

EMPLOYEE PARTICIPATION IN WORKPLACE WELLNESS
PROGRAMMES IN THE NAMIBIAN PUBLIC SERVICE:
MOTIVATIONAL FACTORS AND BARRIERS

By

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Thesis presented in partial fulfillment of the requirements for the
degree of Master of Commerce in Industrial Psychology at the
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DECLARATION

By submitting this thesis, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Signed _____

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ABSTRACT

A typical workplace is likely to be non-existent in the absence of its human resources. Thus, human capital is generally an asset to most organisations. This is why it is important that employers play an active part in improving and maintaining the wellbeing of its most valued asset, its employees. The employee wellness programme is an intervention designed to serve a preventative and curative role concerning the wellbeing of employees and more organisations realises its value. However, employees and employers face various challenges when it comes to the participation of employees in these programmes.

The objectives of this study was to determine the factors that motivates employees to participate in workplace wellness programmes as well as the barriers to employee participation in workplace wellness programmes in the Namibian public service. The researcher intended to uncover the personal views and experiences of public service employees pertaining to the motivational factors and barriers influencing their participation in workplace wellness programmes. The latter inspired the use of the qualitative research method as a suitable method to gather information.

A total number of fifteen participants working for three different government ministries were interviewed by means of convenience sampling. Transcribed data was analysed through the method of thematic analysis and four sub-themes emerged from the data.

The data indicated that the nature of wellness programmes offered and the qualification levels of wellness officers influence the decision to participate or not. The motivational factors that emanated from the interviews include aspects pertaining to benefits such as improved levels of productivity and performance, time to rest and the opportunity to network with co-workers as well as obtaining rewards in the form of incentives. The barriers identified include factors such as programmes not being

offered on a regular basis, lack of interest in activities, work and time pressures, issues of trust and confidentiality, stigmatisation, employee attitudes and communication backlogs. Furthermore, the study findings also indicated that participation can be improved if changes such as having an exclusive department which only deals with wellness and is managed by qualified wellness practitioners is put in place.

It is evident from the research results that more barriers were identified than motivational factors, which could help to explain why employee participation rates are low in workplace wellness programmes. Enhancement of motivational factors and the possible elimination or minimization of barriers may increase participation rates. These results may be useful for workplace wellness programme design to get maximum return on investment on the part of the organisation. This in turn assists the organisation to strive for a healthy workforce and a healthy and happy organisation.



KEY WORDS

Employee participation

Workplace wellness programmes

Namibian Public Service

Motivational factors

Barriers



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“For I know the thoughts that I think toward you, saith the LORD, thoughts of peace, and not of evil, to give you an expected end.”

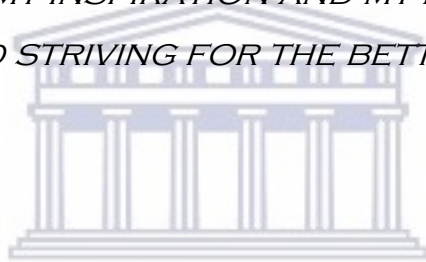
The logo of the University of the Western Cape, featuring a stylized building with columns and a pediment.

Jeremiah 29:11

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DEDICATION

*THIS THESIS IS DEDICATED TO MY SONS; I HAVE DONE IT ALL JUST
FOR YOU! YOU ARE MY INSPIRATION AND MY REASON FOR LIVING
AND STRIVING FOR THE BETTER!*



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To my special friends and all family members, who stood by me with continuous encouragement, support and love, I will never forget your unique contribution to the successful completion of my studies.

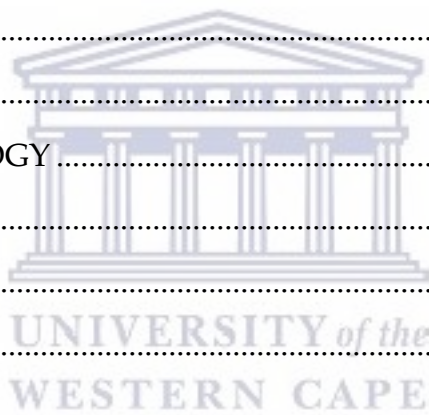
Finally, yet importantly, I would like to thank the Heavenly Father for his grace, mercy, provision and strength granted to me during the process of writing my thesis. Surely, goodness and mercy shall follow me all the days of my life.



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CHAPTER ONE

INTRODUCTION, RESEARCH INITIATING QUESTION AND RESEARCH OBJECTIVE

1.1. Introduction

Organisations worldwide invest a great deal of resources such as time and money into the design and implementation of workplace wellness programmes. The World Health Organisation (WHO) defines wellness as the ideal condition of wellbeing both physically i.e. healthy body and mentally i.e. healthy mind (Radler, Marcus, Griehs & Touger-Decker, 2014).

The World Health Organisation fact sheet statistics indicate that in 2016, over 1.9 billion people who are older than 18 years of age were overweight and 650 million were obese worldwide (<http://www.who.int/mediacentre/factsheets/fs311/en/>). The World Health Report (2002) highlights that, "over one billion adults are overweight and at least 300 million are clinically obese in poor countries and about half a million people in North America and Western Europe die from obesity related diseases every year. This implies that the number of overweight and obese people worldwide has increased. The Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV/AIDS) is reported to be the fourth main cause of death, with 28 million (70%) of 40 million infected people in Africa (World Health Report 2002). This epidemic is on the increase in other parts of the world with high rates of the development of new cases being reported in Eastern Europe and central Asia. Other interlinked high-risk diseases such as high blood pressure, cancer, high blood cholesterol, diabetes and lifestyle-related health risks such as smoking and high consumption of alcohol are reported to be on the increase. Besides the increasing prevalence of physical health, there is a concern about the representation of the mental health of people across the world.

The World Health Report (2001) indicates that about 450 million people are estimated to be “suffering from neurological or mental disorders or from psychosocial problems such as those related to alcohol and drug abuse”. It further reports that worldwide 70 million people suffer from alcohol dependency; 24 million have schizophrenia with a million people committing suicide every year. This is a brief depiction of the physical and mental health situation worldwide, which indicates the need for health care services.

In Namibia, HIV/AIDS is reported to be one of the major causes of illness and death. The impact thereof on the productivity rate in the public sector is the high rate of absenteeism (to attend funerals) due to HIV-related deaths (Conteh & Kiderlen 2011). “As in many countries throughout the world, illnesses such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases are among the leading cause of death in Namibia, accounting for 43 percent of all deaths” (The Namibia Ministry of Health and Social Services (MoHSS) and International Classification of Functioning, Disability and Health (ICF International, 2014, p. 237). “Although overall rates of hypertension among adults in Namibia are relatively low, hypertension is a serious health problem among adults aged 45 and older and those who are obese” (MoHSS and ICF International, 2014, p. 242). The United Nations Children’s Fund (UNICEF) reports that, HIV has a direct effect on the health systems, in all sectors, as it mostly affects the lives and health of workers and therefore leads to increased workload due to absenteeism. It further reports that, numerous Namibians are affected by illnesses which can be prevented and cured such as diarrhoea, tuberculosis (TB), acute respiratory infections (ARI), malaria, and malnourishment (UNICEF, 2005). According to Conteh and Kiderlen (2011), the office of the Prime Minister (OPM) reported that “there is a 15% prevalence rate of HIV/AIDS in the public sector, thus, the Namibian public sector may face rising costs and declining productivity” (p. 14).

Similar to AIDS, the above mentioned illnesses are worrisome to the public health of Namibia. The above is simply a short background of the health situation in Namibia, which shows that the Namibian workforce faces serious health problems.

Many of the groups reflected in the statistics of the World Health Reports are adults who are in their productive years and found in the workplace. It is a commonly known fact that, individuals who are employed spend most of their day-time at the workplace. The demands and expectations of the workplace and in the personal lives of employees can greatly affect their health. According to Hill-Mey, Merrill, Kumpfer, Reel and Hyatt-Neville (2013) one's place of work is a space where employers and staff members have already established communication networks, a way of doing things and a structure of support, it is being recognised as the best place for the promotion of health. Thus, employers have an enormous social and financial responsibility towards the health of their employees. Employee wellness programmes are more progressively used to encourage enhanced health behaviours of employees, avoid sickness, and increase efficiency in countries such as the United States and other countries (Hill-Mey *et al.*, 2013). Workplace wellness programmes aim to assist employees to live and maintain a healthy lifestyle, which would ideally result in them contributing towards their own productivity and to meet the goals of their organisation. Baicker, Cutler, and Son (2010, p. 1) state that "more than 60 percent of Americans get their health insurance coverage through an employment-based plan. This is an indication that employers care about the health of their employees and this is conveyed through the organisations' inclination to invest in the health of its employees.

Workplace wellness programmes are often, fully paid by the employer and serve as a benefit for the employees. Although there is a massive need to improve and maintain the state of employees' health and taking preventive measures in the workplace, it has been found that organisations face challenges regarding the uptake of participants in their wellness programmes. Linnan, Sorensen, Colditz, Klar and Emmons (2001)

suggest that the low participation of employees in workplace wellness or health programmes could be linked to the funding of these programmes.

In order for Namibia to become a healthier country, it is crucial that these health conditions be addressed. This will also help in achieving the Millennium Development Goals and Vision 2030. The above depicts that the workplace wellness conditions affects the Namibian nation as a whole and especially the employees absorbed by the public service. The state is the leading employer in Namibia employing about 85 000 public servants (Conteh & Kiderlen, 2011). As workplace wellness programmes are interventions through which these health issues can be addressed, non-participation or low participation may hinder the efforts by employers to build and maintain a healthy and productive workforce.

Background of the Namibian public service

The Namibian government offers various services to its community through different ministries. Its main goal is to work towards achieving the goals and objectives set out in Vision 2030. According to the Namibian government's website, Vision 2030 is a "long term plan to create an industrialised nation" and its main aim is to increase "the quality of life of the people of Namibia to the level of their counterparts in the developed world, by 2030".¹

The National Development Plan (NDP 4) is a strategic plan that lays out goals and strategies on how to reach the goals set out in Vision 2030. In order to achieve the goals, set in Vision 2030, the government needs a well-developed and healthy workforce. The latter contributes to the level of productivity within the workplace and the timely achievement of organisational goals. From the health information presented above, it is clear that there is a need for workplace wellness programmes in

¹ More information on Vision 2030 is accessible on <http://www.gov.na/vision-2030> (accessed on 12/05/2017).

the Namibian public service due to the fact that the country's development, amongst other factors, depends on a healthy workforce.

The Namibian government has made it its responsibility to get involved in the prevention of illnesses and maintenance of public servant's health. It employs a large number of the Namibian working population therefore, it is an ideal environment to reach employees and influence their health and lifestyle. Kolbe-Alexander *et al.* (2012) supports this idea by stating that the workplace is seen as a venue that has the potential to reach a huge amount of people at the same time and is a good environment for interventions involving adults. One of the initiatives to create and maintain a healthy workforce is through the implementation of workplace wellness programmes. These programmes aim at creating awareness about various health issues in the workplace and addressing them. Awareness of employees' health status will help them to take the necessary preventative as well as curative measures. A healthy workforce would contribute to the development goals of the Namibian government and this could contribute to the economy of the country as well as the development of the country's inhabitants. This is likely to be a result of good working relations amongst employees, a sense of being cared for by their employer, high levels of productivity and job satisfaction, just to mention a few.

According to the "Government of Namibia" website, the public service comprises two (2) Offices, twenty-eight (28) ministries, and eight (8) agencies. Information gathered from the Public Service Commission via telephone during April 2016 revealed that only half of these ministries have workplace wellness programmes. Despite these efforts from the government in implementing various workplace wellness programmes, research conducted in other countries suggest that the participation rate in these programmes is generally low (Gebhardt & Crump, 1990; Linnan *et al.*, 2001). The above finding raises concerns about employees' lack of motivation and interest towards the workplace wellness programmes. Paucity exists in literature regarding the factors that motivate employees to participate in wellness programmes in

Namibia. Therefore, this study seeks to cover this gap by investigating the factors that motivate employees in the Namibian public service to participate in workplace wellness programmes as well as barriers that prevent them from attending. The overarching research question guiding the study is therefore: “Why are employees in the Namibian Public Service not participating in workplace wellness programmes and what could motivate them to participate?”

1.2. Research purpose

There are numerous benefits for both the employer and the employee that are offered by workplace wellness programmes. These programmes are put in place with the purpose of having a healthy workforce that contributes to the productivity and success of the organisation. However, “employee participation in worksite health programmes has been relatively low over the past three decades” (Linnan *et al.*, 2001, p.603). Identifying motivational factors and barriers to employee participation in workplace wellness programmes could assist organisations in coming up with policies and interventions to improve employee participation in workplace wellness programmes. This goal could be reached using research findings to discover strategies that may enhance motivational factors and eliminate barriers to participation. Person, Colby, Bulova and Eubanks (2010) reports that, previous research pointed out the characteristics of personnel that are greatly linked to their participation in worksite wellness programmes. However, no clarity has been observed from a qualitative viewpoint as to the reasons of why employees may decide not to participate.

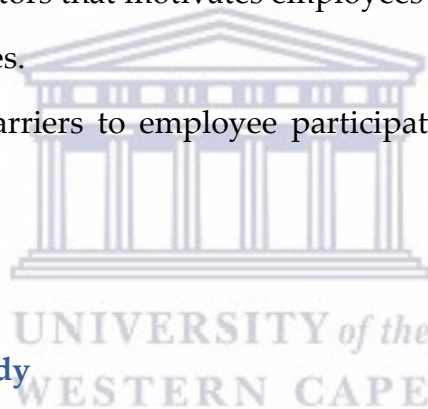
While searching for literature, no formal written research has been found on studies done on the Namibian public service on the topic addressed by this research study. The only information and records available are the reports on numbers of participants who attend workplace wellness programme. These reports are generated as part of

the performance appraisal process and not as a formal research report. They are thus not available for public use. Literature and personal observation have proven that there is generally a low rate of participation in workplace programmes. Based on this observation the study aims to explore barriers and motivational factors related to employees' participation in workplace wellness programmes of the public service.

1.3. Objectives of the study

The research question formulated for this study translates into the following research objectives:

- To determine the factors that motivates employees to participate in workplace wellness programmes.
- To determine the barriers to employee participation in workplace wellness programmes.

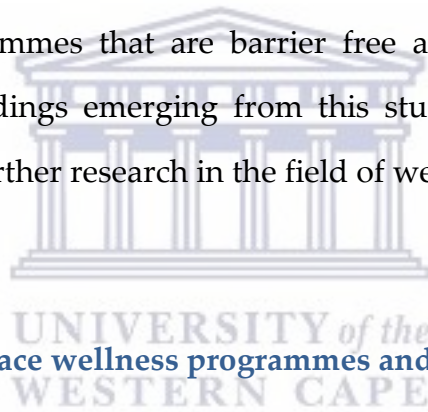


1.4. Delineation of the study

Workplace wellness programmes are offered in public and private sectors. Ideally, a better picture of the factors influencing participation in workplace programmes could be formed by exploring these factors in both sectors. However, it will require a lot of time and resources to conduct research of such nature. Since the researcher's interest is mostly focused on government employee's participation, the study is limited to employees who are employed by ministries running workplace wellness programmes in the public service.

1.5. Significance of the study

The primary goal of the study is to explore the motivational factors in employee participation and barriers towards participation in workplace wellness programmes specifically in the Namibian government. Results of this study might assist policy makers to develop and implement policies relating to workplace wellness. Additionally, wellness co-ordinators in the public service may use the research findings to implement various interventions that may aid in increasing employee participation in workplace wellness programmes through the elimination of barriers to entry in programmes. This could in return maximise the participation rate of employees in workplace wellness programmes in the public service. Furthermore, results of the study may also be useful for wellness practitioners in the private sector to design wellness programmes that are barrier free and enhancing programme participation. Finally, findings emerging from this study may be used by other researchers interested in further research in the field of wellness.



1.6. Dimensions of workplace wellness programmes and definitions/key concepts

This section identifies and defines the dimensions of workplace wellness programmes and the key concepts used in this study. The following three terms are defined in the Public Service Workplace Policy on HIV and AIDS (Office of the Prime Minister, 2009)

Wellness programme: a set of initiatives designed to promote the physical, mental and emotional wellbeing of employees.

Workplace: Any occupational setting, station or place where employees spend time for gainful employment. *Public Service employee:* an employee of an office/ministry/agency established in terms of Section 3 of the Public Service Act, 1995 (Act 13 of 1995).

Employee workplace wellness programmes are used to address issues about employee wellness (Sieberhagen, Rothman & Pienaar, 2009) and the support

employees receive from their organisations through employee workplace programmes (EWPs) presents great benefits to those who use these programmes. Benefits of having a wellness centre includes loss of weight, higher fitness levels and strength for employees (Person *et al.*, 2010).

In the study conducted by Sieberhagen *et al.* (2011) the participants defined some of the components of employee wellness, such as health, dimensions of wellness, work wellness and wellness management. Some of these definitions are presented here to give an idea of how participants in a study on “management of employee wellness in South Africa” define the above-mentioned components.

- **Health** - this dimension includes information about employee health, medical issues, Human Immuno-deficiency Virus (HIV) management and organisational wellness. It refers to the improvements in the health of the employees in the organisation as part of the organisation’s definition of employee wellness.
- **Dimensions of wellness** - this dimension includes items relating to the psychological, physical, financial, spiritual and social aspects of wellness. Furthermore, wellness is referred to as a continuum that ranges from unwell to well.
- **Work wellness** – this dimension included information about employee happiness at work, workers enjoying occupational and efficient work styles.

Spence (2015) identified and defined the following dimensions of workplace wellness, which are “represented” in wellness programmes (work-well programmes):

- **Physical ill health – prevention** - Any offering that seeks to safeguard an employee’s physical health or lower health risk factors (Flu vaccinations, ergonomic assessments, blood pressure (BP) tests).

- **Physical health - promotion** - Any offering that encourages or supports an improved physical health status (Gym membership, Global Corporate Challenge, fruit deliveries).
- **Mental ill health – prevention** - Any offering that helps employees to manage the adverse effects of work stress or recover from a work-related trauma or personal crisis (Employee Assistance Programme (EAP) offerings such as workplace counselling, outplacement services, critical incident debriefing).
- **Mental health - promotion** - Any offering that supports flourishing psychological health in employees (Workplace coaching, Positive Psychology seminars, meditation, yoga classes).
- **Financial wellbeing** - Any offering (beyond ordinary remuneration practices) that supports employees to improve their personal financial status (Financial advice, salary packaging, retirement planning).
- **Career wellbeing** - Any offering (beyond ordinary career management activities) that seeks to optimise the professional growth and development of employees (Mentoring, flexible work practices).
- **Social wellbeing** - Any offering that encourages social connections within organisations (Social Club support, volunteering schemes, and lunchtime sport).
- **Environmental wellbeing** - Any offering that seeks to build employee connections to the natural world or design office spaces that support optimal functioning (Creation of green spaces in office environments, workplace design).

The variety of dimensions indicated above shows that workplace wellness programmes can be used to address areas of concern in the workplace. It is the

responsibility of the organisation to design a programme that fits the needs of the organisation.

1.7. Structure of the thesis

This thesis is comprised of five chapters.

Chapter one is the introduction, which includes the research problem, objectives, delineation of the study, the definition of terms and concepts, the significance of the study and the structure of the thesis.

Chapter two covers the literature review, which provides a theory base and a survey of published works pertaining to employee workplace programme participation.

Chapter three explains how the research problem is addressed by presenting the methodology of the study. The methodology includes the research design, sampling strategy, data collection procedures, qualitative data analysis techniques used and the psychometric properties of the measuring instruments. The chapter also includes the ethical principles taken into consideration during data collection.

Chapter four presents the findings of the study proceeding from the data collected.

Chapter five presents a detailed discussion of the results, theoretical and practical implications of the results, the limitations of the study and the direction for future studies. The last part of the chapter is the conclusion, which synthesises the whole study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

The economic growth of an organisation or country depends on the productivity levels of the employees. Due to the large impact that employee wellness has on a country's economy it should be considered as a matter worth pondering on by both employees and employers. One way of addressing this issue is by paying attention to improving the wellbeing of employees. The proper implementation and co-ordination of workplace wellness, may determine whether employees are motivated to partake in wellness programmes. The latter stems more from an organisational level. However, the question of what motivates the employee to participate in the workplace wellness programme after the organisation has done its part remains unanswered in the Namibian public sector.

When talking about programmes in employee wellness it is important to distinguish between the concepts employee wellness programme and employee assistance programme. Benavides and David (2010) reviewed the differences between an Employee Assistance Programme (EAP) and a wellness programme. They broadly labelled an EAP as a treatment intervention, which repeatedly has an adverse stigma linked to it, whilst a wellness programme initiates to find solutions to problems before they occur and become uncontrollable. For the purpose of this study, the terms Employee Wellness Programme/Workplace Wellness Programme are used interchangeably to refer to programmes implemented by employers with the aim to prevent and treat health problems.

Health may refer to both mental and physical health. Henry (cited in Scott, 1958, p. 37) regards mental health as the successful adaptation of the person in the "normal

stressful situation.” Physical health factors involve different types of illnesses, especially those related to how people live their lives. These factors may influence the health condition of the employees. Envick (2012) states that physical wellness of an individual has a positive influence on the psychological wellness of an individual, which in turn leads to increased levels of productivity. With the above introduction of wellness programmes and health, the definition and background, concepts and variables such as workplace wellness programmes, participation rates, barriers and motivational factors are discussed.

2.2. Background and definition of Wellness and workplace wellness programmes

2.2.1. Definition of wellness

When exploring a phenomenon, it is crucial to know what the phenomena is or what it means. With regard to the definition of Employee Wellness Sieberhagen, Pienaar and Els (2011), states that the term has not been defined adequately due to the lack of agreement of what should be included in the definition. In agreement with the latter Mattke *et al.* (2013) also states that a “formal and universally accepted definition is yet to emerge” (p.21). However, Sieberhagen *et al.* (2011) made use of the following definitions for their study:

- “a conscious and deliberated approach into an advanced state of physical, psychological and spiritual health”
- “a multi-dimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being”

Corbin, Lidey and Welk (2002) in Sieberhagen *et al.*, (2011) describe wellness as “a state of well-being that contributes to an improved quality of life” (p.1). The authors’ further state that the absence of a universal definition, and the confusion about a preferred term to describe wellness, pose great difficulties to developing guidelines

for good wellness practices in organisations. Considering the above definitions, one can say that wellness is a state of physical, psychological and spiritual wellbeing that leads to improved live standards.

Wellness programmes are intervention strategies intended to promote the well-being of employees. They could be preventative and curative in nature. This implies the organisations can have ways to prevent employees from getting diseases through wellness programmes and can find ways to deal with diseases individuals are suffering from. “Thus, the purpose of introducing a wellness programme in an organisation is, to create an awareness of wellness issues, facilitate personal change and health management and promote a healthy and supportive workplace” (Sieberhagen *et al.*, 2011, p. 2).

2.2.2. Characteristics/Nature of workplace wellness programmes

Understanding the nature and characteristics of workplace wellness programmes assists organisations and wellness practitioners to know what a wellness programme constitutes and what aspects it focuses on. The workplace wellness programme’s design and implementation should serve the purpose of an intervention used by organisations that will boost the performance of the employees and consequently that of the organisation. Robroek, Van Lenthe, Van Empelen and Burdorf (2009), supports this idea and states that “knowledge about programme characteristics that contribute to participation is required to increase the cost-effectiveness of the interventions, which may be crucial for companies implementing the programmes” (p.2). Employers view these programmes as a way to improve employees’ health and wellbeing, boost employee productivity and morale, decrease employee absenteeism, and lower overall healthcare costs (Hill-Mey, 2013, p. 155). The success of workplace wellness programmes should not be determined by the amount of money the organisation saves or how many people participated in the programmes (Pyrilllis, 2016). The author

further emphasises that the success of the wellness programmes “should be about productivity, and business metrics, retention and customer satisfaction (p. 40). Furthermore, Pyrrillis also argues that the success of wellness programmes is “not about health benefits only, but about broader well-being, including social connectedness, financial security, and emotional health and job satisfaction” (p. 40). Programmes are aimed at encouraging employees to live a healthy lifestyle and not to control their lifestyles (Brennan, 1983). Employees can only benefit from these programmes if they understand the value added to their lives through the participation in workplace wellness programmes.

Different organisations employ various types of workplace wellness programmes thus programmes differ in terms of “services and activities” they offer. Willis (2014, p.11) describes three levels of workplace wellness programmes: the basic, intermediate and comprehensive.

Basic: Just getting started with a wellness programme. This programme offers a few voluntary activities, such as lunch and learns, health fairs and team challenges. They operate with minimal or no budget.

Intermediate: This programme has a designated wellness committee or internal programme coordinator. This programme offers most of the components of a basic programme plus health risk assessments, on-site biometric screenings, health coaching and/or a wellness web portal. Some incentives are available for programme participation and a designated wellness budget.

Comprehensive: This programme offers most of the components of an intermediate programme plus targeted behaviour change interventions and has significant wellness incentives. The programme is offered to spouses, tracks wellness programme data year by year, and focuses on evaluating the impact of the wellness programme.

Furthermore, Pollitz and Rae (2016) also characterises workplace wellness programmes in the public service as:

- A programme that is designed to promote health or prevent disease.
- Participatory in nature, meaning that the employer does not give any rewards for participation or penalties on health status.
- Participation is voluntary thus the employer does not coerce employees to take part in the workplace wellness programmes nor does the employer punish employees for non-participation.

The workplace wellness programmes offered by various ministries in Namibia fits the intermediate type of programme as identified by Willis (2014) and holds all three characteristics as identified by Pollitz and Rae (2016). For the purposes of this study, reference to workplace wellness programmes comprises the above mentioned.

2.2.3. Dimensions of wellness

Various studies in literature have been published on the dimensions of wellness. For example, Sieberhagen *et al.* (2011) have identified three different types of dimensions of wellness, namely, physical, psychological, social and spiritual. Due to the limited scope of this study, the researcher will mostly focus on psychological health and physical health. To get an understanding of wellness, these dimensions are conceptualised.

2.2.3.1. Physical health

Workplace wellness programmes in the Namibian Public service focuses more on the physical health of its employees. Physical health includes medical and nutritional wellbeing of an individual. Organisations spent huge amounts yearly on health care

expenses incurred by visits to medical practitioners. Expenses are incurred through absenteeism from the workplace, which again influences the productivity of the individual and the organisation.

Physical health can be influenced by the type of work an individual does. For example, certain jobs require people to sit the whole day with little movement and if the individual does not engage in any physical activity to exercise the muscles, it can lead to pains such as backache or neck ache. Repetitive work tasks can also lead to physical pain of the part of the body that is repetitively being used.

Another source of common illnesses amongst employees is caused by their lifestyle habits. These diseases are high blood pressure, high levels of cholesterol and diabetes. Cancer and HIV/AIDS are also amongst some of the deadly diseases.

Gallup (2013) conducted a meta-analysis and discovered a relationship between the levels of engagement at the workplace of employees and their physical wellness. He concluded that highly engaged workers are healthier than those who do not actively engage in physical activities. Another finding by Gallup is low cases of continuous health problems such as high cholesterol, high blood pressure, depression, diabetes, obesity etc., were observed amongst engaged employees than their counterparts. Moreover, he claims that involved employees are more likely to take part in workplace wellness programmes. Finally, Gallup concluded that through efforts of improving the worker's levels of engagement, the organisation could assist with the improvement of workers quality of life. Organisations will also decrease the cost of low productivity, health care costs and absenteeism caused by chronic diseases.

It is worth observing from the information above that a physically fit and healthy employee is an asset to an organisation as they will be happy and productive. This is a benefit for both the organisation wellbeing and the employee's wellbeing. Looking

at the bigger picture, this can contribute to the wellbeing of the community as well as a country at large. “Whilst physical health and safety remains paramount in the debate on health at work, the emphasis has also shifted to take in the psychosocial aspects of our life at work” (Donaldson-Feilder & Podro, 2012, p.2). Another dimension of health, which is psychological health, is a great focus of some workplace wellness programmes thus, the need to get an understanding of its importance pertaining to wellness programmes.

2.2.3.2. Psychological health

The psychological health of an employee refers to the emotions and feelings of an individual. Emotions can be positive or negative and they have an impact on the functioning of a human being. The ability to create and maintain positive thoughts is referred to as emotional fitness. Sharkey (1997) defines emotional fitness as the state where the mind has the ability to distance itself from negative thoughts to concentrate on creative and productive tasks. Negative emotions such as distress, anger, fear and anxiety can minimise the performance and productivity levels of workers. On the contrary, Hupert and So (2009) states that individuals who experience positive emotions (i.e. “a high level of psychological wellbeing) are effective learners and productive workers. They also relate better socially to other people and live healthier and longer lives. Good emotional stability is linked to the positive economic growth of an organisation because it minimises organisational problems such as absenteeism and low performance in the workplace. Organisations also save on the health care expenses and money spent to overcome social problems such as alcohol abuse (Diener *et al.*, 2009; Huppert, 2009 as cited in Huppert and So, 2009). Emotional fitness can determine an individual’s success in all areas of life (Sharkey 1997).

Organisations recognise the importance of psychological wellness as being equally vital as physical health. They also acknowledge that employees are less keen to talk

openly about their mental health issues, due to the stigmatisation by society on mental health (Gallup 2013). The WHO statistics on mental illness show that millions of people worldwide suffer from mental problems such as schizophrenia and depression. In Namibia, newspaper articles on passion killing shows, that there are emotionally instable members of society, because of the high rate of passion killings and suicide. Dr. Whitaker, a clinical psychologist in Namibia, did research on the suicide rates in Namibia. An article in the Namibian newspaper in 2013, Dr. Whitaker states that, Namibia is amongst the countries with the highest suicide rates, especially teenagers and young adults.

The demands of the workplace can also affect the psychological wellbeing of the individual. Heavy workloads, unconducive work environments (noise levels, lighting etc.) and poor relationships with colleagues can lead to poor emotional health. "Work may have become safer, with the introduction of health and safety legislation helping to reduce the number of injuries and deaths, but it has also become more complex, with rising levels of stress and mental health problems increasingly linked to working life" (Donaldson-Feilder & Podro, 2012, p.2). However, the Business in the community group (BITC) report (2014) demonstrates that due to the stigma generally associated with mental illnesses employees who suffer from mental illness prefer to keep silent. With the above in mind, organisations in the United Kingdom organised a campaign that focuses on ending the silence around mental illnesses. This campaign appeals to all organisations in the UK to sign a pledge to show their commitment towards their employees' mental wellbeing (BITC Workwell, 2014). On the individual level, WWP focus on improving psychological health through improving the physical health of employees. Authors, such as Sharkey (1997) states that, combining good nutrition and physical exercise aids the improvement of psychological wellbeing and the emotional state of individuals.

It is clear from the literature that emotional wellbeing cannot solely exist without the co-existence of physical health.

2.2.3.3. Importance of having a healthy workforce

“If you do not have a healthy workforce, you cannot develop economically. And if you do not have a well-educated and healthy workforce, that is a huge constraint on your development”- Bruce Wilkinson (n.d). This quote simply emphasises that investment in having a healthy workforce equals economic and developmental gain for an organisation. However, the benefits of health do not end with the organisation, but are also extended to the employee. Envick (2012) defines wellness as the “the quality and state of being healthy in body and mind.” (p.21). Employee wellness is an asset to performance driven organisations as poor health is likely to lead to low productivity and eventually undesirable economic consequences for a country (Envick, 2012). In an attempt to develop a healthy workforce employers should make sure that focus is placed on the physical and mental well-being of employees. In support of the latter, Envick (2012) reports that research shows that physical wellness plays a substantial part in the whole individual, and it is an essential precursor to psychological well-being and thus, productivity. Wright, Larwood and Denney (2002) describes psychological well-being as a measure of the different elements of emotions and it is linked to the effectiveness of a person’s social as well as psychological functioning. Envick (2012) agrees with Sharkey (1997) concerning physical wellness in stating that, fitness and living a physically active life improve psychological and physical health. Sharkey also suggests that being inactive leads to the deterioration of the body and this can be addressed through workplace wellness programmes.

In the same literature, Envick (2012) also investigated how a positive change in physical fitness can affect emotions. The results indicated that the transformation in

physical wellness leads to better emotional quality and that a happy employee is a productive employee.

The understanding of the importance of having a healthy workforce goes hand in hand with knowing the importance of interventions such as workplace wellness programmes. What is it worth to have WWP in the public sector? Legislation such as the Occupational Health and safety policy of Namibia requires employers to ensure that health and safety measures are put in place at the workplace. Despite the legal requirement, Crowther *et al.*, (2004) points out that it is worth investing in employee wellbeing as it increases productivity. The author states that productivity is increased through engaging employees more and minimising employees being away from work or being at the workplace and not doing any work. Other ways mentioned by Crowther *et al.* (2004) is the uplifting of employee morale and co-operation, retaining staff as well as through the image of the organisation.

WWPs also offer businesses with a way of proving the care for their employees and it is also an excellent way of practicing corporate social responsibility, which enhances the recruitment of gifted future employees (Holmqvist, 2009 quoted in Spencer, 2015, p.112).

2.2.3.4. Components of workplace wellness programmes

Workplace wellness programmes comprises different types of activities. The type of activities included in the programmes implemented are determined through the process of needs analysis or by conducting wellness audits.

A study conducted by Kolbe-Alexander *et al.* (2012) reports that 66% of organisations that took part in their study reported that wellness programmes focused on programmes such as HIV/ AIDS education, screening and counselling. Other priority

areas identified were worksite health and wellness, were “reducing risk for cardiovascular disease, decreasing Body Mass Index and improving nutrition” (Kolbe-Alexander *et al.*, 2012, p. 4). Furthermore, they report that workers chose “individual-based counselling and intervention programmes” over group-based programmes. The 2014 Willis Health and Productivity report results shows that from the organisations presenting wellness programmes, 90% reported that their programme focused on the physical activity component, 86% reported to have included a nutrition component, preventive care was reported by 77%, stress management by 75% and tobacco cessation by 68%.

Mattke *et al.* (2013) identified the following components that constitute a workplace wellness programme:

Wellness screening activities

- Health Risk Assessments (nutrition, physical activity, smoking, cholesterol levels, weight, blood pressure and blood glucose).
- Onsite biometric or clinical screening (height, weight, testing heart rate, cancer screening, blood pressure, diabetes and cholesterol).

Similarly, a university wellness programme study by Hill-Mey *et al.* (2013), is reported to have a fitness centre and an employee wellness centre on the university grounds. This programme offers coaching and nutrition consultation services. They also report Health Risk Assessments and Biometric screening as part of the wellness programme offerings.

Preventative interventions

- Lifestyle management (Weight reduction counselling, health promotion, improved nutrition, exercise, smoking cessation and coaching).
- Disease management (health plan and medical adherence)

Health promotion activities

- Onsite vaccination services
- Fitness benefits
- Healthy food options
- Nurse advise line

Wellness programme offerings as listed by Joslin, Lowe and Peterson (2006, p. 310):

- Flu vaccine clinics,
- Medical screenings,
- Personal health look appointments (include health counselling and fitness assessments, exercise contests, health-related resources and CPR/first aid training).

Another activity or intervention that can form part of workplace wellness programmes is motivational interviewing. This method makes use of trained wellness counsellors, with the skills to communicate the danger of heart disease, in ways that employees can understand easily. The staff member assisted by the wellness practitioner finds possible obstacles and factors of lifestyle enhancement and they come up with ways to prevent diseases and maximising health through healthy eating habits and regular physical activity (Kolbe-Alexander *et al.*, 2012). The advantage here is that the wellness specialist does not decide for the employee what they have to do to improve their health status but the employee uses their free will to make the choice. Because it is the employee's own decision, they take responsibility for their health and are likely to follow through the plan or strategy.

The types of activities preferred by the employees may determine participation in workplace wellness programmes. Kolbe-Alexander *et al.* (2012) states that in their study they found that employees preferred individual-based counselling and intervention programmes to those that was done in groups. Similarly, findings by

Rongen, Robroek, van Ginkel, Lindeboom and Burdorf (2014) evidenced that the number of individuals preferring wellness programmes which are individual focused over those offering through multiple meetings. Other research conducted by Kruger, Yore, Bauer and Kohl III (2007) suggests that participants showed preference towards programme offerings such as weight loss programmes, fitness centres, on-site exercise classes, healthy foods sold at the cafeteria and lastly policy practices which allow employees to exercise during working hours. Therefore, it can be deduced from literature that participation may be influenced by the variety of programme offerings and employee preferences of these offerings.

2.2.3.5. Goals and implementation of workplace wellness programmes

The goals and objectives of a particular workplace wellness programme are determined by the outcome of the needs analysis done before the implementation of the programme for a given organisation (Joslin *et al.*, 2006). However, the overall objectives of wellness programmes are to prevent mental and physical illnesses/diseases in the workplace as well as to serve as a measure of treatment.

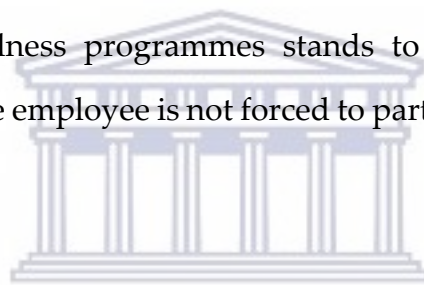
Even though workplace wellness programme components differ from one programme to another, between, and within countries, they normally have goals, which are common such awareness raising, emphasising healthy activities and assisting members cultivate tools for changing their behaviour (Joslin *et al.*, 2006).

Kolbe-Alexander *et al.* (2012) reports that, although, managers and employees want to increase their level of health, they did not have the knowledge and skills to implement changes for a healthy lifestyle, lessening their risk of heart disease. Thus, according to the above-mentioned author, the focal goals of the workplace intervention are; the

increase of the intensity of physical movement and motivating individuals to adapt to healthy eating styles by increasing the intake of fruits and vegetables.

2.3. Participation of employees

Besides the employer who is the implementer of workplace wellness programme, employees play a critical role in the success of workplace wellness programmes. Employees and organisations can only benefit and make a success of the services offered through WWPs if employees actively partake in the activities. Participation in WWPs, as is stated by Linnan *et al.*, (2001) refer to those workers that volunteer to actively take part in workplace wellness programmes. There is strong emphasis that this process is voluntary which is backed up by Baicker (2010) stating that partaking of staff in workplace wellness programmes stands to be voluntary. Voluntary participation means that the employee is not forced to participate in any activities that are part of the WWP.



Bright, Rush, Kroustos, Stockert, Swanson and DiPietro (2012) conducted a study on the attitudes of employees towards participation in a Work site based health and wellness clinic. Their findings suggest that employees showed a “desire” to participate in the health and wellness clinic (Bright *et al.*, 2012, p. 530). Although the above-mentioned results show that employees have the desire to take part in activities involving wellness, low levels of participation in workplace wellness programmes are observed. These low rates of participation reduces the cost effectiveness of the workplace wellness programme (Robroek *et al.*, 2009). Research conducted with employers employing over fifty (50) employees showed that these companies had a minimum of one activity encouraging health (Gebhardt & Crump, 1990). The latter is indicative that a numerous number of employers are offering wellness programmes and that that some employees are actually interested in participating in workplace

health programmes. However, the question comes to one's mind, whether showing interest participation in or the intention to participate guarantees participation in wellness programmes? A number of authors investigated rates of participation in workplace wellness programmes and found that participation rates are not favourable.

2.3.1. Participation rates

According to Spence (2015), the perceptions and experience of workforce members are not represented well in the literature and somewhat limited researchers have explored why rates of participation in workplace programmes are low. This finding can also be assumed in the case of Namibia as no literature is available to the researcher conducting this study, thus exploring the barriers to participation may provide answers to this question?

In addition to Spence's (2015) finding, other research findings suggests that not many of the employees take part in these WWP's (Gebhardt & Crump, 1990). A significant difference has been observed between participation of blue-collar workers (15% -30%) and white-collar workers (3% to 5%) in workplace wellness programmes. A study conducted by Person *et al.*, (2010) with university staff indicated an average participation rate of 10.4%. In 2009, Robroek, van Lenthe, van Empelen and Burdorf, carried out a methodical review on participation rates of employees in workplace wellness programmes with findings indicating that participation levels were classically less than 50%. These findings are in line with Rongen *et al.*, (2014) results indicating low levels of entry by employees in workplace wellness programmes.

Participation rates can also be influenced by the characteristics of participants such as age and gender-linked to the nature of the programmes offered (Joslin, Lowe & Peterson, 2006). "Therefore, awareness of employee characteristics when planning

and implementing wellness programme offerings may assist programme coordinators in providing offering likely to result in participation among certain employees” (Joslin *et al.*, 2006, p. 315).

Alexy (1991) conducted a study that investigated the factors that are “associated with the participation and non-participation in a workplace wellness programmes”. In this study the majority of the individuals participating were blue collar workers and the following factors were listed: perceived benefits of health promotion behaviours, perceived physical barriers of health promotion, perceived self-efficacy for health promotion behaviours, perceived psychological barriers, situational components relating to convenience of the wellness facility, and the need for social support” (p.33). Individuals that took part, pointed out more benefits and less barriers to wellness activities. Non-partaking individuals had characteristics such as “being older, less educated, and tended to view their age, their perceived lack of fitness, and perceived poorer health status as restrictions to regular physical activity”. They further identified shift work, working overtime, responsibility at home, and distance from work as major barriers to health promotion activities (Alexy, 1991, p.33).

Considering the reported benefits of WWPs such as increase in productivity and employee morale, Spence (2015) agrees that it would be worthwhile for organisations to find ways to upturn employee participation in these programmes. If an organisation wants to embark on finding ways to maximise the participation rate of employees in WWPs, it first has to consider the factors that impact participation in wellness programmes. These factors would determine what necessary steps should be followed to eliminate limitations concerning participation.

2.3.2. Factors that may impact the participation

Previous literature shows that although employees want to partake in WWPs there are factors that may influence their decision to partake or not. These factors can be

individual, organisational or both. A thorough understanding of these factors may help employee wellness practitioners in implementing workplace wellness programmes that work. A study done by Spence (2015, p.113) identified the following factors that may influence participation of employees in workplace wellness in Australia.

Individual factors

Quite a few individual-level factors have been identified to give an explanation for the low participation of employees. These include service-needs misalignment, time and work pressures, access to resources, individual change readiness, and personal locus of responsibility and/or perceptions about the balance of responsibility for change.

Organisational factors

Spence (2015) identified the following organisational level factors that could help in explaining participation rates: the changing nature of the human resources function, perceptions of corporate social control, organisational trust and/or the satisfaction of basic needs.



2.3.3. Form of support needed by employees

Results of a study done by Spence (2015), on wellness programmes (what type of support employees want from the organisation) showed that communication within the workplace was more important to employees than physical health, concerning job satisfaction. This means that for this particular group to perform well, it is crucial that important information should be communicated timeously and in a proper manner between employees and management. Employees also reported that job satisfaction could be experienced through equipment that is in a good working condition and social relations between employees and management. Based on the above, Spence (2015) suggests that, if “organisations want to successfully implement workplace

wellness programmes and maximise the benefits that might be derived from them, then a multiplicity of factors becomes important. The most fundamental of these factors is employee receptivity or the degree to which employees are positively oriented towards a programme, by virtue of what it represents for them and its perceived value for themselves or others. Put differently, employee receptivity is a motivational precondition for (at best) participating and taking part in a programme or (at worst) advocating for it and encouraging others” (p.120). Employee receptivity is hypothesised to be influenced by the following factors listed by Spence (2015, p.121):

- Alignment with employee needs
- Changing norms
- Addressing change readiness issues
- Motive transparency
- Genuine commitment to systematic change

If the above-mentioned factors are not adhered to, such a clear explanation of the motives and addressing readiness for change, it might lead to distrust and low participation of employees in workplace wellness programmes (Spence, 2015).

The study done by Spence (2015) found that some workplace wellness programmes do not address the needs of employees. Thus, employees may not see the need of participating in activities planned by the wellness department. The author further suggests that the way employees receive the programme should be considered when workplace wellness programmes are implemented. An ill-received wellness programme by employees may thus be a waste of costly resources that could be of better use for other projects in the organisation. Therefore, it is important that management and wellness practitioners consider the needs of the employees before implementing a workplace wellness programme.

2.3.4. Service Providers and influence on participation

Workplace wellness programmes make use of either internal or external service providers. Internal service providers operate from within the organisation; they are based at the organisation. External service providers work as consultants and they only come to the organisation to provide their services and leave once they are done. Internal and external providers have their advantages and disadvantages, which may influence the decision to partake in the activities of the WWP. For example, employees may not feel comfortable to make use of internal counselling services because of the stigma associated with counselling. They, however, may prefer to seek help from a counsellor who is off-site, but may experience the distance as a barrier. This may prevent employees from making use of this service. This challenge may be overcome if the organisation makes a conscious effort of removing the stigma from sensitive types of services such as counselling.

On the contrary, some of the activities of the WWP can be done on-site by internal consultants. Activities such as measuring high blood pressure and cholesterol levels as well as having on-site exercise programmes may motivate employees who have time and transport constraints to participate in WWPs.

2.3.5. Leadership role to engage employees in workplace wellness programmes

Managers, supervisors and leaders in any organisation play a very important role with regard to motivating employees to engage in activities that lead to high productivity (Carrington, 2014). This implies that employees are most likely to participate in workplace wellness programmes if the leaders within the organisation emphasise the importance of partaking. Furthermore, it also alludes to the fact that if managers/leaders support and partake in workplace wellness programmes that employees may also be motivated to participate in wellness programmes.

2.3.6. Employee engagement and wellness

A few researchers have found a positive relationship between employee engagement and wellness. Employee engagement is crucial for the effectiveness of the organisation and the performance of the workforce (Carrington, 2014). Research done by Robertson Cooper's founding directors (2010), verified that there is a relationship between employee engagement, wellbeing, and how employees perform. The well-being of workers can be measured by organisations through by determining the overall health and active participation of workers and relates the results to productivity. This information enables decision makers to make informed and precise decisions about the type of interventions that will aid the improvement in organisational performance and productivity (Carrington, 2014).

Work engagement is linked with higher levels of psychological wellbeing (Brunetto, Teo, & Shacklock-Wharton, 2012) thus organisations that encourage engagement may experience lower levels of absenteeism (Soane *et al.*, 2013). It is worth mentioning that individuals who find meaning in their work may be happier and be more engaged in their work. Soane *et al.* (2013) supports the idea by stating that, "the association between meaningfulness and engagement is strengthened by wellbeing."

Companies can influence employee well-being by way of concentrating on psychological workplace climate and engagement as forerunners. Gallup (2013) agrees that work engagement boosts emotional well-being in difficult and stressful times. Thus, disengaged employees are twice as much at risk of experiencing stress when working under pressure.

The presented literature on the relationship between wellness, work engagement and productivity agrees that actively engaged workers are likely to be happy, emotionally stable and productive. Therefore, organisations incorporate work engagement as part of their interventions in improving wellness.

2.3.7. Investment in Wellbeing

An increasing number of organisations are investing in employee wellness, as they see the benefit for both the organisation and the individual. Organisations realise that employees are their most valuable assets thus they are taking the initiative to intervene as early as possible in sustain their employee's well-being (Carrington, 2014). The former author mentions that when an organisation implements a wellness programme effectively, then up to 80% improvement in productivity is likely to be observed. The author further states that businesses that invest in the health of their employees can that make a commitment to employee health can also anticipate the benefit of flexible and confident employees.

2.4. Barriers and Motivational factors impacting workplace wellness programme participation

The successful operation of a workplace wellness programme is determined by a good understanding of motivational factors and obstacles behind participation. This type of information is important because it can help with design programmes that will increase the participation of employees (Hill-Mey *et al.*, 2013).

2.4 1. Barriers to participation

Employees and employers value the notion of having effective workplace wellness programmes in place on-site. The availability of these programmes does not guarantee full participation from employees. There may be certain factors, which can influence the decision not to partake in workplace wellness programmes. A study conducted by Person *et al.* (2010) indicated the barriers for participation in an onsite wellness programme at East Carolina University are “insufficient incentives, inconvenient locations, and time limitations, not interested in topics presented,

schedule, marketing, health beliefs, and not interested in the programme". These barriers negatively influenced participation rates in this employee wellness programmes.

A study conducted by Kolbe-Alexander *et al.* (2012) indicates that insufficient time was the leading barrier reported for adequately taking part in physical exercises and starting and maintaining a healthy diet. Demanding family and work situations leave employees with very little time to engage in exercise and cook nutritious meals. The existing literature on barriers to participating in WWP's points to time as being one of the major barriers. The nature of an individual's work and work environment also has an effect on the physical well-being of employees. Most office jobs, do not give employees enough opportunities to move around and be physically active. Furthermore, Kolbe-Alexander *et al.* (2012) agrees that, employees spent a large portion of their time sitting and that this limits them to be physically active. Another barrier identified by the participants in Kolbe-Alexander *et al.* (2012) study was seasonality. This means that employees were not willing to exercise outdoor during the winter season. Summer months were more favourable for the participants because they have a high intake of healthy foods such as salads, fruits and vegetables during this time and could follow healthy eating habits.

Research conducted by Hill-Mey *et al.* (2013) with regards to barriers limiting involvement of employees in a university wellness programme found barriers such as:

- Time restrictions
- Feeling that the programme was a low priority
- Distance problems
- Professional and personal responsibilities getting in the way
- Confidentiality concerns/ worries about strange people calling and asking questions about that individual's health (p. 161).

Research conducted by Kruger, Yore, Bauer and Kohl III (2007) confirms that the most frequently identified barriers towards the participation in workplace wellness programmes were time constraints before, during or after work.

Organisational factors may pose as significant barriers to employee participation in workplace wellness programmes. Research carried out by Willis (2014) reveals that challenges faced by organisations such as a lack of time as well as staff who only focus on implementing the organisation's wellness programme, financial shortages and the cost of offering wellness activities to a small number of employees.

2.4.2 Motivational factors

With some light shed on the low participation rate of employees in workplace wellness programmes, an understanding of what might motivate participation is essential. Even though the employees' health is their own responsibility, organisations need healthy employees, for the organisation to reach their goals. Motivation can be viewed as the reason why an individual would do a certain activity, desiring to achieve a goal with the drive to achieve it. Cherry as cited in Junius (2015, p. 110) defined motivation as "the process that initiates, guides, and maintains goal-oriented behaviours".

Being a healthy individual who lives a healthy and prolonged life can be assumed as a good motivator for people to strive for a healthy lifestyle. Workplace programmes offer employees the opportunity to make positive changes in the way they live (Jamison & Kleiner, 2015). An example, given by Jamison and Kleiner (2015) is a nurse who participated in a workplace wellness programme, who affirms that she had "more energy and lasted longer during the day (p. 82). This could mean that the employee has more energy to perform tasks to the best of their ability.

Whilst some employees see the value of workplace wellness programmes, it appears that many employees do not share the same sentiment, thus health is not a priority for everyone. This claim is supported by literature, which depicts the low participation rates of employees in wellness programmes over the years. This brings challenges for wellness programme coordinators who are responsible for effective wellness programmes and to come up with programmes that can draw the attention of most, if not all employees.

The concept of incentives for employees who attend workplace wellness programmes is used as a way to motivate employees to take part in planned programme activities. Pyrrillis (2016) states that although some organisations tend to reward employees who attend workplace wellness programmes others are moving away from that approach. Instead, they focus on “embracing the importance of emotional health and redefining the concept of return on investment” (Pyrrillis, 2016, p. 38).

According to Pyrrillis (2016), “having environments that make wellness easy and fun” (p. 40) could attract more employees to participate in workplace wellness programmes. “Indirect motivations for enrolling in WHPPs, such as facility accessibility, ability to include family members, a supportive work environment and management or co-worker encouragement, can also have a large impact on participation” (Kruger, Yore, Bauer, & Kohl III, 2007). However, in Kolbe-Alexander’s (2012) research employees stated that they wanted to go home to their families as soon as their working day was over and would not attend a programme held after hours. Thus, programmes that are offered during office hours can attract more employees compared to activities that take place during working hours. Concerning facility accessibility, participants preferred programmes, which include off-site physical activities as opposed to those on-site.

Kruger, Yore, Bauer and Kohl III (2007) reports that a high percentage of participants in their study reported that incentives such as “convenient time, convenient location, and employer-provided paid time off during the workday” would motivate employee participation in workplace wellness programmes. A number of organisations makes use of financial incentives to encourage employees to participate in workplace wellness programmes. A study conducted at a university in the United States revealed that employees were strongly motivated to participate in the workplace wellness programme as a result of financial incentives provided (Schneider, Bassett, Rider, & Saunders, 2016).

Surprisingly, Rongen *et al.* (2014) research results corroborates that barriers and facilitators for employee participation do not determine actual participation in health promotion programmes. They further state that programme components designed based on the needs of the employees may positively impact participation rates.

2.5. Theoretical Framework

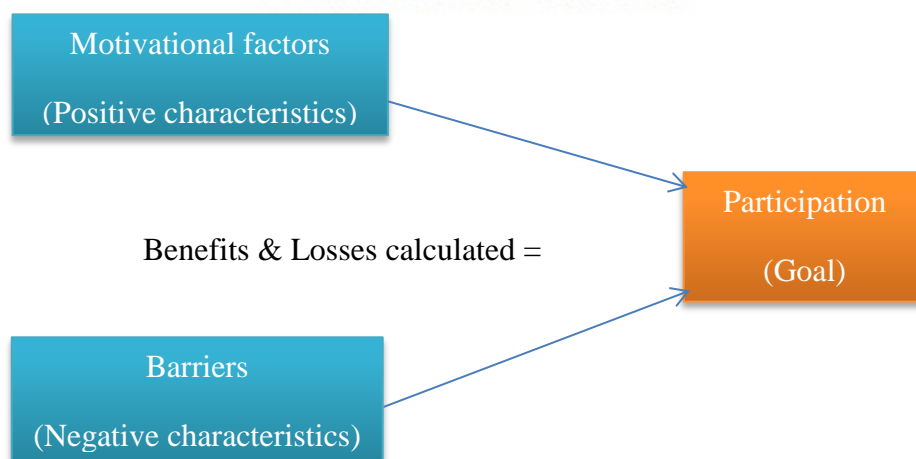
A theory gives a standardised way to problem-solving and is defined as “formulations of the relationships or the underlying principles of phenomena that have been observed and verified to some degree” (George & Christiani, 1995). Linnan *et al.*, (2001), conducted a study on using theory to understand multiple determinants of low participation in worksite health promotion programmes. They state that “using theory to investigate the full spectrum of determinants offers a complete range of intervention and research options for maximising employee and worksite levels of participation” (p.1).

There are different theories pertaining to how people are motivated to achieve certain goals. Parsons, Adler and Meece (1984), explained and tested an expectancy-value model of achievement-related choices “In this model choices are assumed to be

influenced by both negative and positive task characteristics, and all choices are assumed to have costs associated with them precisely because one choice often eliminates other options” (Eccles & Wigfield, 2002, p. 118). Therefore, “the relative value and probability of success of various options are key determinants of choice” (Eccles & Wigfield, 2002, p. 118). Meaning that the value that employees attach to their health and to the benefits of workplace wellness programmes may influence their choice to participate. In relation to the above-mentioned theory, barriers to participation and motivational factors could influence the choice the employees make pertaining to participation in wellness. Employees may evaluate what they can get from participating in workplace wellness programmes. If employees do not realise that workplace wellness programmes can add value to their lives and they do not see themselves having the inner strength to change their lifestyles, they may easily be discouraged from participating in workplace wellness programmes.

Figure 2.1

Depiction of the theoretical framework: Expectancy-value model of achievement-related choices.



Adapted from Parsons, J. E., Adler, T., & Meece, J. L. (1984). Sex differences in achievement: A test of alternate theories. *Journal of personality and social psychology*, 46(1), 26-43.

Literature shows that despite the efforts made by organisations to contribute positively to their employee's health, some employees do not see the value of these efforts. Furthermore, literature reveals that there are factors, which contribute to the decision of employee's non-participation in workplace wellness programmes. Employees may however, be motivated to participate in workplace wellness programmes if they receive something tangible in return. This could improve the level of participation of employees in wellness programmes.

2.6. Conclusion

Reflecting on the literature reviewed, the author noticed that the field of wellness is still in its infant stages, especially in African and Southern African states. The author also discovered that a few studies have been done in Namibia on employee wellness programmes. However, the research carried out in the United States and Europe has shed some light on the participation of employees in workplace wellness programmes. Despite the numerous efforts made by employers, the fact of the matter remains that low participation rates in wellness programmes are still reported. The above is confirmed by studies done by different researchers reporting low participation rates of employees in workplace wellness programmes.

Literature on the organisation and its role as a forefront runner in the promotion of employee wellness programmes highlight the importance of clarifying the organisations motive behind the programme. It is also highlighted that a negative perception about WWP's by the employees may be a major barrier to participation. The most important lesson from literature is that organisations need to involve employees and raise awareness concerning motives and benefits at the implementation stage. The latter will bring about a supportive attitude towards the programme and may increase the rate of participation.

Another important view raised by researchers in the literature is that the organisations need to develop programmes, which will address the needs of the workforce. When employees feel that they are important and that the organisation cares about their needs, their level of morale increases. This may result in higher commitment towards the employers. On the contrary, programmes that do not address the needs of the employer may end up as a dead end because the employees may not be interested at all and attendance will be low.

By reason that workplace wellness programmes are sponsored by the organisation and are voluntary, employees may take these employee benefits for granted. However, if the business incorporates physical and psychological wellness and health into their organisational culture, they may get more support from employees in terms of participation. This type of strategy ensures that top management supports workplace wellness initiatives as its part of the organisation's culture. By consequence of management's support, employees are most likely to follow suit.

The integration of the different authors' works and recommendations can be considered when designing wellness programmes to make a success of the organisation and reap the benefits of WWPs. Most studies were done in the United States, European country, thus this study will take the focus to explore what employees in the Namibian Public Service see as motivational factors, and barriers to participation in workplace wellness programmes are. Based on the latter, the following chapter focuses on the explaining the methodology employed to reach the objectives of this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

In chapter two, employee wellness was defined and discussed. Previous studies conducted on wellness and the level of participation, as well as barriers and motivational factors, were discussed. The present study seeks to explore the barriers and motivational factors pertaining to participation of public servants employed by the government of Namibia. This chapter, explains the strategy and methods the researcher used in the study. The strategy and methods explained intends to aid the researcher in finding the answers to the research question. The ethical principles adhered to by the researcher to ensure that the participants are protected are also outlined.



3.2. Research design

“A research design is a plan or blueprint of how you want to do your research” (Babbie & Mouton, 2011, p. 74). An exploratory research design was used in order to explore the reasons behind public servants in Namibia do not fully participate in workplace programmes. Exploratory research is used when inadequate knowledge or information is present with regard to a certain topic and it serves to obtain an extensive “understanding of a situation, phenomenon or community” (Babbie & Mouton, 2011, p. 60).

The qualitative approach was used as the “researcher investigated the problem from the respondent’s point of view” (Bless, Higson-Smith & Sithole, 2013, p.16). “Qualitative research method is defined as using words or descriptions to record aspects of the world” (Bless *et al.*, 2013, p.16) and it tries to get an understanding of

the behaviour in its normal setting (Bless *et al.*, 2013). For this study, the qualitative research method was employed as the study was conducted with participants in their natural environment and subjective reasons of why employees in the public service do not participate in workplace wellness programmes were investigated.

3.3. Research paradigm

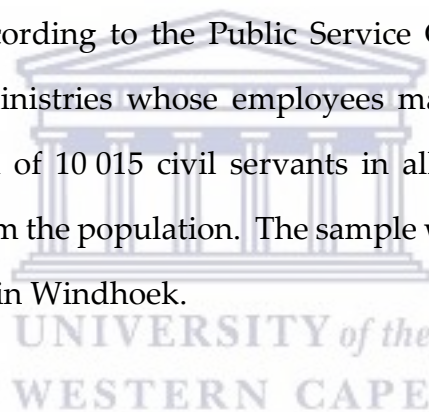
According to Babbie and Mouton (2001, p. 33), qualitative methods are “traditionally associated with phenomenology” meta-theoretical paradigm. Edmonds and Kennedy (2013) refers to phenomenology as “the description of an individual’s immediate experience” (p.136). As this research aims to study the subjective meaning of human action, it is informed by the phenomenological/interpretive tradition. In this study employees’ subjective reasons for non-participation in and the factors linked to their motivation for participation in workplace wellness programmes are investigated.

The phenomenological/interpretive “paradigm is based on a predominantly “mental” metaphor, which is the centrality of human consciousness” (Babbie & Mouton, 2001, p. 28). “It assumes that people are aware of what is around them and “that their mind forms the basis for the assumed similarity between the study of man and society “(Babbie & Mouton, 2001, p. 28). This tradition explains that the objective of the human sciences is understanding people and that people are “conscious, self-directing, symbolic human beings” (Babbie & Mouton, 2001. p. 28). Phenomenologists highlight that as people go through life they make sense of their reality (Babbie & Mouton, 2001). Therefore, the phenomenologist takes the stance that when carrying out social science research, researchers should bear in mind that people constantly build, evolve, and alter their daily understanding of the world (Babbie & Mouton, 2001). Furthermore, phenomenology highlights the researcher’s closeness to the participant and seeing the world from their reality (Babbie & Mouton, 2001).

It is this reality of different individuals and understanding their subjective experience with regard to participation in workplace wellness programmes, which is of importance to the current study. Therefore, the phenomenological paradigm is of relevance to this research.

3.4. Population

A population is “the whole set of objects or people that are the focus of a research project and about which the researcher wants to determine some characteristics” (Bless *et al.*, 2013, p. 162). The target population of this study comprised of public servants, employed by the Namibian government ministries that offer workplace wellness programmes. According to the Public Service Commission annual report 2015/ 2016 the three (3) ministries whose employees make up the population are reported to employ a total of 10 015 civil servants in all regions. A sample of 20 participants was drawn from the population. The sample was drawn from employees working at offices situated in Windhoek.



3.5. Sample frame

The sampling frame is the list of all units from which the sample is to be drawn (Babbie & Mouton, 2001; Bless *et al.*, 2013). The sample frame looked at employees working in ministries with workplace wellness programmes in place. A list of ministries which have a workplace wellness programmes in place was obtained from the public service commission. The three ministries with actively running workplace wellness programmes were selected to participate in the research. The sample consists of all employees, working for the government regardless of whether they have previously participated in workplace wellness programmes or not. It also includes all employees at any job level since workplace wellness programmes are designed for all levels of

employment. This helps to determine the factors that motivate those employees who partake in workplace wellness programmes and possible factors that prevent entry into these programmes. The sample is chosen from those employees who are available and volunteered to take part at the time of data collection. Issues of confidentiality and benefits of the study were emphasised by means of signing the informed consent form in order to encourage employees to take part in the study. These are discussed in later sections.

3.6. Sampling Method

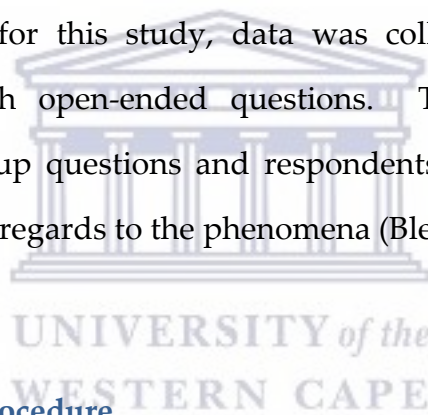
There are various sampling methods in research. Sampling is choosing a subgroup of the population (Babbie & Mouton, 2001) because it is time-consuming and costly to interview the whole population, especially if the population size is large as in the case of the public service. The sampling method used is informed by the type of research to be conducted. As this is a qualitative study, non-probability sampling methods were used. Sampling was done using the convenience or availability sampling method. The convenience or availability sampling method is quite useful; it allows the investigator to select subjects based on their availability (Bless *et al.*, 2013).

Three of the fourteen ministries that have employee wellness programmes in place were selected based on availability or the possibility of obtaining permission for its employees to participate in the research. The sample selected is based on the availability of the participants; thus, available participants were interviewed until the desired number was reached. The researcher walked from office to office and interviewed those individuals who were available. Although the researcher had initially intended to interview 15 participants, the researcher went beyond that number by interviewing a total of 20 participants. The first five interviews were used as pilot interviews and the remaining 15 participants took part in the actual research. The sample consisted of 7 males and 8 females. More than half (9) of the participants

were between the ages of 26-35 years and 5 of the participants were between the ages of 36-45 years. The remaining participants fell in the 46-55 age group. Like most qualitative studies representativeness may be an issue of concern as this is a very small sample out of a population of about 10 015 employees.

3.7. Measuring instrument

Measuring instruments are tools used to help the researcher collect the data from the research participants. This is a qualitative research that aims to discover the participants' views and feelings in terms of their reasons for non-participation and factors that would motivate participation of research participants in workplace health programmes. Therefore, for this study, data was collected by means of semi-structured interviews with open-ended questions. This method allowed the interviewer to ask follow-up questions and respondents were not limited to pre-determined questions with regards to the phenomena (Bless *et al.*, 2013).



3.8. Data Collection and Procedure

A cross-sectional design was used to gather primary data from individuals. Primary data allows the researcher to gather new information by interviewing the participants or by observing them (Babbie & Mouton, 2011). The data was collected by using semi-structured interviews. This method was used because the researcher intended to explore the personal experiences and the reasons behind the failure to attend workplace wellness programmes and what would motivate them to participate. Interviews require well-developed expertise from the side of the researcher which include; asking open-ended questions, encouraging participants to tell their stories and following up on respondents' narratives (Bless *et al.*, 2013). The latter allowed the respondents to talk about their experiences without being guided by the interviewer.

If the interviewer has the necessary skills, then interviewer bias will be minimised. The interviewer scheduled appointments to meet the participants face to face. Some of the participants were willing to participate without scheduled appointments. Interviews were recorded using a digital recorder, with the permission of the candidate for the purposes of data analysis.

In qualitative research, “the researcher as a self-critical, thoughtful, curious and trustworthy human being, is the data gathering instrument through which the world is studied” (Bless *et al.*, 2013, p.236). The effectiveness of the semi-structured interview thus depended on the skill and knowledge of the researcher. To ensure that the data collected is reliable and trustworthy the researcher adhered to the guidelines and concepts outlined in Bless *et al.*, (2013, p. 236) relating to trustworthiness. “Trustworthiness can assess the quality of qualitative research and can be established through credibility, dependability, transferability and confirmability” (Bless *et al.*, 2013, p. 236). A brief discussion of these concepts follows as explained in (Bless *et al.*, 2013):

- Credibility corresponds to the concept of internal validity and seeks to assure that the findings portray the truth of the reality under study or that they make sense.
- Dependability can be compared to external validity and expects the researcher to meticulously describe and precisely follow a clear and thoughtful research strategy. The researcher must describe precisely how the data was collected, recorded, coded and analysed so that results can be trusted and are dependable.
- Transferability refers to the extent to which results apply to other, similar, situations. When others can understand the context from which the findings of the research emerge deeply and can think of several other contexts where

such findings might be meaningful, one can speak of a study having high transferability.

- Confirmability refers to the researcher conducting the research in such a way that similar results can be obtained if other researchers do the same study.

The above-mentioned principles assist in ensuring that the research results are reliable and of a good standard (Bless *et al.*, 2013).

3.9. Data Analysis

Once data has been collected, the researcher made sense of the data by analysing qualitative data sets. The information from the interview was recorded and each interview was transcribed by the researcher. Transcription is when the recorded information is translated into a written format as a means of making it possible for the researcher to clean and analyse the data. Data analysis and interpretation was done manually by the researcher because the researcher does not have the skills and knowledge on how to use computerised data analysis programmes. The use of computerised data analysis programmes requires training and practice which would require the researcher to spend more time on the study. Time pressure and circumstances did not allow for the latter. Thus, the following steps as outlined in Bless *et al.*, (2013, p. 348), were followed to prepare the data for analyses and interpretation:

- Immersion in data (researcher samples data to get a broad idea). After transcription the researcher read through all the transcripts twice without writing down anything in order to know what is in the data.
- Preliminary coding (making a list of types of responses). The researcher reads through the transcripts once again, this time assigning codes to the data. Once the coding process was done the researcher grouped different codes and

indicated which participant gave responses that codes were assigned to. This made up a matrix where four different themes emerged.

- Coding definitions (types of responses are given names). Using the matrix the researcher came up with a network diagram, depicting themes and sub-themes which emerged from the data and also tabulated these.
- Inter-coder reliability (coding is done by another researcher and comparisons are made).
- Interpretation of results (data presented as codes).

Once, thorough preparation of data was done for analysis, content analysis was used to analyse the data. Neuendorf (2002) as cited in Maree (2007) describes “content analysis as a systematic approach to qualitative data analysis that identifies and summarises message content” (p. 101). This method was used because it is suitable to analyse transcribed information (information collected through the interview). Maree (2007) highlights that this method of data analysis is used to examine qualitative answers to “open-ended questions on surveys, interviews or focus groups” (p. 101). Furthermore, content analysis can be used to support or reject theory through examining similar text and those that differ (Maree, 2007). This study intends to determine the motivational factors and barriers for public service employees with regard to the participation in workplace wellness programmes. Content analysis assists the researcher to make sense of the data collected because it identifies and summarises message content as described by Maree (2007).

3.10. Ethical Considerations

“Research ethics have been a major issue since the Second World War, thus when following unethical research on human subjects, the horror of the infringement on human rights initiated the insistence that all research should be ethical” (Wisker, 2007,

p. 86). When carrying out a research study involving people/humans, it is the responsibility of the researcher to ensure that the participants are protected and no harm is inflicted on them because of the research. For the purpose of this study, the ethical principles discussed below were adhered to.

3.10.1. Voluntary Participation

Researchers are working with people and might take up their time and interrupt their daily activities to attend to the researchers' request to participate (Babbie & Mouton, 2001). It would be considered unethical if participants are forced to partake in the research or asked to give information, which they do not want to share (Babbie & Mouton, 2001). To ensure voluntary participation, the participants were informed that participation is voluntary and that they were free to withdraw at any point during the interview (Bless *et al.*, 2013; Bryman & Bell, 2015).

3.10.2. No harm to participants

Babbie and Mouton (2001) states that "social research should never injure the people being studied, regardless of whether they volunteer for the study or not" (p. 522). Bless *et al.*, (2013) emphasise that the possibility of the rights of subjects to be dishonoured, either deliberately or inadvertently is there each time. Therefore, the researcher ensured that no harm was caused during the research Salkind (2012). With the aim to avoid psychological damage, the researcher did not force research subjects to reveal information that they did not feel comfortable revealing. Furthermore, the researcher also ensured that no harm is caused by the analysis and reporting of data by not revealing the identity of any respondent.

"The ethical norms of voluntary participation and no harm to participants have become formalised in the concept of "informed consent" (Babbie & Mouton, 2001, p. 522). Thus, before the interview, the researcher informed the participants about the purpose of the study and ensured the participants on the confidentiality of the information provided to the researcher.

3.10.3. Confidentiality and Anonymity

Anonymity and confidentiality ensure that the researcher “protects the participant’s interest and well-being by protecting their identity” (Babbie & Mouton, 2001, p. 523) and not revealing any information to third parties without the subject's consent.

“Anonymity is when the researcher cannot identify a given response with a given respondent. Confidentiality is when the researcher can identify the person’s responses but promises not to do so publicly” (Babbie & Mouton, 2001, p. 523).

Since interviews with respondents were recorded for translation purposes care was taken as to keep the recordings in a safe place and mark them clearly. With qualitative data information can be included that might reveal the identity of the respondent, therefore; the researcher ensured that information was not accessed by prohibited individuals (Bless *et al.*, 2013). In order to avoid unauthorised people from accessing the information, researchers must “keep original audio files plus backup copies in a password protected place on a hard drive or similar memory device, and any notes in a locked filing cabinet (Bless *et al.*, 2013, p. 341). This was achieved by password-protection of the transcriptions.

When transcribing all information that is likely to identify a participant is removed in order to protect the respondent and maintain confidentiality (Bless *et al.*, 2013). After transcription, recordings can be stored away in a safe place or can be destroyed (Bless *et al.*, 2013, p. 341). The researcher ensured that all information that could lead to the identification of a participant was omitted during transcription to ensure confidentiality.

The privacy of the participants is maintained through making sure that only the main researcher can match the participants and results (Salkind, 2012). Conducting a quality research ensures that the participants and or other people might benefit from the value added by the research results (Bless *et al.*, 2013). This ethic was adhered to at all times.

3.10.4. Deceiving subjects

Research results are influenced by the honesty of the subject's answers. Deception has to do with intentionally misleading partakers (Graziano & Raulin, 2010). Research projects that require sensitive information, might encounter that participants answer in a socially desirable way or untruthfully. Telling the subjects, the genuine purpose of the study and the importance of their honest responses is an ethical requirement on the part of the researcher (Babbie & Mouton, 2001). The ethic was also observed in the current study.

Other ethical issues that were considered are getting the necessary permission from the university where the researcher is studying as well as the organisation where the research was done. The research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee. This research was conducted with employees working in the Namibian Public Service, thus, permission to collect data was sought from the Permanent Secretaries of the ministries involved. Having permission and buy-in from the managers has the advantages of possible interest of participants in the research.

3.11. Conclusion

The current chapter reports on the methods and strategies used to collect data. Furthermore, it describes how the data was analysed after collection. It also outlines the ethical principles adhered to by the researcher to ensure that participants are protected. The methods and strategies discussed lead to the findings, presented in the next chapter.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.1. Introduction

The previous chapter outlined the methods and strategies used to collect the data for the study. This chapter presents the findings, generated from the data collection done through interviews. It starts by highlighting the biographical information of the participants, followed by the presentation of the main themes and sub-themes identified from the interview transcripts. The main themes and sub-themes presented were identified through the process of coding. The main themes and sub-themes are expanded on and supported by direct quotes of the participants.

4.2. Biographical data of research participants

Qualitative research yields data rich in information, thus the information presented and interpreted is based on data from 15 participants. The participants work for three different Ministries and five interview transcripts from each ministry were coded and analysed.

Table 4.1 is a graphical representation of the participants' bio-data. The biographical data of the participants included information such as age, gender and number of years of work experience and occupation. . For reasons of confidentiality, only the first three variables are presented, to depict the biographical data of the participants. The bio-data depicts that the sample was comprised of eight (females) and seven (males). Most of the participants' ages ranged from the age of twenty-six (26) to thirty-five (35). Furthermore, five (5) of the participants ages were between thirty-six (36) and forty-five (45), with one participant aged between forty-six (46) and fifty-five (55). The

participants' years of working experience in the public service ranged from two (2) years to nineteen (19) years.

Table 4.1

Participants' bio-data.

Participant	Gender	Age range	Years of work experience
P-1	Male	36-45	14
P-2	Female	36-45	No indication
P-3	Female	26-35	2
P-4	Female	26-35	15
P-5	Female	26-35	2 years, 6 months
P-6	Female	46-55	5 years, 6 months
P-7	Male	36-45	No indication
P-8	Male	36-45	19
P-9	Female	26-35	7
P-10	Female	26-35	9
P-11	Male	36-45	8
P-12	Female	26-35	2
P-13	Male	26-35	10
P-14	Male	26-35	11
P-15	Male	26-35	14

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4.3. Research findings

The themes that emerged from the findings of the research are characteristics of the programme, motivational factors to participation, barriers to participation and enhancement of employee participation. Each of the identified themes contains several sub-themes shown in Table 4.2.

Table 4.2

Main and sub-themes identified in the study

MAIN THEMES	SUB-THEMES
Theme 1: Characteristics and background of the workplace wellness programmes.	<ul style="list-style-type: none"> • Awareness of the programme • Participation • Components of the programme • Shortcomings of the programme
Theme 2: Motivational factors to employee's participation.	<ul style="list-style-type: none"> • Benefits • Incentives
Theme 3: Barriers to employee's participation.	<ul style="list-style-type: none"> • Frequency and nature of programme • Lack of interest in activities • Nature of work , time and work commitment • Confidentiality and trust • Stigma and the fear of results • Employees Attitudes • Communication
Theme 4: Improvements towards the programme.	<ul style="list-style-type: none"> • Improved participation of employees • Changes towards the programme

4.4. Characteristics and background of the workplace wellness programmes

This theme gives a general picture of the workplace wellness programmes offered at the different ministries. It encompasses sub-themes such as the awareness of employees about the wellness programme, components and shortcomings of the programme. This theme is important to the research question because the

characteristics of the workplace wellness programme are likely to contribute to the participation of the employees.

4.4.1. Awareness of the programme

This sub-theme presents information pertaining to whether public servants know about the wellness programme.

The majority of the participants reported that public servants are well aware of the workplace wellness programme offered by their respective ministry and that there is a department/office which deals with wellness.

"I think, I think the awareness is being made properly because it is on the notice board, yeah, from the top management up to the cleaners. They are very much aware".

[Participant 1]

"Yes, I think they are aware, cause the wellness people always send invitations, send us some things to read. So I think they are well aware because everywhere we see they always talk about that."

[Participant 10]

"Okay, in my opinion all employees of the ministry are aware of the wellness programmes which are in place."

[Participant 1]

Information gathered from other participants indicate the opposite of what the majority of participants expressed. Four of the participants mentioned that they are not aware of the workplace wellness programme, especially at some of the offices such as the head office of a certain ministry (name withheld for anonymity purposes).

"I don't know coz I have not dealing with it. I don't know myself... No, within our ministry... I have no idea."

[Participant 3]

“...I wouldn't say they are very aware of it because we don't have a lot of wellness programmes.” [Participant 15]

“I am not aware of any of these programmes and if there is any it has not really been communicated to us, to the extent that we do believe that it should be something that we should partake.” [Participant 12]

On the contrary participant 4 mentioned that only few employees are aware of the programme.

“It's only a few employees (cleans throat) sorry, which really are aware about the wellbeing or the policies or whatsoever, that is in place. ... If I can say it's mainly only the ones at the head office.... Ja less aware, even the small offices also not much aware.” [Participant 4]

4.4.2. Participation

This sub-theme gives an indication of how employees see the participation rates and who partakes in the activities offered by the programme.

4.4.2.1. Rate of participation

As a result of the variation amongst programme components offered by the ministries, attendance rates also vary based on the type of activity that is being offered. For the traditional programmes such as HIV/AIDS awareness and wellness clinics participants report inconsistent rates of participation. Some respondents indicated that certain activities are well attended while others are poorly attended.

Most respondents observed that the participation rates are good, ranging from 100% (P-4), 80% (P-5), less than 50% (P-6), 40-60% (P-10). One participant mentioned that the rate of attendance increased after the rebranding of their workplace wellness programme (P2).

"They do really participate. You can say, I can say I can give a hundred percent, they are willing it's not like the wellness group have to beg them to come. They really do participate. There are very much eager rate participation. People are not begged."

[Participant 4]

"Plus minus eighty percent."

[Participant 5]

"Majority comes, not all of them of course but maybe let's say 40-60 % attend."

[Participant 10]

"I'm quite sure that everybody, 98% of the ministry staff are well aware and they participate as such."

[Participant 13]

"...the participation have increased it increased since rebranding of the programmes and we have a lot of wellness activity that we carried out."

[Participant 2]

On the contrary four of the participants reported to have observed low to poor rates of participation. Some even specified that specific events are poorly attended.

"Uhm, not, I don't see like many people who participate."

[Participant 3]

"Not really, it is only when we have days like HIV/AIDS days to remember..."

[Participant 11]

"The attendance is very poor especially when it comes to boot camp."

[Participant 14]

“And with that depending on your schedule, of your projects that you need to meet the deadlines that you need to meet, will determine whether you will attend this very rare occasion or programme that’s taking place. So with that like your participation is a bit low, lower than expected. Or lower than it should be.”

[Participant 15]

4.4.2.2. Level of participation

With reference to employees occupying positions at different levels in the public service, participants 5 and 7 indicated that managers, supervisors and the lower level staff members attend workplace wellness activities.

“They participate very well; regardless of their position... But I have seen like people as far as maybe Deputy P.S.... So I think they are all involved.”

[Participant 5]

“And it include all uhm staff members from the lower grade to the PS. Normally the P.S. is there normally the deputy Permanent Secretary used to be...Deputy Permanent Secretaries, they are many, they are always there in the march.”

[Participant 7]

One participant emphasised that lower level employees mostly attend these activities.

“I can see that ah mostly lower level, mostly they are the one attending.”

[Participant 11]

On the contrary one of the participants expressed that even though there are attempts made to encourage supervisors and managers, these attempts are unsuccessful.

“As much as we have tried to motivate our supervisors and ours senior managers to attend... that’s a challenge we are facing. We are failing to get them to attend.”

[Participant 2]

Interestingly one of the participants expressed that employees attend activities when at the introductory stage but thereafter, there is a decrease in attendance.

“They are more motivated if you tell them that we’re gonna start tomorrow everybody will actually just show up. And a day or a week later you will see different results, you know you see if the number was 60 you see 6 people.”

[Participant 14]

4.4.2.3. Gender and participation

Some of the participants observed gender differences when it comes to participation. They have observed that workplace wellness programme activities are mostly attended by female employees.

“I would like males to participate more because most staff members attending is only the females.”

[Participant 4]

Participant 1 and 2 reports that male participation used to be very low and that more males in wellness programme has improved as men are also encouraged to participate. Participant 2 goes on to say that men are also demanding for wellness activities that relate to them.

“And... and the other view I have seen is, it is also encouraging men to participate in those things. Cause they used to be very low, but they are now they are really increasing, their attendance.”

[Participant 1]

4.4.3. Components of the programme

This sub-theme identifies the types of activities offered by the workplace wellness programmes and the frequency and duration of the activities.

4.4.3.1. Types of activities

The participants identified several activities that make up the workplace wellness programme in the public service. It has been observed that some activities are similar across ministries whilst some activities are specific to a particular ministry. These activities are listed in Table 4.3.

Table 4.3

Programme offerings

<i>General activities</i>	<i>Specific activities</i>
<ul style="list-style-type: none"> • <i>HIV/AIDS Awareness Campaigns,</i> • <i>Wellness screening and Clinics</i> • <i>Distribution of information materials</i> 	<p>Ministry 1: Body Mass Indexing, TB day celebrations, Health Therapy treatment, Massages (massage bed), Health passport.</p> <p>Ministry 2: Education through E-mails, World Aids day march, Yoga, Health passport.</p> <p>Ministry 3: Boot camp, Sport activities</p>

4.4.3.2. Frequency and duration of activities

The frequency that wellness exercises are presented by the ministries varied across ministries and according to the type of activity. Some of the participants reported that activities take place once or twice a year.

“The wellness activities I think usually in Windhoek we do maybe 3 activities per year or so or more, because sometimes if you have... like last year when we had funds then we could we did every quarter something.” [Participant 2]

"The frequency as I said I think it's normally 2." [Participant 7]

"Mostly it's that one 14th February and that one in December."[Participant 11]

Another participant expressed that programmes do not take place often. This participant only remembers one wellness activity that was done in 2015.

"Ya but like I said we don't get it often." [(Participant 3)]

On the other hand, two of the participants (P-5, P-11) mentioned that activities take place once every quarter, since the programme is linked to the performance management system of the ministry.

The duration of activities were reported to be from 2-3 hours (P-2, P-7), 2-5 days or up to two weeks (P-5).

"It is non-essential staff that could be out of the office from 8:00 to 10:00 because normally from 8:00 to 10:00 then they will march with us." [Participant 7]

"We usually carry awareness creation for maybe minimum 3 days. So minimum 3 days to maximum 5 of days." [Participant 2]

4.4.4. Shortcomings of the programme

A number of the participants alluded to the shortcomings of the programmes. This sub-theme refers to the limitations of the workplace wellness programme identified by the participants. These limitations include issues such as the lack of focus on psychological wellness, the absence of a wellness unit/department and lack of innovation and creativity.

Three of the participants agrees that mental/psychological wellness is overlooked and that more emphasis is placed on physical wellness (P-1, P-2, P-7).

“That is why I am saying also that part of awareness is not created... But I am not sure if other persons know that if you are depressed, if you have an addiction if you have... you should go to the wellness... I haven’t seen an advert saying if you are depressed or if you are... please don’t hesitate to see the wellness office.”

[Participant 1]

“People should speak out when they have problem. Now psychological problem of the body can they do it, because we don’t see it! Ya. It’s like that area is neglected in wellness for me wellness should cover all the spectrums, all subsectors of wellness should be part of, but I always see that one not being spoken...but the drawback is still, the psychological point is not taken care of.” [Participant 7]

There is also a lack of team building activities (P-5) and no innovation as only the traditional awareness activities are presented (P-8).

“The awareness that we have let me say like at our ministry is like the awareness on traditional issues.”

[Participant 8]

Several participants spoke about the absence of a well-established workplace wellness unit or department.

“...because we actually do not have a department in place.” [Participant 5]

Participant 8 felt that there is a lack of basic equipment or machines that can be used to gather information about an individual’s health or first aid kit to assist employees that are injured. The participant feels that wellness officers should have basic equipment such as blood pressure machines and blood sugar measurement devices in their offices.

“So I think they are lacking in that aspect, they have a programme but they don’t have the equipment for people now who are at work to, to ascertain themselves on what is going within themselves.”

[Participant 8]

4.5. Motivational factors to employee's participation

This theme concerns the factors that inspire employees to take part in wellness programmes. Sub-themes that emerged from participants' responses are the benefits offered to individuals, the organisation and the community as well as incentives offered by the workplace wellness programme.

4.5.1. Benefits offered by the programme

The participants identified various benefits that the wellness programme offers. Most of the benefits mentioned concerns the individual, followed by the community and the organisation.

4.5.1.1. Individual level

Motivational factors that occurred more frequently in participants' responses are:

4.5.1.1.1. Productivity and performance

The majority of the participants, believe that their participation in wellness programmes will improve their health and in turn increase productivity and performance.

"As you know you will be healthy and at the end of the day it it it doesn't only benefit the employee it also benefits the public at large because you will be having happy go lucky workers. Every customer will be attended to promptly."

[Participant 1]

"Because if you are not well whether it is emotional or physical you will not perform as much as you would have performed when you are well. That's why we belief that wellness maximizes productivity."

[Participant 6]

"When you have a healthy workforce, you have a productive workforce... Our mandate is to deliver service to the public out there, so you have uhm people who

will be on top of their game in carrying out their mandate because they are healthy and those one who are not healthy they know how to take care of themselves because they are being taught how to take care of themselves so uh it's it's a benefit for both us and our employee I would say."

[Participant 8]

"...if you participate in those stuff your, I mean body will be okay too. Your mind, most of the mind will be okay because, psychological stuff and you can be able to work nicely..."

[Participant 11]

"It keep us motivated, I mean in terms of uh increasing productivity... I mean towards I mean you, performing your job, your duties you know. Your mind is healthy, yes healthy mind."

[Participant 13]

"How there is quite a lot of things at the same time, it reduces stress, you are most likely to do, to be able to do things for a long time, you know, endurance you know it is very high you know, uuh you know like I said without getting to detail, let me just say that it increases productivity."

[Participant 14]

4.5.1.1.2. Social networking

More than half of the participants pointed out that they participate in wellness programmes in order to bond with other colleagues on a more social level. They uttered that they are too busy to socialise with co-workers but when they participate in wellness programmes they get to talk to their colleagues.

"And even while you sit and wait in line to see them you even get to talk with employees you never talked to. So you interact and you mingle with them."

[Participant 4]

"You would see people you don't know people you've never spoken to you start knowing who is who cause sometimes in this building because its big we are all at ministry of ..."

[Participant 1]

"I think is uh is good for employees health, because they will do these things for their own health and I think it's also good for the interaction between employees. For them to know each other, for them to engage themselves, it's an aspect, ja."

[Participant 8]

"You can also get to know well your colleagues when you are out there, you see not just your office, your department but now your whole ministry together. And networking also."

[Participant 10]

"I mean uh sometimes also having such programmes where people interact with each other, I mean, it reduces uh a lot of uh tension and conflict. So I mean that on its own is uh a very you know important motivating factor."

[Participant 13]

"...as an individual it assists you with your social side where you are able to communicate with different people where you work on your small skills, your soft skills, having to, to be social to be able to engage with other people on a more social level where you can be informal."

[Participant 15]

4.5.1.1.3. Brain breaks

A third of the participants mentioned that attending wellness programmes allow them to get away from their desk and to take a break from work to refresh the brain.

"...wellness activities just for you to get out of the office, you see. And to see what is happening and to also get to know like what is your sugar level or what is you're what?"

[Participant 5]

"Maybe it can also be time to take a break from the desk (laughter). And also just to know yourself where you stand."

[Participant 10]

"Ya to take a break, to refresh yourself."

[Participant 11]

"Just a bit of a break from the sitting in front of the computer like in my case."

[Participant 15]

4.5.1.1.4. Awareness of health status

Five of the participants mentioned that they attend wellness activities to get a clear picture of their health status.

“The benefit is you are aware of (silence)... You are aware of your health status, you know you’re aware of your health status.” [Participant 1]

“We just want to go and see what they are doing, so we can find out. I think it’s more... you have to be more aware about what is going on with your own body.”
[Participant 4]

“So that is also how people... people learn and get motivated to attend this in order to learn things they’ve never known before.” [Participant 6]

4.5.1.1.5. Convenience and cost saving

Other factors that motivates employees to take part in wellness activities is that the convenience in term of venue (P 3, 8, 10) and availability (P-3) because the activities are brought to the employees. The latter also saves them time (P-3, 9, 10) and money (P1, 3, 5, 10, 12).

“If you bring it near to us we will participate of course...“Its time saving, doesn’t cost you a cent, so it’s a matter of taking a few minutes and go downstairs and have your treatment or checkup and come back to your office.” [Participant 3]

“Free health services, which at the end of the day your medical aid is not depleted.”
[Participant 1]

“I mean first of all it’s the way things are being advertised. The benefits that it’s gonna give you. Those things already motivational and on top of it you don’t need to pay, it’s paid for. Secondly, curiosity, you want to find out how you are doing”.
[Participant 1]

"...it's a bargain you see, you instead of you going to the doctor's office, it's at the office, and then you do the test and go back to your desk..." [Participant 10]

"It is voluntary, it is free of charge... I should say we are lucky because we don't have to pay a dime for it." [Participant 12]

Seeing others participate

One participant mentioned that seeing others participate is a motivational factor.

"When you see other people participate in something which is interesting I mean of course you would like to also do the same". [Participant 13]

4.5.1.1.6. Community

A minority of the participants mentioned that their participation in the workplace wellness programme also benefits the community. This occurs through sharing the information obtained through the wellness programme with others (P-12) and improving the health of family members (P-6) as information is extended to the family (P-8). Participant 2 expressed that there is less social responsibility because people's health is taken care of.

"Even they might take a booklet home and one of the children might read that booklet aloud and they hear what are the benefits". [Participant 6]

"Because we benefit as an employee and then we take that message to the community at large which benefit Namibians too, and our families and things like that". [Participant 8]

"...its things that they can take back home and share with friends, family, relatives and so on..." [Participant 12]

4.5.1.1.7. Organisational level

From an organisational viewpoint, a few participants felt that it is motivating to know that their employer cares for them.

“So it’s also important to know that your employer cares about you. If you don’t take care of the employees they will abandon you.” [Participant 1]

“I feel that is a really important aspect because it shows they do care, not like other organizations who does not even bother to think about medical aid for their staff members or for their employees. They do care about your wellbeing because they are supposed to. If you are not well you can’t perform and you can’t make money for them (laughs).” [Participant 4]

“They motivate somebody to work harder because they feel like you as an organisation do care about my wellness.” [Participant 5]

4.5.2. Incentives

This sub-theme relates to the motivational incentives given to employees for participation by the employer. Incentives include games and prizes as well as promotional items such as water bottles, caps and t-shirts.

Several employees agreed that participation is also motivated by incentives distributed by the wellness programme co-ordinators during wellness activities.

“And others are also motivated by the promotional items that sometimes are given at those activities, like the t-shirts, the water bottles and so on”. [Participant 6]

“People are always happy because they get t-shirts and all those things”.

[Participant 7]

“Maybe they should offer something like food or fruits you see, when there is something that is pulling people or there will be, if you participate you will be given a cap or something or a tag, something to motivate them to come”.

[Participant 10]

Participant 1, specifically emphasised that employees should receive promotional items, in cases where employees are absent as a result of work commitment.

“...I’ve said first of all bringing incentives back, if you are going to give t-shirts it should be for everybody. Bring a day and say every Thursday everybody is going to wear their wellness t-shirt, at work, that also helps it brings in cohesion help, it brings in cohesion”.

[Participant 1]

4.6. Barriers to employee’s participation.

The theme barriers to employee’s participation includes the various factors which prevent employees from attending workplace wellness programmes. The participants alluded to several barriers they think prevents employees from participating in workplace wellness programmes.

4.6.1. Frequency and nature of activities

With reference to the information presented in the first theme on the irregularity of the wellness programme activities, participants also identified this as a barrier mentioning that activities are not presented on a regular basis, thus preventing employees from taking part.

“...if you have a year without doing the programmes without continuously doing the awareness programme, new members that will come in will not be aware and you know, they will feel like they will be left out and things like that.”

[Participant 8]

"...the wellness people normally do it, not every time just sometimes, maybe four to six time a year or something like that but not so often." [Participant 10]

The employees attributed the irregular offering of wellness activities to financial constraints and a lack of resources which is reported as another barrier.

"...and the only hindrance is resources. I mean when there is no adequate resources..." [Participant 13]

"Okay so financial will also be an issue. Because some of the items we might not be able to get support from the organization... So financial constraints will prevent from participating." [Participant 15]

P-2, P-5 and P-12 expressed that people are tired of hearing about HIV/AIDS and thus do not attend wellness activities. Some employees regard wellness programmes as HIV/AIDS programmes and do not attend because of the stigma attached to the disease (P-1, P-2, P-6).

"People don't want to be associated with HIV because people will think that they are HIV positive... I think that it's also people were sort of are tired, everyday HIV, HIV so they heard a lot....So I think that is one thing that also chase people away. Because, if you talk about one thing every day, they become bored."

[Participant 2]

"... it has become a routine every now and then, we are sharing the same information that we have shared last year already some are equipped with the information so they feel like "what's the need of me going there, I already know what they are going to discuss and so on." [Participant 12]

Programmes focusing on group interventions requires employees to attend the activities at the same time as their colleagues, this leads to long queues which discourage employees from participating.

"I think the main thing why people are mostly not interested in going is the fact that none of us like to go and sit and wait in a queue, none of us, so I think it's just the waiting aspect." [Participant 4]

"I don't think like I would go to like all the levels because of the queue. Like uhh the length of the queues and you know the time." [Participant 5]

4.6.2. Lack of interest in activities

Two of the participants identified a lack of interest as a barrier to employees' participation in wellness programmes (P-5, P-10). One of the participants simply said that there is nothing attractive about the programme to motivate participation (P-9). Activities are also too traditional (e.g. HIV/AIDS) and there is rarely new interesting activities (P-8, P-5) that is of interest to the employees.

"...you know they are just testing HIV they are like no I already know about HIV, I already know my HIV status, I don't need to go." [Participant 5]

"It could be that... maybe they are not interested." [Participant 10]

"The awareness that we have let me say like at our ministry is like the awareness on traditional issues." [Participant 8]

"It is just that we are not really that much into it... These days its only HIV/AIDS and T-shirts and you know. There is nothing that attracts us, HIV/AIDS is everything. There's condoms, you can take and go home (laughs)."

[Participant 9]

4.6.3. Nature of work, time and work commitment

Some types of jobs are of a demanding nature, with constant deadlines and pressure and employees have to choose between attending the wellness activity or remaining in the office to complete their assigned tasks and meeting the deadlines. A total of 9 participants agreed that deadlines and time pressure prevents employees from taking part in wellness programmes.

“And one can also attribute it to the fact that many of the employees here are you know in management positions, supervisory positions, so maybe sometimes they have unexpected meetings they are too busy and so on. They are professionals and maybe they are called for a meeting that they did not expect and so on.”

[Participant 6]

“In Windhoek we are very busy. I think that is one of the problems we don't actually go hundred percent.”

[Participant 9]

“Some people they are just committed to their work.”

[Participant 11]

“Lot of them are complaining about time. They don't have time.”

[Participant 14]

“Because the deadlines are fixed and... you are welcome to go to the programme but you still have to push the time, for your work to finish on time so by that you are forced to choose your work over attending those programmes.”

[Participant 15]

“Sometimes you just have something that you need to finish and need to be submitted and they are telling you there is a wellness what what, come. There is no time to go there.”

[Participant 3]

“And also the fact that some of us we do have urgent things to complete, you have deadlines.”

[Participant 4]

Other jobs require the employees to be out of the office to execute their tasks or to attend meetings, on a regular basis, thus, employees are not at the workplace at the time of the wellness event.

“Mostly the factor that makes people not to attend is when they are in the field. This office is field based so there are seasons that you know this directorate like (name withheld for anonymity purposes) will not be there. That’s the first. Secondly is, maybe if you have something in the office that you have to do you have to get the deadline.”

[Participant 1]

“Because the other thing... our our staff members are mobile staff because we are (name withheld for anonymity purposes). So even if you if you do activities some staff most of the staff members that might be in the field or so and they don’t say that they go one the 5th and come back on the 25th of so. Some go this week and others go that week so it’s but I can say it is 60 plus.”

[Participant 2]

4.6.4. Confidentiality and trust

Wellness services are provided in a group setting most of the time, this raises concerns of confidentiality, and this prevents employees from attending (P-1, P-5). Three of the participants agreed that trusting the service providers also serves as a barrier to participation seeing that they do not know these people and some might not have the necessary qualifications.

“And we as human beings we don’t trust easily. So who are you to come and tell me that my blood pressure is so high and I have to do this and this and this.”

[Participant 4]

“Yeah some other reasons are confidentiality...Ja a trust kind of situation.”

[Participant 5]

4.6.5. Stigma and the fear of results

HIV/AIDS awareness campaigns and the voluntary testing and counselling of employees is a popular component of workplace wellness programmes. Participants reported that the stigma attached to HIV or any other illness prevents employees from participating in wellness activities (P-1, P-2, P-6).

“Fourthly it is also stigma. Some people think, not everyone is comfortable being in a place where there are a lot of people. It is stigma and phobia.”

[Participant 1]

“...others see wellness as an HIV/AIDS unit. So they don't want to be identify... to be associated where there is HIV/AIDS and therefore they don't want to attend the sessions.”

[Participant 6]

When going for wellness screening, employees might be face with the fear of knowing their results (P-5) or receiving undesirable test results (P-7, P-10) and even the fear of needles (P-11).

“So I actually do not want and have my HIV tested at the workplace because I don't know what is my reaction gonna be.”

[Participant 5]

“Some people took it wrongly that they will be tested and their results will be known and all those things. So there is some fear if I can just say like that. They have that fear factor...”

[Participant 7]

“...or they are scared to find out their results. Because it is not always, a welcoming thing when you go to do those things (laughter) because you were just doing fine but when if you hear negative results it might worsen your condition.”

[Participant 10]

“And they are afraid to be tested or to be diagnosed with something... Some they afraid if they hear that maybe the nurses will come with their needles to come, to go and what, apply your body, some of them will not attend.” [Participant 11]

4.6.6. Employees Attitudes

The views and attitudes of employees can also hinder employees’ participation in workplace wellness programmes. Certain activities are repetitive and the employees feel that they already know their status. Thus, do not see the need to participate.

“Thirdly, it’s just attitude, saying argh I have been there already and know how my status is, reluctance.” [Participant 1]

“Because most of them will say its workplace programme or wellness programme we think that it’s for those people who are sick and I am not sick.”

[Participant 2]

Participants also mentioned that employees do not take wellness serious or see it as important and that employees feel that wellness is not needed and it is associated with HIV/AIDS.

“I don’t think they take it seriously. Really I don’t. To me it’s more like they just see it as, some days that is presented which you don’t have to work or you don’t have to do anything like serious. And the other thing is also that they also see it like... most... even my supervisor won’t know that I am not even attending at whatsoever so I can just go home. They don’t take it seriously.”

[Participant 4]

“I don’t know if it’s an attitude or an influence or what from one or the other person that you know wellness is not needed.”

[Participant 6]

“Because some of them they see, agh maybe it’s not really important.”

[Participant 11]

“So, I don’t know, it looks like people are not really into it somehow.”

[Participant 14]

4.6.7. Communication

Communication involves the language used and how information is brought across to the employees. Language is a barrier that not only affects employees’ participation in wellness programmes but impacts an organisation at all levels. Employees come from different racial backgrounds and if English is the only medium then most of the employees who are not fluent in English do not understand what the programme is about. Participants highlighted that employees who are not fluent in English often feel left out because of the language barrier.

“People they don’t understand, they can hear you but they want to hear it from you. You need to organize in such a way that my audience they speak this language. So it’s a special category of people that needs special attention.” [Participant 7]

“Uh and when you speak in a language that I do not understand, sharing information with me in a language I don’t understand tomorrow I will not be able to, I will not come because what am I coming to get.” [Participant 8]

On the contrary one of the participants pointed out that information is available in all languages especially in the form of pamphlets (P-9).

“Okay it’s in all the languages especially the pamphlets we understand.”

[Participant 9]

Another barrier related to communication is the lack of information (P-3, P-7) as well as lack of awareness (P-5, P-6, P-7, P-8). Information given is also likely to offend activities (P-2).

"...sometimes we don't get information like there is something, but they stay outside there at the entrance then you can see but if you know aggg I am planning... like I have something else that I need to do." [Participant 3]

"I think we, we still, I think we still need to be like informed the importance of these wellness programmes. I think that is not being done..." [Participant 5]

"So, internal communication, like internal communication barriers. Uhhm whoever is now organising this activity did not communicate it well in advance".
[Participant 5]

"People not really aware what people are looking for" [Participant 7]

Using emails as a means of distributing information to employees is a major barrier for those who are not computer literate, or those who are not in possession of a computer.

"Yeah sometimes the e-mails, not everyone has an email. But as I said not everybody has an email, because not everybody is computer literate yeah".

UNIVERSITY of the [Participant 7]

WESTERN CAPE

"Hmm there will be people who are having access to email and there are people who are not having access to email." [Participant 8]

4.6.8. Other barriers

Other barriers identified are personal responsibilities, own arrangement with gyms, transport and laziness (P-12, P-14, P-15).

"As I mentioned for the exercise, it is a mostly people have arranged their section with their gym personally we all have medical aid and with a good benefit of what you can pay half of the gym and the medical aid can cover half of it....But as a I said it's a challenge of transport, they might not be having transport but yet they still want to attend." [Participant 12]

"I must mention that, there is laziness, that's a fact, there's laziness. Laziness has crept in, I have proof of that." [Participant 14]

"Some people have more their own personal, like maybe "I can't go to Otjiwarongo because I am married I've got my kids and who will be taking care of them and that is ahh like the list of the reasons." [Participant 15]

4.7. Improvements towards the programme.

4.7.1. Improved participation of employees

Responses of participants widely varied with regards to what they think can be done to increase the participation rates of employees. A number of participants suggested that participation rates can be improved by increasing the offerings of the activities as well as constantly offering wellness activities (P-2, P-3, P-5, P-8).

"And also increase the activities because now we do one activity."

UNIVERSITY of the [Participant 2]

WESTERN CAPE

"Maybe just if they can bring such benefits like not just once a year, more often like maybe once a month will be too costly maybe. Maybe twice quarterly."

[Participant 3]

"Uhh what I wanna see is, I want to see the wellness programme especially at the (name withheld for anonymity purposes) uhh being effective. Effective in a sense that uhm it should be carried out more often. We should be aware of these things, I will give you an example. There was a very big global, I would say there was a global epidemic on ZIKA. ZIKA where people I think it started in Brazil, then it went to Europe, even in Africa here." [Participant 8]

Participants also highlighted that assessing the needs of the employees through research and surveys and addressing the specific needs of employees may increase participation (P-1, P-2, P-4, P-8).

“To increase that thing to people who are dealing with being well, they should do their research and look at what is it that the people want versus costs involved.”

[Participant 1]

“I do think they can maybe like make a questionnaire where staff members do not have to put on their name where they ask varieties of questions or even what you would like them to introduce into this wellness programme. What you would feel more comfortable with.”

[Participant 4]

“Ahh I think that uhhm to do that you have to be very creative and try to also know what people want. Because most of the time the programmes are more of ahhh the implementer driven. So I think that people might need this but we don't involve to demand for what is that they want. I think that if people can be given chance and request for what they want. I think it will increase the participation.”

[Participant 2]

Involvement of management in wellness programmes was also reported as a factor that can improve employee participation (P-6, P-7, P-14, P-11, P-15).

“I would just want to say that people in senior management and people in the HR department, they have to show interest...So if they get encouraged by them to take part in the wellness programmes, they would take it more serious.”

[Participant 6]

“In actual sense a nice way is to have meetings with the supervisor, telling them, we have this coming up. Put it in the right language.”

[Participant 7]

"...just for that specific wellness day for all the employees including the management." [Participant 11]

"Getting top management involved, if top management buys in to whatever it is that we need to do, then it is much easier for staff to come from top-down than from down to down-up." [Participant 15]

Participants felt that more awareness creation is needed (P-1, P-5, P-3, P-15) and the co-ordinators are to come up with more creative activities.

"Creating awareness of the services that the wellness office provides because most of us know limited services." [Participant 1]

"...you need to like really uhhh create a knowledge base for these people for them to understand the importance of them being part of our wellness activity. On taking part, so I think that will increase their participation."

[Participant 5]

"uhmm to improve wellness, I think maybe for a bit of variety... That is also a bit boring to be going to sit in the auditorium every time and to listen to maybe an infected person sharing their positive view of things. But if it can be a bit mixed up uh now and then maybe you move out of the auditorium or ya like have the people involved in whatever is happening not just sitting and listening. People fall asleep, sitting and listening to a person talk for two/three hours, so if there is participation then it's much better." [Participant 15]

Activities mentioned by the participants are team building (P-1), Gym (P-6, P-14), financial games and personal development (P-15) as well as information on the latest health issues (P-8, P-12). Wellness activities should be more informal, social, interesting and fun (P-1, P-14, P-8, P-14).

"...whenever there is an occasion it should be more like informal, because people are more at the office their formal formal formal. So when you bring in an occasion that is informal it it it it blends Yeah. Because that's opening people."

[Participant 1]

"Employees want a gym, they want a nurse at the workplace..." [Participant 6]

"Say for example if you have a gym I can easily engage my minister... I don't think they have wellness centres, of course they have kiosks, for lunch and breakfast so people become obese. But they don't have wellness centres, I really think if it is possible money should be spent on wellness centres." [Participant 14]

"Uhhh I think we need to change the direction a little bit, what I mean by that is uh we need to introduce more information sharing, we need to introduce more fun activities." [Participant 14]

"I am more into personal development, I am interested in personal development. So if you come teach me on how I can improve my life, how I can improve my financial status, how I can achieve financial independence. That will be really great." [Participant 15]

Interestingly P-2 mentioned that taking away the focus from HIV/AIDS and renaming their ministry's wellness programme brought about an increase of employee's participation in the workplace wellness programme.

"Especially when we started when we rebranded our programme and rename it to fresh and fit programme, I think that the attitude towards the programme really totally changed even the participation increased." [Participant 2]

4.7.2. Changes towards to programme

This sub-theme addresses the changes which public servants would like to see in the workplace wellness programme in order to increase employee's participation in the programmes.

4.7.2.1. Training of co-ordinators and supervisor

Two of the participants mentioned that they would like to see more trained specialists running the wellness programmes and there should be a separate unit that co-ordinate the activities (P-2, P-5, P-6, P-7).

“So for me strengthen or filling the structure of the wellness programme and also have people at the regional level that also can can can assist at the regional level to carry out the activities. And have more especially more training on basic counseling of supervisors/ managers. So that they will be able to assist the people in need.”

[Participant 2]

“First we need a division that is dealing with this whole wellness programmes and activities...You know we need somebody that is skillful, somebody who took an oath, that you know I am not gonna disclose whatever I am told by people ...So I think we really need to empower our division maybe get a psychologist.”

[Participant 5]

“And I also think that it will help if the sub-division employee wellness can be at a secluded area...”

[Participant 6]

“Which means the section Wellness be upgraded to a bigger margin then it could handle let's say today is floor one, tomorrow is floor two things like that.”

[Participant 7]

4.7.2.2 Design a year plan of the activities for the programme

Designing a structured wellness programme and developing a year plan that indicates the specific dates for activities was also identified by the participants (P-1, P-8, P-11, p-12).

"...putting up a year plan or a calendar for and circulating it so that people can know in advance, in May there is ABCD in June there is ABCD even if they are planning their trips they would think this is very important then a person can plan around that." [Participant 1]

"They have to have a timetable and say this month we are going to have awareness." [Participant 8]

"...maybe differently...maybe it's to make a calendar, in the ministry maybe that this day..." [Participant 11]

"The government should set aside time specifically for wellness programmes and employees should be allowed to attend during working hours." [Participant 12]

4.7.2.3. Innovative and pro-active

Programme coordinators must be more proactive and take initiative to provide the employees with the latest information. They should also have basic equipment and first aid kit at the office (P-8). One participants also felt that mental health should receive more attention (P-2).

"So it, they should be proactive, I think that will draw people to come or more and participate more effectively." [Participant 8]

4.7.2.3.1 Present activities more frequently

Participants expressed that more frequent presentation of the workplace wellness activities may benefit employees (P-5, P-10).

“And then maybe also not only have these activities that we are currently having during uhh World Aids day which is only in December. And if we can have it like 3 or 4 times a year at least that will be beneficiary to employees.” [Participant 5]

“Ya, I think I think it shouldn’t be done occasionally. The thing is, it should be just there neh, if I want something I will just go there and get it anytime I want to, not an organized something, what if I am not there during that period its organized.”

[Participant 10]

4.8. Conclusion

The current chapter focused on the detailed presentation of the results based on themes that emerged through the coding process. These themes are related to the participation of employees in wellness programmes and they specifically look at how the characteristics of the programme can enhance or hinder employees’ participation. It also depicts the results pertaining to the motivational factors and barriers that influence the participation of employees in workplace wellness programmes. Finally employees express what the participants would like to see as changes and improvements in future workplace wellness programmes, in particular those in the public service. The following chapter provides a discussion of the results presented in this chapter.

CHAPTER FIVE

DISCUSSION OF RESEARCH RESULTS, RECOMMENDATIONS FOR FUTURE RESEARCH AND CONCLUSION

5.1. Introduction

The previous chapter presented the results of the study leading to the current chapter in which the results are discussed. The objective of this study was to answer the question: why are employees in the Namibian Public Service not participating in workplace wellness programmes and what could motivate them to participate? The specific objectives consequently were to:

- Determine the factors that motivates employees to participate in workplace wellness programmes.
- Determine the barriers to employee participation in workplace wellness programmes.

This chapter presents the discussion of the findings with regard to participation of public servants in the workplace wellness programme offered by the Namibian government. Furthermore, the limitations of this study is discussed as well as the strengths of the study. Recommendations and further research possibilities form the last fragment of this chapter.

The qualitative research study results brought up four themes related to the participation of public servants in the workplace wellness programmes. These themes are discussed in detail throughout this chapter.

5.2. Characteristics and background of the workplace wellness programmes

The characteristics of the workplace wellness programme may be a considerable barrier or motivational factor to employee participation in the programmes. According to Robroek *et al.* (2009) there are a few programme characteristics that are connected to the partaking of employees in health promotion programmes. It is clear from the results that most employees appear to be aware of the workplace wellness programmes. Employees' awareness of the workplace wellness programme may contribute to their active participation or non-participation in the programme. It has been found that some employees are well aware that there is a workplace wellness programme in their ministry. Interestingly, participants who indicated that they themselves or other colleagues are not aware of the programme actually had an idea of one or the other wellness activity after the researcher explained what a workplace wellness programme is. This showed that some of the employees are not familiar with the concept workplace/employee wellness programme although they know about some of the programme components. The latter implies that even though wellness officers in the public service makes considerable efforts to inform public servants about the workplace wellness programmes, employees attend activities not knowing that the activity is a components of the workplace wellness programme. Does it mean that knowledge about the programme implies high levels of participation in the workplace wellness programme? The results from the study reports various responses to this question. Generally, good rates of participation is reported, however some of the activities are well attended whilst others are poorly attended meaning that attendance could be influenced by the type of activity. This finding is in accordance with the Robroek *et al.*, (2009) stating that programme components may influence participation, reporting that multi-component programmes may have higher levels compared to programmes with a single activity.

According to the participants, workplace wellness programmes in the public service is mostly attended by females. However, males are reported to be requesting for

programme offerings which would address their needs. Could it be that the programmes focuses more on activities which accommodate females and thus resulting in lower participation from males? This area could be explored more in future research. Furthermore, concerns were raised that it is a challenge to get full participation from management and supervisors as wellness activities are mostly attended by employees in non-management positions. Studies have found that attendance of managers in wellness programmes encourages other employees to regularly participate in these programmes. For example Hill-Mey *et al.* (2013) research findings evidenced that management support for participation is one of the most frequent responses given with regard to motivational factors.

The components of the workplace wellness programmes offered by the Namibian government clearly differs across ministries. Considering the types of activities mentioned by the participants it is clear that the ministries that partook in the study have slightly limited programme components than compared to other countries or institutions. Rongen *et al.* (2014) gathered information from participants who identified components such as physical activity, stress management, smoking cessation, general health and health nutrition. Other components identified by various authors include health coaching and a nurse advice line (Hill-Mey *et al.*, 2013), and first aid training and personal health look appointments (Joslin *et al.*, 2006). This can be identified as a shortcoming that may affect participation amongst others. However, Rongen *et al.*, (2013) found that participation may increase if the needs and preferences of employees matches with those offered by the workplace wellness programme.

Other factors that may impact participation are the frequency of the wellness activity offerings, qualifications of the wellness practitioners as well as the absence of a designated wellness unit within the ministries. Due to the fact that programmes are not offered continuously, employees are unable to participate on a regular basis. On the other hand employees also feel that they need trained psychologists in the wellness department to attend to the often neglected psychological needs of the employees in

the workplace. Trained wellness practitioners may improve participation in the wellness programme as a strong sense of trust and confidence is established when employees know that the individual who is helping them is fully equipped to do the job.

5.3. Motivational factors to employee's participation

5.3.1. Benefits

The benefits offered by workplace wellness programmes motivates employees and encourages them to take part in workplace wellness programmes. These benefits ranges from the increased levels of productivity, to being presented with the opportunity to take a break from work and interaction with colleagues.

According to the “expectancy-value model of achievement-related choices” theory, discussed in Chapter 2, the perceived benefits presented by workplace wellness programmes may be seen as valuable by the employees thus influencing the decision to participate positively. The goal of the employee as well as the organisation is to establish a healthy workforce that positively contributes to the overall goals of the organisation.

Productivity and performance

The majority of participants recognises that participating in wellness programmes leads to healthy workers who are consequently productive. Programme offerings comprising workplace wellness programmes focusing on mental health can help improve productivity and performance (Crowther et al., 2004, Envick, 2012). Research results reported by Rajaratnam, Sears, Shi, Coberley, and Pope (2014) evidenced that there were significant changes in the health levels and productivity of employees after participating in a workplace wellness programme. Thus, implying that workplace wellness programme participation may benefit the employer and the employee

because happy workers are more likely to be productive (Envick, 2012). Based on the above it can be concluded that employees who strive for higher productivity levels in their everyday work are likely to be motivated to perform in workplace wellness programmes.

Social Networking

Attending workplace wellness offerings gives employees the opportunity to get to know their co-workers and socialising with them. Due to the busy schedules at work employees hardly find time to interact at a social level. When workplace wellness offerings take place in a group setting employees get the time to speak to each other. Sub-ordinates feel that participation in workplace wellness programmes presents them with the opportunity to speak to their supervisors on an informal level. Meeting with co-workers and discussing wellness issues opens an opportunity for employees to support each other in prevention and treatment of illnesses. Hurdle (2001) agrees that social support have been found to benefit employees' health in different ways such as taking preventative measures and healing from illness.

Brain breaks

Some employees are motivated to partake in WWP's as it allows them to get away from their busy work schedules. Participating in workplace wellness offerings gives employees an opportunity to relax and refresh their minds, thereafter they are able to energetically continue with their work. Although, studies show that reduced stress enhances mental wellness, the researcher however found little relevant literature on how brain breaks improves mental health and increases productivity.

Awareness of health status

Every individual has the responsibility to take care of themselves and to be concerned about their health status. Employees felt that they are encouraged to participate in workplace wellness offerings having the confidence that they will gain more insight

into their health status. This means that employees will be able to take the necessary steps to maintain and improve their health once they know what its status is. This finding is consistent with research in the field suggesting that people participate in workplace wellness programmes as a result of their interest to improve their personal health (Bardus, Blake & Lloyd, 2014).

Other motivational factors

The remaining motivational factors are linked to each other since they are all related in the sense that wellness activities are offered at the office. This brings considerable convenience to the employees as it saves them the effort of travelling or paying for the services offered. Participants reported that the availability of the activities at their workplace motivates them to participate, this saves them time and money. The time factor is identified as a major constraint with regard to employee participation in workplace wellness programmes. Results from research conducted by Bardus, Blake and Lloyd (2014) evidenced that time constraints are one of the major barriers to participation. Therefore, onsite workplace wellness activities may eliminate the time factor, thus encouraging employees to participate.

5.3.1. Incentives

Very few participants identified incentives as a strong motivator for participation in the wellness programme offerings. As is evident from the findings the benefits offered by the wellness programme such as health, productivity, brain breaks etcetera, are stronger motivators for participations.

This finding contrasts previous research results indicating that incentives are a strong motivational factors to participation. For example, Robroek *et al.*, (2009) suggests that offering incentives and programmes with multiple components may raise the levels of participation for workplace health promotion programmes. Suggestions for raising participation levels in workplace health promotion programmes (WHPPs) are the provision of incentives, or a broad array of programme offers. In accordance with

the latter, Hill-Mey *et al.*, (2013) discovered that incentives served as the highest motivational factor for participation in a university wellness programme.

5.4. Barriers to employee's participation

Barriers are factors (individual or organisational) which prevents employees from partaking in workplace wellness programmes offered by the Namibian government. Although wellness officers attempt to ensure the full participation of employees in the wellness programmes, there is still evidence of barriers of participation as is identified by the participants in this research. The participants identified barriers such as: the frequency and nature of activities, lack of interest in activities, the nature of work, time and work commitment, confidentiality and trust, stigma and fear of results, employee attitudes, communication and other barriers.



5.4.1. The frequency and nature of activities

The research findings show that the frequency of workplace wellness programmes may influence the participation of the employees. Irregular and inconsistent offerings of wellness activities was identified as a barrier. If the programme activities are not frequently available then it may result in employees not taking part. However, the lack of finances or funds is also a contributing factor to the irregular offering of wellness activities.

Secondly, the type of activities presented also influences employee's decisions to refrain from wellness activities. Programme activities which focus mainly on HIV/AIDS awareness and campaigns are reported to have become monotonous and wearisome. In addition it is reported that the stigma attached to HIV/AIDS also serves as a barrier to participation in wellness programmes.

The third barrier identified in this sub-theme is the time spent by employees, waiting to be served during wellness programme offerings. Waiting in long queues due to the activity being offered in a group setting discourages employees from participating in such wellness activities.

These findings point out that regular offerings of wellness activities and the variation in programme offerings as well as the time spent to receive service can lead to low or poor attendance.

5.4.2. Lack of interest in activities

Employees reported that there is a lack of new and creative activities offered by the wellness programme. Some participants felt that there is nothing that motivates them to attend and the programmes only focus on traditional issues. This sub-theme is also linked to the previous sub-theme dealing with the nature of the activities. This means that constant innovation and creativity is needed by the programme administrators or wellness programme co-ordinators in order to draw the attention of the employees. This finding is consistent with that of Bardus, Blake and Lloyd (2014) reporting that participants could not attend wellness activities due to a lack of time.

5.4.3. The nature of work, time and work commitment

The levels of responsibility and work pressure of jobs vary within and across the ministries. It is generally known that employees who occupy jobs with high levels of responsibility also have a lot of work, thus hardly find time to attend activities offered by wellness programmes. In the same breath, participants reported that supervisors and managers still expect deadlines to be met regardless of whether the employee has to attend a wellness activity or not. This means that programmes must be designed in such a way as to accommodate busy people in the workplace. Although most of the

jobs in government are office bound, there are also jobs which are field based. The absence of employees from the office during wellness programme offerings may portray a low participation rate of employees. Thus, practitioners should design programmes which accommodate staff working away from the office on a regular basis by incorporating the latest technological systems into the wellness programme. Employees with field based jobs can utilise health technologies such as smartphones, smartwatches and bands to gather health information through sensory systems (Amin *et al.*, 2016). In addition, De Vries (2010) discussed six tools that can be used to improve wellness programmes. Tools such as wireless technologies and telephone health coaching can be incorporated into wellness programmes to accommodate employees who are mostly working in the field. The easy use of technology such as wireless devices has the potential to improve workplace wellness programmes as well as the participation rates (De Vries, 2010).

5.4.4. Confidentiality and trust

Participants of workplace wellness programmes often find themselves in situations where confidential information is being dealt with. The programme activities of the public service are mostly provided by external service providers and one of the disadvantages of making use of external service providers is that it brings about feelings of distrust. Employees may also find it difficult to trust external professionals if they are not aware of their academic qualifications and experiences. When people feel that their privacy is being invaded they may choose not to participate in the wellness activities.

5.4.5. Stigma and fear of results

The preventative and curative nature of workplace wellness programmes allows individuals to discover previously unknown information about their health and how to manage it. The purpose of health screenings is to identify any new diseases that the individual may have acquired. The thoughts about negative results from the screenings and isolation by others due to their health conditions may bring about feelings of fear. Instead of facing these fears employees may choose to avoid seeking the information in the first place.

5.4.6. Employee attitudes

Bright *et al* (2012) found that employees' attitudes towards workplace wellness programmes show that employees have a desire to participate. The current research findings show that some employees may feel that they already know their health status and thus, do not see the necessity to participate in wellness programmes. Other employees have an attitude that wellness is not important and some do not take wellness seriously. The above-mentioned thinking of some of the employees towards workplace wellness programmes, could prevent employees from taking part in programme offerings. Although, Bright *et al.*, (2012) findings show that employees have a desire to participate, the current research findings indicate that certain employee attitudes may hinder employee participation.

5.4.7. Communication

Employing individuals hailing from different cultural and ethical backgrounds in the workplace poses a considerable challenge with regard to communication. Namibia's official language was changed to English with the country's independence in 1990.

This leaves numerous Namibians experiencing the language backlog as official events are mostly addressed in English. The findings of the research indicate that computer information distribution, literacy and language are barriers experienced with regard to communication.

Some of the employees do not have access to computers thus may be unable to retrieve information about wellness activities that are distributed via email. Others do not know how to use computers thus the lack of knowledge of how to use technology such as computers is a barrier to participation in wellness programmes. Besides some of the employees being illiterate in one way or another, the research findings also show that language is a significant barrier to participation in workplace wellness programmes. Firstly, employees who are not fluent in English may have difficulty understanding the printed material. Secondly, they may attend events and choose not to attend in future because they do not understand what is being said. These findings necessitate that programme co-ordinators become creative when working with individuals from different backgrounds. This can be accomplished by developing wellness materials in different languages and make arrangements for translators during official addressing of participants.

Findings also show that some offerings may also annoy employees such as the constant emails that flood the employee's emails. As one participant indicated that employees asked to be removed from the email list after regularly receiving wellness information through emails. This means that care should be taken when distributing information using emails, research could be done to find out what is the correct frequency to distribute emails containing wellness information, or only those who wish to receive may be included.

Research findings also suggest that there is a lack of information as well as a lack of awareness with regard to workplace wellness programmes and activities. This implies that at times the information does not reach the employees at all or it does not

come through on time. Being uninformed, employees then end up not partaking in workplace wellness programmes.

5.4.8. Other barriers

Other interesting factors that are reported to prevent employees from taking part in wellness activities are personal responsibilities, laziness, transport and membership at the gym. Results indicated that some individuals have other obligations that they have to attend to. If activities are offered after office hours then employees are not able to attend because they have family responsibilities. After hour offerings also poses the challenge to find public transport after the activities. One of the participants mentioned that employees may simply be lazy to participate in activities and thus they do not come.

Various authors reported on barriers to employee participation in wellness programmes and some of the barriers found in this research are consistent with their findings. For example, Person *et al.*, (2010) found that “barriers such as insufficient incentives, inconvenient locations, time limitations, not interested in topics presented, schedule, marketing, health beliefs, and a lack of interest in the programme were found and negatively impacted participation rates in an employee wellness programme” (p. 153). Furthermore, primary barriers identified by Hill-Mey *et al.*, (2013) study highlighted factors such as “insufficient time, lack of communication or understanding about the programme, lack of perceived need for participation and the concerns that confidentiality would not be maintained. “Other reasons voiced for not participating included keeping one’s own health records, already knowing they are healthy, the incentive not being enough, locations for participation in biometrics being inconvenient, scheduling of biometrics being inconvenient, and feeling the programme was irrelevant because they were on a spouse’s insurance programme” (p. 163).

5.5. Improvements towards the programme

Organisational interventions such as workplace wellness programmes are required to go through constant changes and improvements as the workplace is a constantly changing environment. Keeping abreast of changes and constantly upgrading the programme may keep the employees interested thus, actively participating as well. Participants reported on what improvements they would like to see as well as alterations to the programme, to increase participation. Increased participation in workplace wellness programmes is important because employers spend high amounts of money to offer wellness activities and they would not want finances and resources to go to waste.

5.5.1. Improved participation of employees

Findings indicate that the frequent and regular occurrence of wellness activities may increase the participation of employees. Secondly, the programme offerings should address the needs of the employees, thus calls for regular wellness audits. The above finding is supported by the results of a study conducted by Rongen *et al.*, (2014) confirming that high levels of correlation between the “needs and preferences” of programme users and the wellness programme offerings may improve employee participation.

Employees also feel that they might participate more if management participates more often in wellness activities. Furthermore, emphasis should be placed on sensitising employees that wellness activities are not only for sick people but it also serves as a preventative measure. In addition to the existing offerings, employees feel that financial games, personal development activities, construction of a gym at the office and team building activities should be offered. Employees want wellness activities to be fun, informal and creative.

5.5.2. Changes towards the programme

Changes identified by participants mainly concerns the expertise and experience of the wellness practitioners. Amendments pointed out in the research findings include trained professionals and supervisors, designing a year plan and pro-activity of wellness officers or practitioners. Employees mentioned that they would like to see a separate unit or division that only focuses on carrying out wellness functions. Wellness officers should be trained in Employee Wellness and should not be other professionals who only perform wellness tasks as an additional function. Practitioners should also be well trained on how to handle cases where psychological interventions are needed and emphasis should be placed on mental health awareness. This will improve the trust of employees in wellness officers and as a result may impact the participation rate. For the purpose of planning wellness officers should design a year planner indicating all the planned activities. This will allow employees to plan around the calendar and information will also reach the employees well in advance. Employees will also have the opportunity to get clarity about the events should there be any queries.

One participant mentioned that the availability of basic screening equipment and first aid kit at the office is a welcomed change to the workplace wellness programme.

5.6. Limitations of the study

The research findings are limited to the employees working for the Namibian government. All the participants are from the Windhoek offices, thus employees in the regional offices may have varying views and experiences which are not included in this study. This study does not differentiate between barriers and motivational factors for participation pertaining to males and females. It also does not explore how

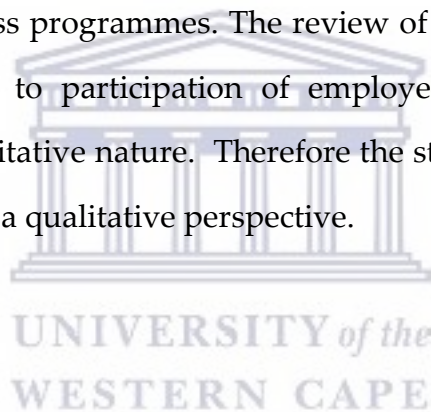
any other demographic factors and differences may be function as barriers or motivational factors.

The qualitative nature of this study, limits the generalizability of the findings of the study, as the small sample might not be representative of the population.

Limited access to some articles prevented the researcher to include all the literature written on participation in workplace wellness programmes.

5.7. Strengths of the study

This study aims to determine factors motivating employee participation as well as preventing entry in wellness programmes. The review of literature shows that most studies done with regard to participation of employees in workplace wellness programmes are of a quantitative nature. Therefore the strength of this study is that research is conducted from a qualitative perspective.



5.8. Recommendations

Recommendations for practice:

- Workplace wellness programmes should be offered on a more frequent basis. The frequency could be determined through a short survey.
- Employee Wellness co-ordinators and supervisors are recommended to orient employees on what a workplace wellness programme is, its components and benefits.
- The above should also include sensitising staff members as an attempt to remove the stigma linked to HIV/AIDS from wellness programmes.
- Wellness programme co-ordinators are recommended to distribute a year plan, showing all the activities planned with their dates, to allow employees to plan

accordingly or know which activities are of interest to them and make sure that they attend.

- Emphasis is be placed on the provision of wellness programme offerings in the different local languages to curb language backlogs.
- Workplace wellness programmes should be designed in innovative ways and presenting various activities on a yearly basis as opposed to repeating the same activities every year.
- Managers and supervisors should play an active role in motivating their subordinates to participate in wellness activities. In addition they should also fully participate in wellness programmes to set an example to their colleagues.
- In addition to the above recommendations, it is recommended that the Government considers developing a web based internet application which can be used by employees to access wellness information, record and monitor their health information. The application can include the year plan and calendar, with the option to set reminders to remind employees about programme offerings. It can also be used by employees to make appointments for counselling sessions, thus enhancing confidentiality. The use of this application can be motivated by tracking the employees' frequency of using the application and rewarding them.
- Workplace wellness coordinators are recommended to incorporate health technologies such as smartphones, smartwatches and bands as information gathering tools on employees' health to eliminate barriers such as time and location.
- It is further recommended that wellness programme co-ordinators be trained in basic health care and be certified in first aid. Furthermore, it is recommended that wellness practitioners are in possession of First Aid Kit at the workplace in order to assist employees at the workplace if the need arise.

- Finally, it is recommended that wellness practitioners are trained counsellors, and psychologists, who have the skills to engage in counselling and attend to the psychological needs of the employees.

Recommendations for policy:

- It is recommended that management and policy makers develop structures in the workplace that makes provision for a separate wellness unit or division.
- Wellness programme co-ordinators at all the participating ministries have qualification in other areas and carry out wellness activities on a voluntary basis. Therefore it is recommended that ministries employ staff members who are qualified and trained specifically in the field of wellness, to eliminate barriers such as trust and confidentiality.
- The public service should revise their strategy of giving rewards or incentives or come up with ways of rewarding employees who participate in workplace wellness programmes. Incentives such as an overseas trip with the family, a fully paid weekend away, facials, massages, certificates or trophies etc.
- Workplace wellness should be embedded in the culture of the Namibian Public Service by putting the necessary measures in place and information on wellness should be shared as part of the induction programme for new employees.

5.9. Further research possibilities

Further research can be conducted on the return on investment for the public service workplace wellness programme. This will enable the implementers to determine whether the workplace wellness programmes are effective and whether wellness activities contributes towards increased levels of productivity.

The population is very small thus not all barriers and motivational factors may have been identified. In view of this future research can be done using quantitative research which could also investigate which barriers and motivational factors are mostly experienced. Future research can also look into the matter of whether participation will increase if all barriers to participation are eliminated. Participation of people with disabilities in wellness programmes can be a future area of research.

Further research may also be conducted to find out why managers and supervisors are observed to have low participation rates in programmes as well as programme offerings that may increase male participation in wellness programmes.

Future researchers may investigate the effectiveness of workplace wellness programmes designed for the Namibian public service, to improve work-related outcomes. Finally, future research can focus on how the nature of wellness activities offered influence the participation rates of males and females in the public sector.

5.10. Conclusion

This chapter elaborated on the four sub-themes which emerged from the results of the study. Workplace wellness programmes are ideally supposed to be designed according to the needs of the organisation's employees who are the users of this organisational intervention. It has been found that the types of programme offerings and the frequency as well as the qualifications of the programme officers may have an impact on the participation level of employees in workplace wellness programmes.

Furthermore, employees are encouraged to participate in workplace wellness programmes because of the health benefits and rewards that they receive as a result of their participation. This finding ties in well with the expectancy-value model of achievement-related choices which states that individuals makes choices to reach a goal based on the negative or positive impact their actions will have on them.

Meaning the employees make the choice to participate in workplace wellness programmes based on what they believe they can gain by participating.

An interesting observation of this study is that employees did not strongly emphasise on incentives as a motivational factor contrasting findings of other research. On the contrary factors which deter employees from partaking in employees appears to be outweighing the attracting factors towards participation. The identified barriers such as issues of confidentiality, trust, time, venue, communication are not new to this area of research. According to the theoretical framework discussed previously these factors may negatively affect the decision to participate in wellness programme. For example an employee who has difficulty understanding English may decide not to participate because they will not understand anything if programme offerings are conducted in English.

The educational qualifications and training of wellness practitioners came out strongly as a factor that may influence the participation of employees in workplace wellness programmes. A wellness practitioner who has knowledge and skills about physical health and mental health, may improve the confidence of employees in practitioners.

Based on the theory one can conclude that the elimination of negative influences will leave the individual with more opportunities to choose from factors that have positive benefits and thus is more likely to participate in workplace wellness programmes.

Significant information emerged as to how policy makers and wellness programme officers can attempt to improve employee's participation and changes towards the programme that can enhance participation.

The limitations and strengths of the study are also highlighted and recommendations and further research possibilities are presented.

The knowledge of how programme characteristics, motivational factors, barriers and the identification of changes needed to improve the programmes, can greatly increase the return of investment for the Namibian government. In addition, the minimal use of wellness offerings may influence the productivity levels and organisational effectiveness thus resulting in a waste of time and resources. This study therefore adds value to existing information in the field of organisational and employee wellness particularly in Namibia.



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