	10	50.0%
	Strongly Agree	3	15.0%	0	0.0%
49. I **DO NOT** prefer to work under pressure as it **DOES NOT** make me feel alive	Strongly Disagree	3	15.0%	0	0.0%
	Disagree	7	35.0%	10	50.0%
	Agree	7	35.0%	7	35.0%
	Strongly Agree	3	15.0%	3	15.0%
50. I expect my employer to promote gender equality in the workplace	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	9	45.0%	10	50.0%
	Strongly Agree	11	55.0%	10	50.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
51. I believe that change is a normal part of life and need to adapt to it	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.0%	1	5.0%
	Agree	11	55.0%	12	60.0%
	Strongly Agree	8	40.0%	7	35.0%
52. When I am stressed, I have difficulty concentrating on my work	Strongly Disagree	3	15.0%	1	5.0%
	Disagree	5	25.0%	7	35.0%
	Agree	10	50.0%	11	55.0%
	Strongly Agree	2	10.0%	1	5.0%
52. When I am stressed, I **DO NOT** have difficulty concentrating on my work	Strongly Disagree	2	10.0%	1	5.0%
	Disagree	10	50.0%	11	55.0%
	Agree	5	25.0%	7	35.0%
	Strongly Agree	3	15.0%	1	5.0%
53. I expect my employer to provide training interventions for all staff	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	10	50.0%	10	50.0%
	Strongly Agree	10	50.0%	10	50.0%
54. I have an optimistic outlook on work and life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	5	25.0%	6	30.0%
	Agree	11	55.0%	12	60.0%
	Strongly Agree	4	20.0%	2	10.0%
55. When I am stressed, I lose my temper with colleagues who irritate me	Strongly Disagree	6	30.0%	7	35.0%
	Disagree	6	30.0%	7	35.0%
	Agree	6	30.0%	4	20.0%
	Strongly Agree	2	10.0%	2	10.0%
55. When I am stressed, I **DO NOT** lose my temper with colleagues who irritate me	Strongly Agree	2	10.0%	2	10.0%
	Agree	6	30.0%	4	20.0%
	Disagree	6	30.0%	7	35.0%
	Strongly Disagree	6	30.0%	7	35.0%
56. I expect my employer to respect weekends/holidays as my time for rest and relaxation	Strongly Disagree	1	5.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	6	30.0%	9	45.0%
	Strongly Agree	13	65.0%	11	55.0%
57. My current job utilizes my strengths and talents	Strongly Disagree	1	5.0%	0	0.0%
	Disagree	8	40.0%	5	25.0%
	Agree	10	50.0%	14	70.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Strongly Agree	1	5.0%	1	5.0%
58. When I am stressed, I keep my stress at work under control, but when I get home I let loose and take my frustration out on my family	Strongly Disagree	6	30.0%	6	30.0%
	Disagree	5	25.0%	7	35.0%
	Agree	8	40.0%	7	35.0%
	Strongly Agree	1	5.0%	0	0.0%
58. When I am stressed, I keep my stress at work under control, but when I get home I **DO NOT** let loose and take my frustration out on my family	Strongly Disagree	1	5.0%	0	0.0%
	Disagree	8	40.0%	7	35.0%
	Agree	5	25.0%	7	35.0%
	Strongly Agree	6	30.0%	6	30.0%
59. I expect my employer to offer physical activities during lunch times	Strongly Disagree	2	10.0%	0	0.0%
	Disagree	6	30.0%	3	15.0%
	Agree	9	45.0%	11	55.0%
	Strongly Agree	3	15.0%	6	30.0%
60. When I am stressed, I do not want to see or talk to other people	Strongly Disagree	4	20.0%	1	5.0%
	Disagree	4	20.0%	8	40.0%
	Agree	7	35.0%	8	40.0%
	Strongly Agree	5	25.0%	3	15.0%
60. When I am stressed, I **DO** want to see or talk to other people	Strongly Disagree	5	25.0%	3	15.0%
	Disagree	7	35.0%	8	40.0%
	Agree	4	20.0%	8	40.0%
	Strongly Agree	4	20.0%	1	5.0%
61. I have a work space that is fully equipped with a desk, chair, computer, telephone, air conditioning and adequate lighting	Strongly Disagree	1	5.0%	2	10.0%
	Disagree	4	20.0%	2	10.0%
	Agree	6	30.0%	10	50.0%
	Strongly Agree	9	45.0%	6	30.0%
62. When I am stressed, I lose my temper with students who irritate me	Strongly Disagree	6	30.0%	8	40.0%
	Disagree	7	35.0%	5	25.0%
	Agree	5	25.0%	6	30.0%
	Strongly Agree	2	10.0%	1	5.0%
62. When I am stressed, I **DO NOT** lose my temper with students who irritate me	Strongly Disagree	2	10.0%	1	5.0%
	Disagree	5	25.0%	6	30.0%
	Agree	7	35.0%	5	25.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
	Strongly Agree	6	30.0%	8	40.0%
63. It is the norm at my workplace not to take lunch and eat at your desk	Strongly Disagree	2	10.0%	3	15.0%
	Disagree	4	20.0%	4	20.0%
	Agree	4	20.0%	5	25.0%
	Strongly Agree	10	50.0%	8	40.0%
63. It is the norm at my workplace **TO** take lunch and **NOT** eat at your desk	Strongly Disagree	10	50.0%	8	40.0%
	Disagree	4	20.0%	5	25.0%
	Agree	4	20.0%	4	20.0%
	Strongly Agree	2	10.0%	3	15.0%
64. When I am stressed, the quality of my work is negatively affected	Strongly Disagree	6	30.0%	4	20.0%
	Disagree	6	30.0%	7	35.0%
	Agree	7	35.0%	9	45.0%
	Strongly Agree	1	5.0%	0	0.0%
64. When I am stressed, the quality of my work is **NOT** negatively affected	Strongly Disagree	1	5.0%	0	0.0%
	Disagree	7	35.0%	9	45.0%
	Agree	6	30.0%	7	35.0%
	Strongly Agree	6	30.0%	4	20.0%
65. Equipment necessary to perform my job functions are available for usage	Strongly Disagree	5	25.0%	8	40.0%
	Disagree	7	35.0%	2	10.0%
	Agree	4	20.0%	8	40.0%
	Strongly Agree	4	20.0%	2	10.0%
66. My employer provides healthy food options at the workplace	Strongly Disagree	11	55.0%	13	65.0%
	Disagree	8	40.0%	6	30.0%
	Agree	1	5.0%	1	5.0%
	Strongly Agree	0	0.0%	0	0.0%
67. I have the freedom to practice my religion without fear of discrimination from colleagues	Strongly Disagree	1	5.0%	1	5.0%
	Disagree	3	15.0%	2	10.0%
	Agree	5	25.0%	9	45.0%
	Strongly Agree	11	55.0%	8	40.0%
68. When I am stressed, I scream or shout or curse people who make me upset	Strongly Disagree	8	40.0%	8	40.0%
	Disagree	5	25.0%	8	40.0%
	Agree	5	25.0%	2	10.0%
	Strongly Agree	2	10.0%	2	10.0%
68. When I am stressed, **I**	Strongly Disagree	2	10.0%	2	10.0%

Variables	Categories	PRE		POST	
		Frequency	**Percentage out of total**	**Frequency**	**Percentage out of total**
DO NOT scream or shout or curse people who make me upset	Disagree	5	25.0%	2	10.0%
	Agree	5	25.0%	8	40.0%
	Strongly Agree	8	40.0%	8	40.0%
69. My employer promotes two-way communication, from top down and bottom up	Strongly Disagree	3	15.0%	2	10.0%
	Disagree	9	45.0%	9	45.0%
	Agree	7	35.0%	9	45.0%
	Strongly Agree	1	5.0%	0	0.0%
70. I am grateful for the blessings in my life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	0	0.0%	0	0.0%
	Agree	8	40.0%	7	35.0%
	Strongly Agree	12	60.0%	13	65.0%
71. Staff performance, either good or bad, matters to my superior	Strongly Disagree	3	15.0%	1	5.0%
	Disagree	4	20.0%	5	25.0%
	Agree	9	45.0%	12	60.0%
	Strongly Agree	4	20.0%	2	10.0%
72. I enjoy a day of rest completely away from work	Strongly Disagree	3	15.0%	2	10.0%
	Disagree	3	15.0%	3	15.0%
	Agree	3	15.0%	7	35.0%
	Strongly Agree	11	55.0%	8	40.0%
73. When I do not feel like going to work, I phone in sick	Strongly Disagree	9	45.0%	10	50.0%
	Disagree	6	30.0%	5	25.0%
	Agree	3	15.0%	2	10.0%
	Strongly Agree	2	10.0%	3	15.0%
73. When I do not feel like going to work, I **DO NOT** phone in sick	Strongly Disagree	2	10.0%	3	15.0%
	Disagree	3	15.0%	2	10.0%
	Agree	6	30.0%	5	25.0%
	Strongly Agree	9	45.0%	10	50.0%
74. I feel a sense of purpose for my life	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	1	5.0%	2	10.0%
	Agree	10	50.0%	12	60.0%
	Strongly Agree	9	45.0%	6	30.0%
75. I have the ability to forgive myself for mistakes	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	3	15.0%	4	20.0%
	Agree	13	65.0%	11	55.0%
	Strongly Agree	4	20.0%	5	25.0%

Variables	Categories	PRE		POST	
		Frequency	Percentage out of total	Frequency	Percentage out of total
76. When I am stressed, I struggle to sleep at night	Strongly Disagree	1	5.0%	1	5.0%
	Disagree	4	20.0%	3	15.0%
	Agree	10	50.0%	12	60.0%
	Strongly Agree	5	25.0%	4	20.0%
76. When I am stressed, I **DO NOT** struggle to sleep at night	Strongly Disagree	5	25.0%	4	20.0%
	Disagree	10	50.0%	12	60.0%
	Agree	4	20.0%	3	15.0%
	Strongly Agree	1	5.0%	1	5.0%
77. I have long-term career prospects with my current employer	Strongly Disagree	2	10.0%	1	5.0%
	Disagree	6	30.0%	10	50.0%
	Agree	8	40.0%	6	30.0%
	Strongly Agree	4	20.0%	3	15.0%
78. I experience intimacy in my committed relationships	Strongly Disagree	0	0.0%	0	0.0%
	Disagree	4	20.0%	2	10.0%
	Agree	11	55.0%	13	65.0%
	Strongly Agree	5	25.0%	5	25.0%
79. I have trust in our executive management	Strongly Disagree	9	45.0%	8	40.0%
	Disagree	4	20.0%	7	35.0%
	Agree	6	30.0%	4	20.0%
	Strongly Agree	1	5.0%	1	5.0%

APPENDIX C: STATISTICAL VERIFICATION