

UNDERSTANDING THE WELLNESS NEEDS OF  
ACADEMIC EMPLOYEES AT A HIGHER EDUCATION  
INSTITUTION IN THE WESTERN CAPE

BY

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Thesis presented in partial fulfilment of the requirements for the  
degree of Master of Arts in Industrial Psychology  
at the University of the Western Cape

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Date: December 2020

## DECLARATION

By submitting this thesis, I declare that the entirety of the work contained herein 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.

Full Name: Frances Lilian Jasson

Signed  \_\_\_\_\_

Date: 10 December 2020



## ABSTRACT

Higher education institutions (HEIs) worldwide are faced with complex changes and challenges. Employees at these institutions are also faced with even greater demands and obstacles. Academics often work under pressure and fail to achieve balance in their work and other life activities as they strive to meet their job demands. As a result, the academic employee's well-being may suffer. As the job demands of academics escalate, the level of support and other resources that academics receive appears to decline. Other resources include staffing, support from management, and spaces and places for wellness. When such support is limited or missing, the ensuing stress, burnout, and ill health affect the well-being of academics. Therefore, it is important for universities to invest in a holistic wellness programme formulated specifically to meet the needs of their employees.

The objective of this study was to understand the wellness needs of academic employees at a residential learning institution and to determine whether the wellness programmes offered at a selected higher education institution in the Western Cape meets those needs. The study aimed to uncover personal views of participants' wellness needs and perceptions of the wellness programmes in the workplace. Therefore, a qualitative approach was adopted.

A total number of 13 participants working for four of the seven faculties at the studied university were selected via a snowball sampling method. Data was collected by conducting semi-structured interviews. Transcribed data was analysed through the method of thematic analysis. Five themes with subthemes emerged from the data.

The data indicated that wellness is understood at a cognitive level; however, this understanding is not always applied in practice, as it relates to participants' personal wellness. According to participants, academics' wellness in the workplace does not receive a high priority as the focus is often on students and their well-being. The academic participants stated that, although they are primarily responsible for their own well-being, the leadership of the university also has a role to play in ensuring that

wellness in the workplace is seen as a priority. Participants indicated that the wellness programmes at their institution do not adequately cater for their wellness needs.

The result of the study may be useful for workplace wellness officers or human resources departments as it gives some clarity of academics' wellness needs. Future studies utilising a quantitative method should be employed to quantify the specific wellness needs of academic employees. This could then inform the creation or adaptation of wellness programmes and initiatives that cater for academics' wellness needs.



## KEY WORDS

WELLNESS

ACADEMIC EMPLOYEES

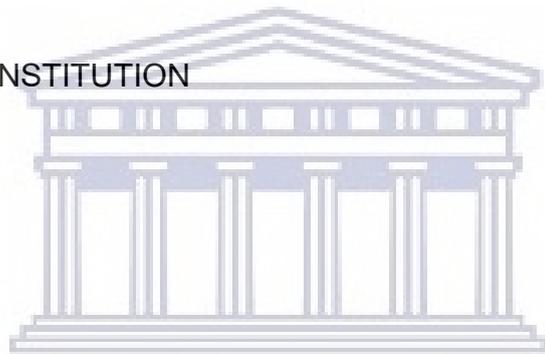
WELLNESS NEEDS

WELLNESS PROGRAMMES

BURNOUT

STRESS

HIGHER EDUCATION INSTITUTION



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“I can do all this through Christ who gives me strength...”



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## DEDICATION

This thesis is dedicated to my husband Jonathan Jasson, and my two beautiful children, Jesse and Jada Jasson. You are the reason I continued to press through every obstacle and challenge! You have been my inspiration.



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## ACKNOWLEDGEMENTS

Firstly, I would like to thank my heavenly father who is the author and the finisher of my faith. I thank God for giving me the strength to complete this chapter of my life. Without the grace, mercy, and goodness of God, I never would have made it.

To my supervisor Prof. Marieta Du Plessis, thank you for not only being a supervisor but for being a mentor through this journey. You always believed in me even when I did not believe in myself. You have the ability to challenge me and to get the best out of me. Thank you for the time and effort you put into this thesis and for allowing me to grow. To Ms. Abigail Simons, my co-supervisor, thank you for the support and kind words you've always given me. Thank you for your patience and kindness and for sharing your time and expertise with me. I truly appreciate both of you for the role you played through this journey.

To my beloved parents, my father, Desmond Jacobs, my mother Lena Jacobs, and mother in-law Dorothy Jasson. You have really shown so much love and support to me and my family. Thank you for being a great example by showing me that nothing comes without hard work. I truly treasure all of you. To my husband Jonathan Jasson, I really would not have been able to complete this thesis if you were not by my side. Thank you for always letting me know that I can do all things through Christ. Thank you for being my cheerleader and for cheering me on every step of the way. Thank you for sitting up with me through those late nights and for providing comfort through those tough days. You are truly a blessing. To my children Jesse and Jada Jasson, you are amazing children, thank you for giving me room to complete my thesis. Thank you for your understanding and for being willing to listen to chapters of my thesis as if they were bedtime stories. I love you and want to show you that nothing is impossible; everything you want is in your reach.

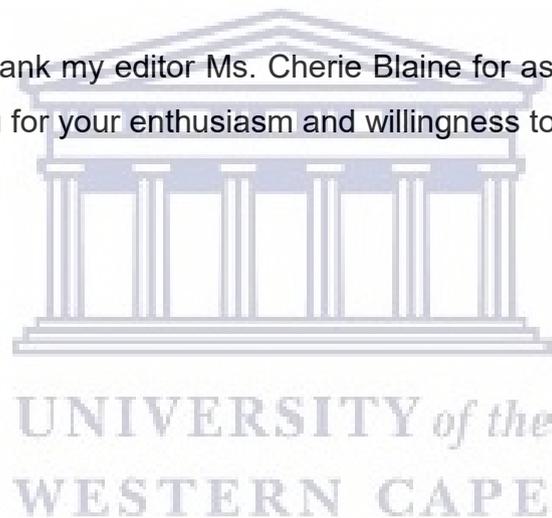
I would also like to thank my study buddy Christopher Donough, who tirelessly messaged me every day to check up on my progress. His support and understanding kept me on track. Thank you for being a friend, I really appreciate you.

I would like to thank my sister, Claudia Jacobs for her support. Thank you for every contribution you've made towards my studies. Thank you for always believing in me and for the support you have given my family. I love you.

My profound gratitude also goes to the academic staff at the studied institution for their support. During the COVID-19 lockdown period, it was very difficult to collect data, but each participant was happy to assist. Thank you for sharing your views and experiences with me.

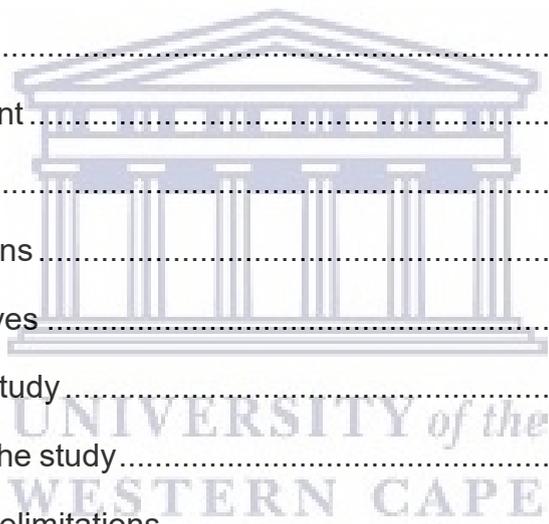
I would also like to acknowledge the funding provided for the study through the Centre for Diversity in Psychological Practice, Historically Disadvantaged Institution grant at the University of the Western Cape.

Lastly, I would like to thank my editor Ms. Cherie Blaine for assisting me in reaching my end goal. Thank you for your enthusiasm and willingness to assist.

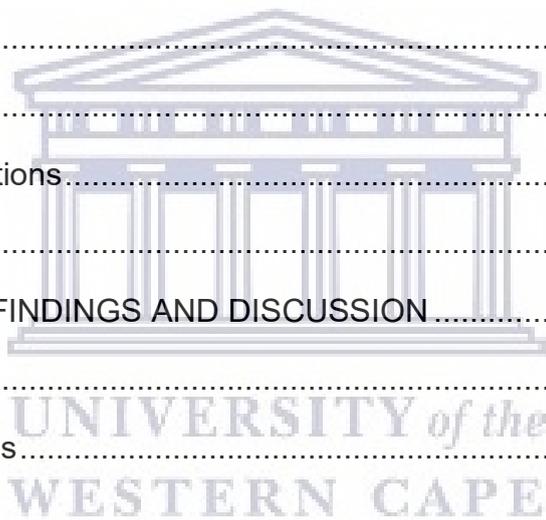


## Table of Contents

<b>DECLARATION</b> .....	<b>ii</b>
ABSTRACT .....	iii
KEY WORDS .....	v
DEDICATION .....	vii
ACKNOWLEDGEMENTS .....	viii
LIST OF TABLES .....	xiii
LIST OF FIGURES .....	xiv
1. CHAPTER 1: INTRODUCTION OF RESEARCH STUDY .....	1
1.1. Introduction .....	1
1.2 Problem Statement .....	4
1.3 Research aims .....	5
1.4 Research questions .....	6
1.5 Research objectives .....	6
1.6 Rationale of the study .....	6
1.7 Key concepts of the study .....	7
1.8 Delineation and delimitations .....	7
1.9 Structure of the thesis .....	8
CHAPTER 2: LITERATURE REVIEW .....	9
2.1 Introduction .....	9
2.2. Contextualising Wellness of Academics in Higher Education Institutions .....	9
2.3. Wellness during a crisis .....	11
2.4. Defining wellness .....	12
2.5. Models of wellness .....	14
2.6. Dimensions of wellness .....	24
2.7. Barriers to the well-being of academics .....	32



2.8. Institutional wellness interventions/programmes .....	35
2.9. Wellness programmes/interventions for HEIs.....	38
2.10. Conclusion .....	40
3. CHAPTER 3: RESEARCH METHODOLOGY .....	42
3.1. Introduction.....	42
3.2. Research design.....	42
3.3. Population.....	43
3.4. Sample .....	43
3.5. Data collection and procedure .....	45
3.6. Data analysis .....	46
3.7. Trustworthiness .....	47
3.8. Reflexivity .....	49
3.9. Ethical considerations.....	50
3.10. Conclusion .....	52
4. CHAPTER FOUR: FINDINGS AND DISCUSSION.....	53
4.1 Introduction.....	53
4.2. Research Findings.....	53
4.3. Conclusion.....	67
5. CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS.....	69
5.1. Introduction.....	69
5.2. Research overview .....	69
5.3. Conclusions .....	70
5.4. Limitations of the study.....	74
5.5. Recommendations.....	75
5.6. Conclusion.....	77
References.....	79
Appendix A: Semi-structured interview guide .....	102



Appendix B: Information Sheet for Research Participant..... 106  
Appendix C: Ethics clearance certificate..... 108  
Appendix D: Editors certificate..... 109



## LIST OF TABLES

Table 2.1: Levels of intervention for holistic wellness programmes .....	38
Table 3.1: Participants' biographical data.....	44
Table 4.1: Main and sub-themes identified in the study.....	55



## LIST OF FIGURES

Figure 2.1: High-level of Wellness symbol (Dunn, 1961, cover) .....	15
Figure 2.2: Dunn's Wellness Grid (Dunn, 1959).....	16
Figure 2.3: The Six Dimensions of Wellness (Hettler, 1976).....	17
Figure 2.4: Wheel of Wellness (Myers, Sweeney, & Witmer, 2000).....	18
Figure 2.5: Indivisible Self Model (Myers et al., 2004).....	20
Figure 2.6: Anspaugh et al., 2006.....	22
Figure 2.7: A holistic wellness model for managers in South African tertiary institutions (Botha & Botha, 2009) .....	23



# 1. CHAPTER 1: INTRODUCTION OF RESEARCH STUDY

## 1.1. Introduction

Worldwide, higher education institutions (HEIs) are facing numerous changes and challenges (Arinto, 2013, Guasch, Alvarez, & Espasa, 2010; Panda & Mishra 2007). Global challenges entail rapid growth of student enrolments, increased focus on new methods of teaching and research, difficulty in attracting research funding, and a general need to accomplish more with fewer resources (Biron, Brun, & Ivers 2008; Franco-Santos & Doherty, 2017; Houston, Meyer, & Paewai, 2006; Kinman & Court, 2010; Kinman & Wray, 2014; Sun, Wu, & Wang, 2011; Winefield, Boyd, Saebel, & Pignata, 2008). The mentioned challenges affect Africa, including South Africa.

Due to South Africa's intricate history and fragile economy, its HEIs face unique challenges, such as decolonizing of the curriculum, and transformation within institutions (Molefe, 2016), as well as the demands of globalisation. Furthermore, South African HEIs must make higher education more accessible for under-prepared students from poorly resourced socio-economic and academic contexts, and implement additional measures to assess quality of programmes (Hay, Fourie, & Hay, 2001; Pienaar & Bester, 2009). Such institutionalised challenges place extreme pressure on academic employees (further referred to as academics) who must implement the changes the leaders of HEIs have identified.

Various authors have identified factors impacting the physical and psychological well-being of academics: These factors were identified as:

1. Work overload (Barkhuizen, Rothmann, & Van de Vijver, 2014).
2. Job insecurity (Catano, Frances, Haines, Kirpalani, Shannon, Stringer & Lozanski, 2010; Higher Education Statistics Agency, 2018/2019; Ryan, Burgess, Connell & Groen, 2013).
3. Student protests (Dano, 2018).
4. Struggle to maintain work-life balance (Shalini & Krishna, 2017).

Several of these factors have led to stress among academics (Barkhuizen, Rothmann, & Van de Vijver, 2014). Academic staff often work under pressure and fail to achieve work-life balance as they strive to meet strenuous job demands. Seemingly, when academics' job demands escalate, the level of their support and other job resources decline. Such a state of affairs leads to incidences of stress, burnout and ill health, which affect the overall well-being of academics (Barkhuizen, Rothmann, & Tytherleigh, 2008). Ultimately, decreased well-being has an adverse effect on staff morale (Janse van Rensburg, Rothmann, & Diedericks, 2017).

It is evident that the external challenges confronting academics will not dissipate. For instance, the National Development Plan for Higher Education 2030's vision is that 75% of university academic staff must hold a PhD degree; and universities must develop centres of excellence and promote innovation and knowledge development, as well as diversify institutions (National Planning Commission, 2011). Thus, for universities to reach these objectives in 2030, management must ensure the staff's well-being is taken care of, with the focus on wellness. Therefore, the present study aimed to highlight the wellness needs of academic employees. By understanding these needs, those in leadership positions at the HEIs have increased capacity to assist academics. However, despite the urgency, several goals may have to be placed on hold due to the current coronavirus pandemic (COVID-19), which is causing major perturbations around the world (Marinoni, Van't Land, & Jensen, 2020; Tamrat & Teferra, 2020).

COVID-19 became headline news in Africa, after the focal point was the plight of the continent's international students in Wuhan China, where the virus originated (Kandri, 2020; Tamrat & Teferra, 2020.). At the time, the province of Wuhan hosted approximately 50000 of nearly 82000 African students in China (Kandri, 2020; Marinoni, et al., 2020; Tamrat & Teferra, 2020). Most of the African nations' first responses were to repatriate students stranded in Wuhan, or to provide assistance from afar. South Africa was one of the five African countries that succeeded in this mission and welcomed back its students (Kandri, 2020; Tamrat & Teferra, 2020).

The pandemic became a reality for South Africa when the first confirmed case was detected in KwaZulu-Natal, South Africa. As the number of cases increased, the South African government responded by closing schools and shutting down universities in

mid-March 2020 (Kandri, 2020; Marinoni, et al., 2020; Tamrat & Teferra, 2020). The first response was followed by a national lockdown where only essential services were allowed to continue with their operations as usual. Employees from other sectors were compelled to work from home, including academics in HEIs. These employees were consulted and requested to assist wide-ranging task forces in mitigating the impact of the pandemic (Kandri, 2020; Marinoni, et al., 2020; Tamrat & Teferra, 2020).

Academics thus shifted their main focus from face-to-face to online teaching (Akour, Ala'a, Barakat, Kanj, Fakhouri, Malkawi, & Musleh, 2020; Kandri, 2020; Tamrat & Teferra, 2020). Remote-access teaching turned out to be a challenge not just for students but for academics as well. These employees had to familiarise themselves rapidly with the new method of teaching (Akour et al., 2020; Marinoni, et al., 2020; Tamrat & Teferra, 2020). As a result, they had to operate in stressful times and adapt to the so-called 'new normal' (Akour et al., 2020; Kandri, 2020; Marinoni, et al., 2020). Academics were further obliged to work extended hours, and put their own research on hold, to help their students adapt and engage successfully on online platforms.

At first glance, this digital platform may have held a threat to academics' well-being. Nevertheless, the introduction of the 'digital classroom' seemingly also implied a rebirth of the traditional education system (Akour et al., 2020; Kandri, 2020; Marinoni, et al., 2020). To master online teaching, academics will have to hone new skills and become proficient with current technology to help realise the new system (Akour et al., 2020; Kandri, 2020; Marinoni, et al., 2020). The urgency with which the academics had to adapt to these new challenges may have a negative impact on their well-being if both employees and employers from HEIs do not attend to their wellness needs.

During the pandemic, the Higher Education Resources Centre has hosted several webinars focusing on integrated lifestyle approaches. The webinars, aimed at women in this case, revealed the emotions and thoughts experienced, which indicate their well-being is compromised. Furthermore, women reported anxiety, demotivation, sleeplessness and mood disorders. Contributing factors identified for the aforementioned issues of mental well-being were: e-mail overload, cyber bullying, online-meeting fatigue, inefficient leadership and the growing demands of online learning (Mangolothi & Rippenaar-Moses, 2020).

Wellness, often equated with health (Fahey, Insel, & Roth, 2005; Myers & Sweeney,

2005), encompasses several dimensions, namely: physical, emotional, intellectual, spiritual, social, and environmental factors that interact continuously. Berridge and Cooper (1994, p.5) define wellness as “the active process through which the individual becomes aware of and makes choices towards a healthier existence.” In this regard, wellness provides the perspective to understand how human beings function and choose a lifestyle that helps them to lead a more meaningful life.

Globally, organisations have incorporated wellness initiatives as part of the human resource management strategies since it provides a clearer picture of job performance (Wu, Chen, & Chen, 2017). Organisations have a renewed focus on health issues and are promoting mental health and wellness (Schroth, 2019). In addition, mental health impacts the safety and health culture of an organisation, which, in turn, directly influences the business operation and its productivity (Schroth, 2019). Employees’ mental well-being also affects their feelings towards their job. Research has shown that employee well-being predicts job attitude and performance (Chan & Williams, 2012).

## **1.2 Problem Statement**

Research has shown that healthy workers enjoy improved job satisfaction; have reduced absenteeism and show increased productivity (Du Preez, 2010). Therefore, employers should view health in the workplace as an important and necessary investment in efficiency (Blake & Lloyd, 2007). Universities should have wellness programmes that cater for their employees and ensure staff are holistically well (i.e. the various wellness dimensions are in physical, psychological, spiritual, intellectual, social, and occupational dimensions). However, HEIs have different types of employees and have to distinguish academic from non-academic staff. Due to such diversity, it would be a dubious assumption that a uniform approach would be successful in universities’ wellness programmes. The reason is that academics’ needs may differ from those of non-academic employees. According to Kinman and Johnson (2019), studies have investigated wellness among university employees, but often the academic and administrative employees are treated as a homogenous group. Such an approach can be problematic, seeing that the stressors which academics face differ significantly from those experienced by employees in administration (Kinman & Johnson, 2019).

HEIs, particularly at the professional academic level, differ from private organisations. Therefore, it may be a wrong option to apply research findings from other organisations in this case. The numerous studies on employee wellness programmes concentrate mostly on employer-specific programmes for various organisations (Du Preez, 2010; Makgato, 2016; Maletzky, 2017). For example, Maletzky (2017) investigated employees from the public service in Namibia, while Du Preez (2010) studied wellness programmes within a corporate environment. Due to the difference in focus, these scholars' findings cannot be applied uniformly to HEIs.

Academics' main objectives are to *create* knowledge (through research), *retain* knowledge and *transfer* knowledge (through teaching and learning). To attain these objectives, academic staff must focus not only on the knowledge they are retaining, creating and sharing (Dhamdhere, 2015), but must also ensure their wellness is taken care of, as these multiple dimensions may affect their productivity.

Further studies have shown that healthy employees directly affect the well-being of the organisation as a whole. By caring for their own health, employees thus help to create a culture that supports wellness in the workplace (Attridge 2005; McVicar 2003; Schroth, 2019). The implementation of appropriate wellness programmes can assist organisations by dealing with demands for increased productivity (Mulvihill, 2005; Schroth, 2019). Should organisations adopt such programmes, management will be able to focus on improving their employees' health (Schroth, 2019) and managing absenteeism through the relevant policies and procedures (Du Preez, 2010).

If organisations fail to identify wellness needs correctly, this may lead to misaligned programmes, which academics may not be willing to support. From their side, HEIs will be affected negatively, seeing that its leadership will be financing programmes that are not utilised optimally.

### **1.3 Research aims**

The overall aim of the present study was to understand the wellness needs of academic employees at a higher education institution in the Western Cape, and their perception of how successfully these needs are met through the university's initiatives.

## **1.4 Research questions**

The study was guided by the following research questions:

- 1.4.1 How do academic employees perceive their wellness at work?
- 1.4.2 Do the offered wellness programmes at the researched university meet the needs of the academic employees?

## **1.5 Research objectives**

The research questions above can be translated into the following objectives:

- 1.5.1 Understand the wellness needs of academic employees at a selected higher education institution in the Western Cape.
- 1.5.2 Determine whether the wellness programmes offered at the mentioned higher education's institution meet the needs of its academic employees.
- 1.5.3 Draw conclusions and make recommendations for practice and future research.

## **1.6 Rationale of the study**

The United Nations, in Sustainable Development Goal 3 (target 3.4), particularly emphasises the need to promote mental health and well-being (UN Statistical Commission, 2017). In this regard, organisations play an important role as stewards of their employees' mental health and well-being. Thus, for organisations to develop interventions and relevant treatment, they must explore and understand employees' wellness needs. To convince employees to use a wellness programme, the initiative must cater for individuals' particular wellness needs. It is highly unlikely that employees will partake in a programme that does not add value to their lives. Thus, for wellness programmes to be successful, it is imperative that leaders within the Human Resources Departments carefully consider the diverse wellness needs of employees in their organisation. A proper needs-assessment is warranted before an intervention is considered or attempted.

Based on the discussion above, the main objective of this study was to understand wellness needs of academic employees from their own perspective. The further aim was to determine whether the programmes and initiatives presented by the organisation meet the perceived wellness needs of its different academics. The findings of this study will benefit the institution by providing in-depth knowledge on academic employees' perception of wellness at work, and whether the current programmes are appropriate to meet their various needs. Finally, findings emerging from this study can inform further wellness initiatives that focus on academics' needs.

### **1.7 Key concepts of the study**

**Wellness:** This term incorporates several dimensions, namely physical, emotional, intellectual, spiritual, social and environmental factors, which interact continuously. Should these dimensions be cultivated, it could enhance and broaden an individual's life orientation (Fahey et al., 2005).

**Employee Wellness Programmes (EWP):** According to Leiter and Durup (1996), EWPs were designed primarily to provide employees with relief from stress at work. This condition normally stems from substance abuse (including alcohol), finance or debt issues, medical and chronic diseases, career crises, and taxing job demands.

**Employee Assistance Programmes (EAP):** Describes a treatment intervention or a reactive programme, which is often stigmatised, whereas wellness programmes are more proactively inclined. EAPs were established traditionally to support employees who experience domestic problems that could interfere with their work performance (Benavides & David, 2010).

**Organisational culture:** Can be defined as a complex entity of values, beliefs, behaviour norms, meanings and practices shared by personnel within an establishment (Robbins, 2004).

### **1.8 Delineation and delimitations**

The present study confined itself to interviewing a sample of the permanent academic employees from a selected university in the Western Cape situated in South Africa. Out of the 581 permanent academic employees, a selection of 13 candidates from

different faculties was interviewed, to understand the wellness needs among academic employees. Perceptions of academics' employees from other HEIs were not included as primary data.

## **1.9 Structure of the thesis**

This thesis consists of five chapters which cover different aspects of the present study.

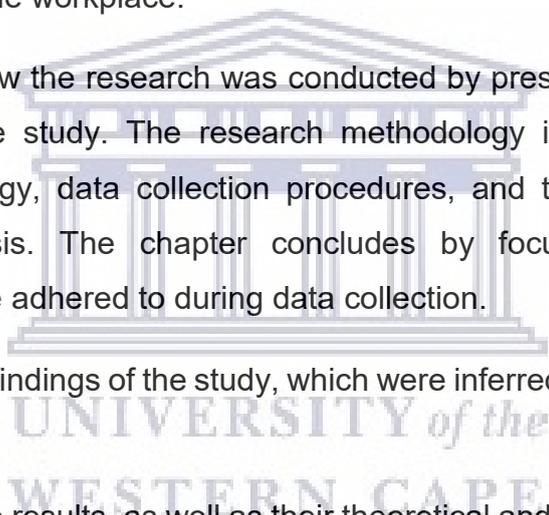
**Chapter 1** introduces the study, delineates the research problem, and presents the objectives. Thereafter, the definition of terms and concepts are provided, and the significance of the study is explained. Finally, the structure of the thesis is outlined.

**Chapter 2** is a literature review which provides a survey of published works on the concept of wellness in the workplace.

**Chapter 3** describes how the research was conducted by presenting and discussing the methodology of the study. The research methodology includes the research design, sampling strategy, data collection procedures, and the methods used for qualitative data analysis. The chapter concludes by focusing on the ethical considerations that were adhered to during data collection.

**Chapter 4** presents the findings of the study, which were inferred from the participants' responses.

**Chapter 5** discusses the results, as well as their theoretical and practical implications. Limitations in the study are pointed out, and suggestions are given for possible future studies. The final section draws the conclusion, which synthesizes the research findings.



## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Introduction**

A literature review typically provides an overview of current and previous research on the studied topic and its prominent facets (Maree & Pietersen, 2016). This chapter has drawn from resources and theories to discuss wellness and the way this condition applies to academic employees. The first section of the review focuses on academics and defines the term wellness. Thereafter, dimensions and models of wellness are examined. The final section summarises basic topics: the barriers to well-being of academics; wellness in a crisis; and institutional wellness intervention programmes.

### **2.2. Contextualising Wellness of Academics in Higher Education**

#### **Institutions**

The academic profession presents an applicable context for the aim of this study, due to the paucity of literature on the possible wellness needs of academic employees (Venables & Allender, 2006). Previously, academics were perceived as experiencing minimal levels of stress (Barkhuizen & Rothmann, 2008). The profession used to be envied for its secure tenure, light workloads, flexible working hours, overseas excursions for conferences and studies, as well as an environment where scholars enjoy the freedom to pursue their own research (Barkhuizen & Rothmann, 2008). However, the situation has changed drastically; HEIs are currently considered 'stress factories' and unattractive working environments (Barkhuizen, Roodt, & Schutte, 2014). This altered condition is due mainly to excessive work overload and reduced job resources (Barkhuizen & Rothmann, 2008).

Academics are exposed to several work-related stressors flowing from the multiple duties and responsibilities they need to perform. Their job-description includes teaching relevant content to students; researching new and current phenomena in their industries; engaging with the community; and working in committees. Furthermore, academics must supervise postgraduate students; deal with academic administration; and develop a curriculum and concurrent assessments (Cloete, 2017). The imbalance between increased job demands and the lack of supporting job resources is not the only contributing factor to the stress within academia. The working environment also places severe strain on the staff of HEIs, which leads to stress and may even instill

fear.

According to Kossek, Kalliath and Kalliath (2012), a healthy work environment fosters engaged employees who are connected energetically to both their work and family activities. According to Spector (1997), the working environment should keep employees safe. Employees should enjoy job security, sound relations with co-workers, receive recognition as well as motivation for on-standard performance, and be allowed to participate in the decision-making process of the organisation. Therefore, HEIs should strive to create healthy working environments.

External factors have influenced the South African HEI context since the first decade of the 21st century. Numerous universities faced an unexpected long-term student protest known as the #FeesMustFall movement (Kamsteeg, 2016). The movement's demands were free education; decolonisation of the educational system; transformation of universities to redress race and gender inequality in their staff complements; and in-sourcing of general workers (Kamsteeg, 2016).

The above-mentioned protest movement had a negative impact on the working environment at universities. Typical issues were protestation- fueled damage to institutions' infrastructure, disruption of the academic calendar and forced revision of exam calendars (Petersen, 2016; Pijoos, 2016). These challenges affected students as well as employees of higher educational institutions (HEIs) (Pijoos, 2016). HEIs were subjected to unrest and violence (Hall, 2016). In the process, traditional artworks were destroyed, while statues and buildings were damaged. Due to the turmoil, academic staff were under severe strain. Their entrance to the institution was barred, and consequently their work was disrupted. Since 2016, the safety of numerous employees at HEIs has been jeopardised.

The University of Cape Town (UCT) reported a rise in mental health issues, and not only among students. Several of the staff suffered from post-traumatic stress disorder as a result of workplace violence during the #FeesMustFall protests (Dano, 2018). Workplace violence ranges from offensive or threatening language and physical assaults to actual homicide (National Institute for Occupational Safety and Health (NIOSH), 2002).

In addition to the risk of physical harm, violence perpetrated in the work environment can have detrimental effects on employees' overall health and wellness. Violence

within the workplace may cause decreased job satisfaction, anxiety, burnout, and other adverse effects (Schmidt, Wessling, McPhaul, London, & Lipscomb, 2019). Thus, the organisation should reduce employees' exposure to physical hazards in the workplace and create opportunities for positive social interaction. Such interventions can help establish a higher level of health and well-being (Hamouche, 2020).

### **2.3. Wellness during a crisis**

The COVID-19 pandemic, which brought the global economy to a standstill, disrupted the education systems in developing and developed countries alike. More than a billion students and approximately 90% of all primary, secondary and tertiary learners worldwide were unable physically to continue attending classes and contact sessions. This had a dramatic impact on educators who had to increase their efforts to implement workable short-term solutions for remote teaching and learning. A digitalised teaching system is even more challenging for previously disadvantaged institutions, where hardships in financing and infrastructure are common (Kandri, 2020).

Consequently, the teaching world is changing drastically. Several video-conferencing applications like Zoom and Webex have offered the universities a lifeline during the crisis. Academic staff is under great pressure to maintain a similar depth of engagement with students as they used to have in a classroom setting (Kandri, 2020). The onus rests on academics to find the solutions and ensure no student is lagging behind (Kandri, 2020).

While the pandemic crisis persists, nearly 2000 higher education institutions in Africa are facing diminished government funding because of unforeseen costs that have arisen in the health sector (Tamrat & Teferra, 2020). Furthermore, global support in higher education, research collaboration and partnerships has had to be scaled down considerably (Tamrat & Teferra, 2020). In the aftermath of the pandemic, the higher education sector will still be challenged economically. It will be difficult to recover financial contributions from beneficiaries in the form of fees or loan repayments, due to the economy's nationwide decline. In light of the economic challenges, employees' job security in the HEIs may be uncertain since downsizing may be unavoidable (Tamrat & Teferra, 2020).

The COVID-19 pandemic can cause multiple stressors, which may affect employees' mental health, during and after the pandemic (Hamouche, 2020). The main stressors during the pandemic are the perception of safety, threat and risks of contagion (Brooks, Webster, & Smith, 2020; Xiang, Yang, & Li, 2020) as well as fear of the unknown (Gao, Zheng, Jia, Chen, Mao, et al., 2020; Garfin, Silver & Holman, 2020). Further issues are the possibility of quarantine and confinement (Brooks et al., 2020; Wang, Horby, Hayden, & George, 2020). People who are diagnosed as positively infected with the virus may be stigmatised and face social exclusion (Brooks et al., 2020; Xiang et al., 2020). Viewed from another angle, academics face stressors of financial losses and job insecurity (Brooks et al., 2020; Zhou, Snoswell, Harding, Bambling, Edirippulige, Bai, & Smith, 2020).

An organisation should cater for the safety and well-being of its employees during such a pandemic crisis. Employers have a responsibility to protect their employees and ensure a safe work environment free from hazards that may cause physical illness, or even fatalities (Hamouche, 2020). Managers and human resource practitioners should join forces to develop safety and health plans, which will prevent the risk of contagion and the spread of communicable diseases, such as the COVID-19 corona virus. Employers must also train and remind their staff about ways and strategies to prevent the spreading of the disease, while providing the required personal protective equipment in the workplace such as hand sanitiser and face masks.

Presently, it is evident that the global scenario will be different after the COVID-19 pandemic. Numerous changes will be enforced. Higher education will be one of the sectors tasked with the reshaping of the world of education (Harkavy, Bergan, Gallagher, & van't Land, 2020). Academics will have to renew their commitment to academic freedom and institutional autonomy. Students, faculty and staff members should be involved and the importance of those HEI principles reaffirmed as a public good (Harkavy et al., 2020). Should HEIs be deemed an important role-player in the post-pandemic era, management must safeguard the well-being of the key stakeholders in these organisations, especially the academic employees.

#### **2.4. Defining wellness**

The term 'wellness' surfaced initially after World War II, where medical health

interventions focused not only on physical illness but considered a person's overall wellness (Panelli & Tipa, 2007; Khatri & Gupta, 2019). Healthcare costs increased continually, due to the constant occurrence of diseases associated with lifestyle factors and socio-economic policy. Therefore, those aspects that make a population well have become an increasingly important focus (Health Council of Canada, 2007).

Scholars have failed to agree on the content of the definition of wellness. Thus, to date, there is no generally accepted definition of wellness (Sieberhagen, Pienaar, & Els, 2011). Mattke, Liu, Caloyeras, Huang, Van Busum, Khodyakov and Shier, (2013, p.21) confirm that a "formal and universally accepted definition is yet to emerge." The absence of such a universal definition is challenging for organisations, seeing that there are no clear guidelines on what wellness entails. Therefore, it may be problematic for the leadership and practitioners to develop adequate wellness initiatives for their employees (Sieberhagen et al., 2011). Nevertheless, several of the currently accepted definitions are built on prior conceptualisations of this term.

Definitions for wellness emerged as early as the 1960s. Dunn (1961) referred to this condition as the maximum potential of which an individual is capable, described as "High-Level of Wellness" (Dunn, 1961). In the 1980s, wellness was viewed within a broader context. This term was defined as a multifaceted concept comprising the six basic dimensions mentioned previously, namely physical, emotional, intellectual, social, spiritual, and occupational (Danna & Griffen, 1999; Hettler, 1980). Hettler (1980) explains that an individual will reach wellness when the six dimensions are in perfect balance or harmony.

Later studies described wellness as a movement towards optimum health, which includes the well-being of the mind, body and spirit (Myers, Sweeney, & Witmer, 2000). The authors argue that individuals could reach a fulfilling life and unlock their potential as explained by Dunn (1961). To realise such potential, individuals need their mind, body and spirit to be integrated fully. Wellness has also been defined as a lively and energetic process in which a person applies self-awareness and *chooses* a healthier lifestyle by balancing and integrating multiple life dimensions (Connick, 1999; Healer, 1980; Hermon & Hazzler, 1999; Lent, 2004; Morgan, 2007).

The key term in this definition is *choice*. Individuals must choose to adopt a healthy

attitude towards life. Whether individuals lead an extended and healthy life depends on their life choices. Healthy living includes physical activity, proper nutrition, eliminating unhealthy behaviour patterns, and maintaining balanced emotional health (Powers, Dodd & Noland, 2006). Furthermore, these life choices entail enhanced self-care, an improved personal sense of well-being, and a strong obligation to follow a healthy lifestyle (National Centre for Complementary Health and Integrative Health, 2018).

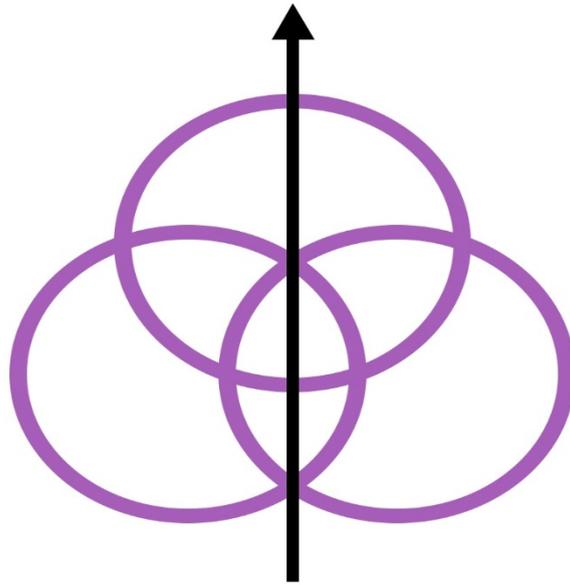
In line with the perspectives of positive psychology, wellness is not defined as merely the absence of illness. The focus is on the quality or state of being physically, mentally and socially in complete health (Khatri & Gupta, 2019). Seeing that the concept is multidimensional, it views a person as a holistic, integrated being (Mattke et al., 2013).

In view of the current definitions and the purpose of the present study, the definition of wellness is achieved through an active individual process of reaching a state of holistic well-being. Definitions of wellness are informed by various models and theories which will be discussed in the following section.

## **2.5. Models of wellness**

Literature on wellness proposes multiple models that include a wide range of dimensions which have a significant impact on individuals' existence (Oliver, Baldwin, & Datta, 2018). However, researchers identify three models as foundations for the more recent construct of wellness. The prevalent models are Dunn's (1961) High-level Wellness, Hettler's (1984) Holistic Wellness, and Witmer and Sweeney's (1992) Wheel of Wellness and Prevention. These models have provided a theoretical framework for wellness constructs since 1961. Therefore, it is crucial to review these models to understand the history underlying the development of wellness.

Dunn (1961) is regarded as the founder of the modern wellness movement. He developed two foundational models, namely High-level and Man Wellness. The High-level model views wellness as a process where an individual progress through a life-cycle towards maturity and fulfilment. The model in Figure 1 below depicts three interlocking rings that symbolise the three human elements: body, mind and spirit.



*Figure 2.1: High-level of Wellness symbol (Dunn, 1961, cover)*

The rings illustrate the interconnection of each element. The arrow in the middle of the rings represents the individual's life trajectory. Dunn's (1961) development structure serves as the foundation for numerous other theories or following models.

A further wellness model from Dunn (1961) is the health grid depicted in Figure 2.2 below.

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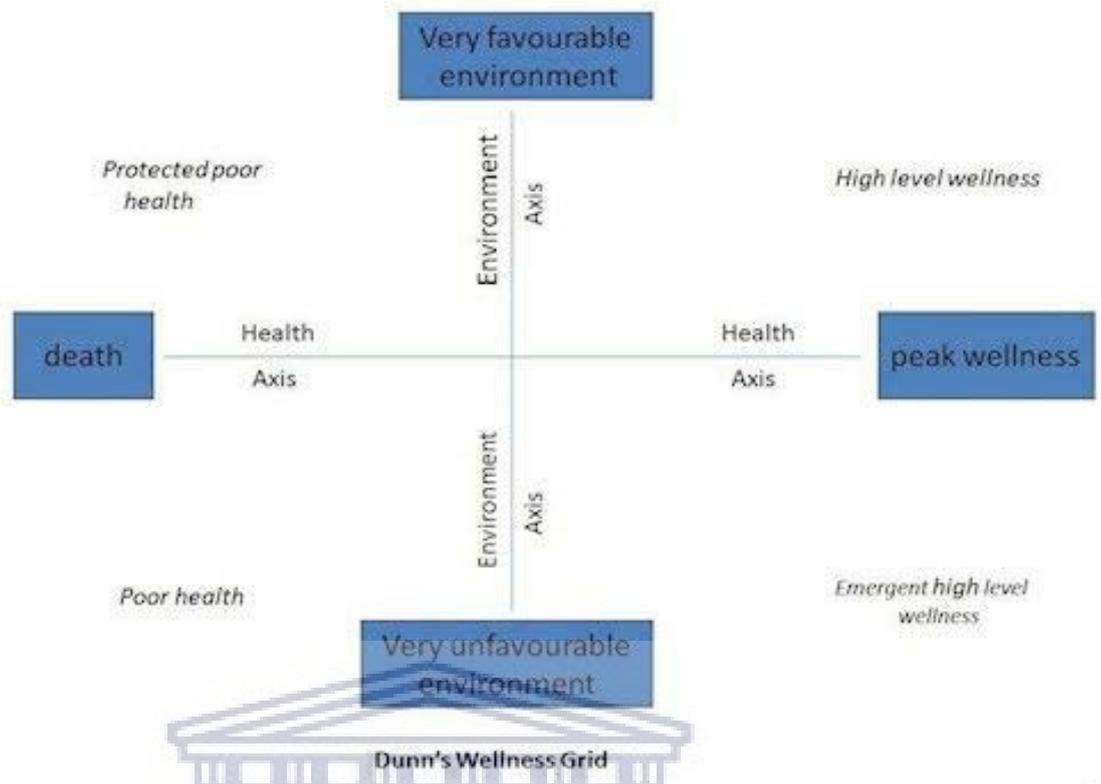


Figure 2.2: Dunn's Wellness Grid (Dunn, 1959)

The health-grid model in Figure 2.2 above, considers the external environment and how these factors impact an individual's wellness and quality of life. The peak wellness displayed on the right end of the graph is a "performance at full potential in accordance to the individual's age and makeup" (Dunn, 1959, p.787). The model consists of two axes indicating health and the environment. The environment axis includes physical, biological, and socio-economic components that affect the individual's health. According to the grid above, the health axis ranges from death on the one extreme of the scale, to peak wellness or absence of diseases on the other extreme. An individual reaches high-level wellness if both axes (environmental and health) can be found on the positive end of the continuum. Similarly, people experience a low level of wellness when both axes register on the negative end. The model suggests that an individual's health status depends on a favorable environment as well as personal well-being.

Hettler (1984, p.13) defines wellness as "an active process through which people become aware of, and make choices toward, a more successful existence." Hettler promoted the idea that people become aware of habits and choices for a more

successful existence. As co-founder of the National Wellness Institute, Hettler and others constructed the model as depicted in Figure 2.3 below, known as the Six Dimensions of Wellness (NWI, 2003).

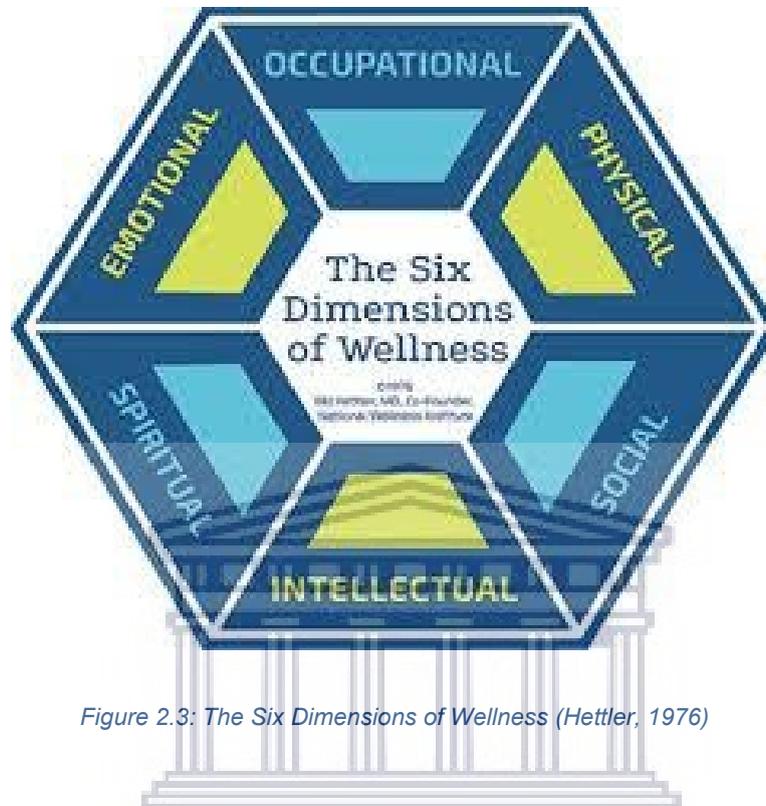


Figure 2.3: The Six Dimensions of Wellness (Hettler, 1976)

From the figure above, the six basic dimensions are clear: physical, social, intellectual, spiritual, emotional, and occupational. These dimensions must be in balance for wellness to occur. Each dimension must reach its own level of wellness. The flexible curves separating the dimensions present their dynamic nature. The penetrable borders indicate the interaction between each dimension and the linkage between an individual's internal and external contexts (Callicott, 1996).

According to Hettler, people are responsible for their own health and wellness through individual actions. His definition brought about a major shift in the study of wellness. It includes a general examination of the various factors that tend to influence health holistically, instead of considering merely the physical aspects (Oliver, et al., 2018). For Hettler, melding the physical dimension with the others encapsulates the concept of wellness.

Witmer and Sweeney (1992) explored the concept of wellness further. They included

the spiritual dimensions in their Wheel-of-Wellness model shown in Figure 2.4 below. They view the spiritual dimension as the tenet of wellness and the most influential domain of a healthy individual.

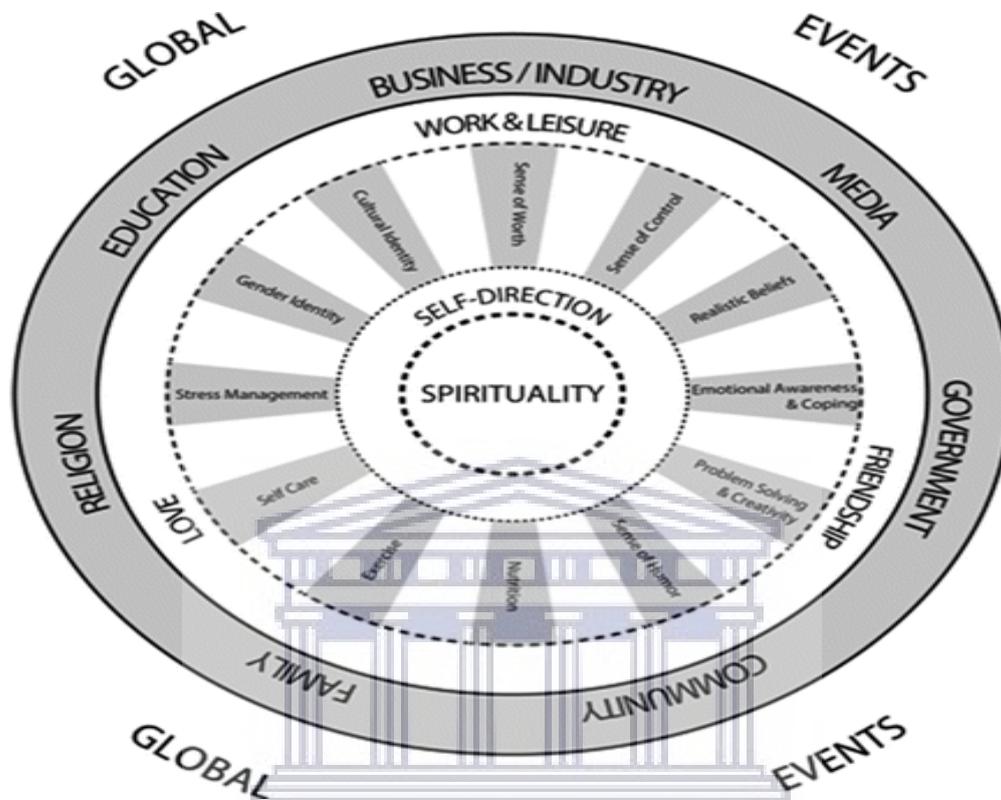


Figure 2.4: Wheel of Wellness (Myers, Sweeney, & Witmer, 2000)

The model further identifies 12 characteristics that influence individuals' optimal health and functioning (Myers et al., 2000). As the model indicates, these characteristics are: physical fitness and nutrition; sense of worth; sense of control; realistic beliefs; spontaneous and emotional responsiveness; intellectual stimulation, problem solving, creativity; sense of humour, and spiritual values. Further aspects that entail success in the work task are satisfying friendships, a social network; and satisfaction in marriage or other intimate relationships. The Wheel of Wellness demonstrates that numerous dimensions of life complement areas such as work, friendship, and love. Should individual employees, for example, reach fulfilment only in their work, the other areas will be lagging behind. Spirituality remains the central axis of the wheel.

A synthesis of the models illustrated in Figures 2.1 to 4 approaches wellness as a

multi-dimensional concept. This condition incorporates an individual's mind, body and spirit, and depicts balance and integration as core elements.

Recent constructs of wellness are derived from the above-mentioned models. Durlak (2000) constructed a model focusing on the health of young individuals, particularly children of primary-school age. His model attempted to promote health and prevent diseases among youth. It comprises three main components: social, physical and academic, or intellectual. Durlak focused on those aspects of wellness that can be managed and would therefore adversely affect children's health less in later life.

While Durlak's model focused primarily on wellness among young children, the Whole-person model from Montague, Piazza, Peters, Eippert and Poggiali, (2002) shifted its focus towards older adults. The model's main objective was to posit the personal dimension as the focal point of wellness. Personal wellness is defined as self-responsibility for dimensions of health, optimism, self-direction, personal choice, and self-efficacy. The model recognises that for individuals to promote health and quality of life, they must collaborate with their family members, the surrounding community, and healthcare providers. The six dimensions of wellness according to this model are: physical, spiritual, vocational, emotional, social and intellectual. These six dimensions interact with personal wellness and each of the other dimensions.

Previous models, as discussed, include the dimension of intellectual wellness. In this regard, Durlak's term has a similar definition but different application – *academic* wellness. According to his model, this form of wellness focuses mainly on the experience within an academic environment. The academic-wellness component consists of individuals' ability to learn, attain higher-order cognitive skills, counter under-achievement, and cope with anxiety.

Although other models have mentioned environmental health as a factor of wellness, Renger, Midyett, Mas, Erin, McDermott, Papenfuss, Eichling, Baker, Johnson and Hewitt, (2000) were the first scholars to introduce a model that emphasises the importance of environmental health as an independent component contributing to wellness. The main viewpoint of this model is that "wellness embodies a way of living that encourages individuals to seek a balance in their lifestyle designed to improve the quality of life" (Renger et al., 2000, p.404).

The importance of knowledge, perception and skills in each area is highlighted and aims to help individuals improve their wellness. The model explains further how high-level wellness is achieved: “Individuals must care for their physical selves, use their minds constructively, channel stress energies positively, express emotions effectively, become creatively involved with others, be sensitive to their daily spiritual needs, and interact effectively with their environment” (Renger et al., 2000, p.404).

Expanding on the Wheel-of-Wellness model in Figure 2.4 from Witmer and Sweeney (1992), Myers and Sweeney (2004) created The Indivisible Self Model, as depicted in Figure 2.5 below.

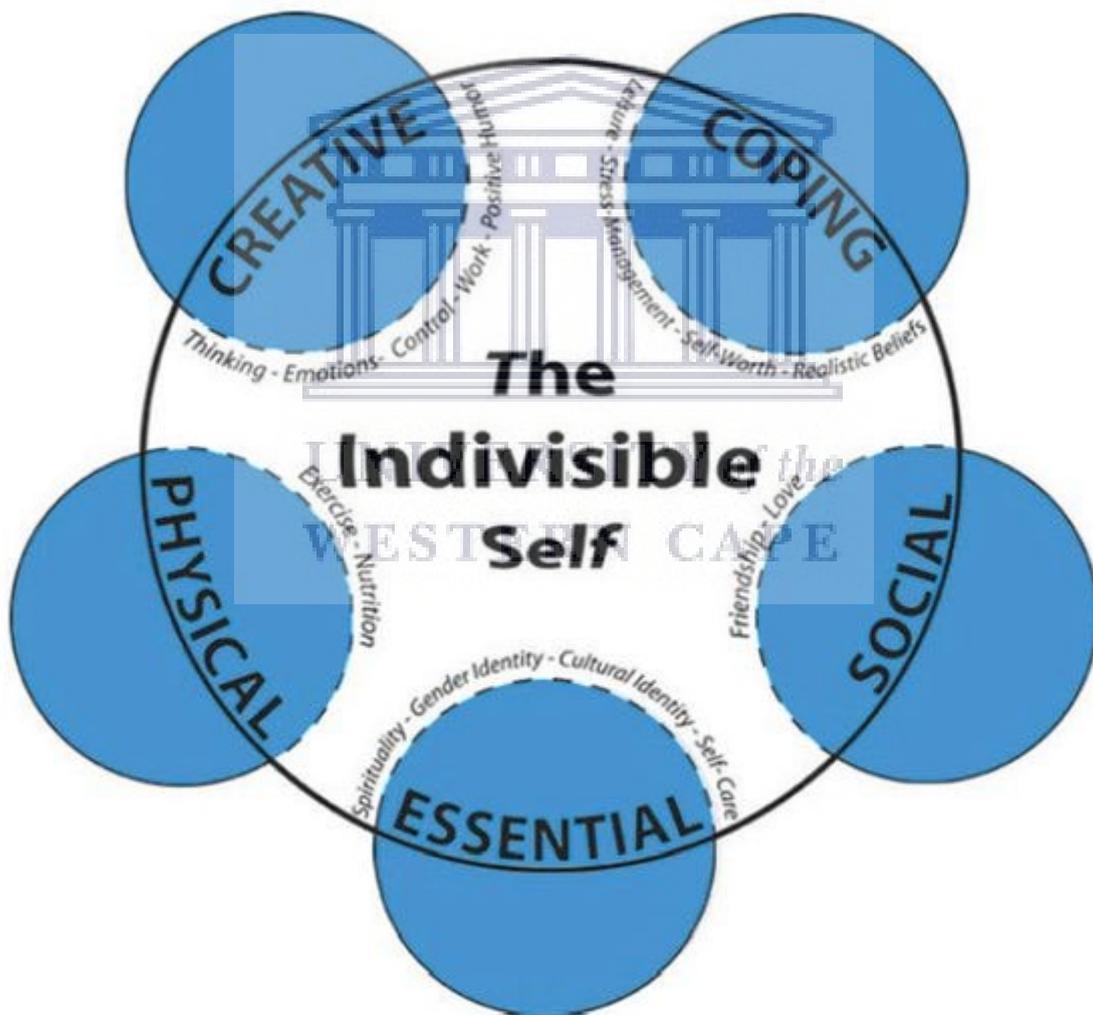


Figure 2.5: Indivisible Self Model (Myers et al., 2004)

The model indicates that the core self is surrounded by five second-order factors linked

to the self: creative, coping, social, essential, and physical (Sweeney, 2009). When combined, these factors constitute the core self or whole self (i.e. indivisible). Thus, for a person to be completely well, these factors must get the necessary attention because they all play a significant part in the well-being of, for example, employees.

According to Travis and Ryan (2004), wellness does not merely imply the absence of illness or disease, but also the presence of positive factors such as physical health and happiness. They developed a model called Energy System which consists of the following seven dimensions: physical, emotional, social, intellectual, spiritual, occupational, and environmental. It shows wellness in terms of a multidimensional wheel where each section influences the other. The wheel contains 12 categories and depicts wellness as an ongoing process occurring daily in an individual's life. The model focuses on the psychological contribution to wellness and explains that individual growth in the wellness areas accounts for optimal, overall wellness.

Travis and Ryan (2004) additionally developed a Wellness Workbook, which outlines multiple categories of wellness. The categories are grouped into a 12-section wellness wheel and entail the following: transcending, finding meaning, sex, communicating, playing/working, thinking, feeling, moving, eating, sensing, breathing, self-responsibility and love. The interaction of the categories indicates that wellness is an ongoing process that impacts other variables.

For their model, Anspaugh, Hamrick and Rosa (2006) combined two of the prominent models of their time, namely The Wheel of Wellness and the Wellness Workbook. The authors describe wellness as a holistic concept and consider not merely physical health, but the multiple aspects that impact the body. The model represented in Figure 2.6 mirrors the seven dimensions of Travis and Ryan and is termed "areas of human needs," namely physical, emotional, social, intellectual, spiritual, occupational, and environmental.



Figure 2.6: Anspaugh et al., 2006

The authors also perceive that self-responsibility is crucial for continued growth and wellness. The model was therefore designed to teach students that they should take responsibility for their own lives and make the necessary behavioural changes to improve their health and wellness.

A number of years later, Botha and Brand (2009) developed a model of wellness focusing on managers in a higher education institution (HEI). Their model was based on traditional holistic wellness models, which they applied to individuals in higher education. The wellness dimensions comprising the new model are physical, social, emotional, intellectual, occupational, and spiritual. The authors discovered that when health risks of managers in higher education are identified, wellness interventions can be developed to assist and improve wellness behaviours and reduce health risks. This model was developed as a theoretical basis on which to examine health levels of wellness behaviours by identifying unhealthy lifestyle behaviours.

The model by Applegate and Brown (2012) established the Holistic Wellness Assessment for Young Adults. The assessment was developed by including the traditional wellness dimensions and integrating a new financial one. According to this model, college students can self-assess their individual health status, and thus evaluate their own wellness based on the given dimensions. The eight dimensions of this wellness model are self-regard, self-awareness and responsibility, sustainability relational, risk prevention, spirituality, physical health, and healthcare maintenance.

Financial wellness is integrated with three of these dimensions, namely self- regard; self-awareness and responsibility; and sustainability.

Various models of wellness have been constructed and developed; the theorists' consensus is that wellness can be considered a holistic concept consisting of various interrelated dimensions that are used to assess or predict overall health (Oliver et al., 2018). Exponents of these models may still disagree about the exact dimensions, but they agree on one certainty: wellness creates the balance among the various dimensions.

Despite the obvious significance of each model described above, none actually addresses academic employees' well-being exclusively. In this regard, the model derived from Botha and Brand seemingly provides the best fit. The holistic wellness for the Manager's Model displayed in Figure 2.7 below was used within a higher educational environment. Therefore, the mentioned model could help the researcher understand the dimensions involved in such a setting.



Figure 2.7: A holistic wellness model for managers in South African tertiary institutions (Botha & Brand, 2009)

The model depicted in Figure 2.7 above indicates six main dimensions, namely:

physical, social, emotional, intellectual, occupational and spiritual. These dimensions are unpacked further into sub-dimensions. The physical dimension is divided into three, namely physical fitness and nutrition; medical self-care; and safety and lifestyle. The social dimension is divided into environmental wellness and social awareness. Emotional wellness is divided into emotional awareness and sexuality, and emotional management. These dimensions were tested and their reliability and validity established for assessing the wellness status of managers. Botha and Brand (2009) maintain that their model could provide a theoretical framework for research on wellness behaviour and health-risk assessments that will help tertiary institutions devise appropriate interventions for academic staff. Therefore, this model was used in the current study.

## **2.6. Dimensions of wellness**

Researchers have published a range of studies on the various dimensions of wellness (Callicott, 1996; Danna & Griffen, 1999; Koen, Phillips, Potgieter, Smit, van Niekerk, Nel, & Visser, 2017; Sieberhagen, Pienaar, & Els, 2011). Wellness is found to be a holistic concept with multiple yet differing dimensions. According to Sieberhagen et al., (2011), four main dimensions impact the well-being of an individual, whereas other theorists propose six to 12 dimensions. According to the theoretical framework of the present study, the researcher focused on the six dimensions that influence academic employees' well-being, namely physical, psychological, social, intellectual, occupational, and spiritual. It is important to identify these dimensions since they could be used to design appropriate wellness programmes tailored to the needs of academics (Koen et al., 2017).

### **2.6.1. Physical wellness**

Wellness was studied originally from a physical perspective of health. Thus, wellness was viewed as individuals taking action to sustain a healthy lifestyle through physical exercises, taking care of themselves, and choosing healthy eating habits (Hettler, 1984). Physical activity (PA) has numerous benefits which have been well-documented. Regular involvement in moderate PA can improve a person's overall health; for example, by reducing chronic and coronary diseases, strokes, type 2 diabetes and common cancers (Cooper & Barton, 2016).

However, employees striving for physical wellness in academia face certain barriers pointed out as ergonomic hazards (Saong, Gacayan, & Marcelino, 2016). Such hazards are factors in the workplace that pose the risk of injury to academic employees' musculoskeletal systems. These risks include injuries such as tennis elbow and carpal tunnel syndrome. The mentioned injuries typically occur when employees type for extended periods with incorrect supporting methods or at improper work stations (Saong et al., 2016). Ergonomic hazards are difficult to notice since strain to the body and its long-term effects is a gradual process (Occupational Safety and Health Administration, 2006).

Venables and Allender (2006) point out that the scale of hazardous exposure for universities differs from that of workers in manufacturing industries. Nevertheless, Emery (1997) identifies a range of occupational hazards in the academic profession. They range from traditional life-preservation concerns such as fire safety and fall protection, to specialised occupational hygiene issues such as exposure to carcinogenic chemicals, radiation sources, and infectious micro-organisms.

Other health problems can result from performing tasks that require a constant seating or standing position for more than two hours, coupled with a high level of concentration for that period. Academics may suffer negative effects by working in a seated posture for more than one hour. Such a posture has been proven to induce biochemical changes in the lipoprotein lipase activity (an enzyme involved in fat metabolism) and in the glucose metabolism, leading to coronary as well as kidney diseases (Saong et al., 2016).

Another hazard that was found to affect academics physically is the number of hours they remain in front of Display Screen Equipment (DSE) (Sonal & Nisreen, 2012). The exposure usually takes place when academics browse the Worldwide Web intensively, enter and edit text, or process students' assignments. The arms, wrists, and fingers are working on the keyboard, mouse, and desktop. Continuous exposure to DSE can lead to repetitive strain injury (Sonal & Nisreen, 2012) as well as eye and vision impairments (Suparna, Sharma, & Kandekar, 2005).

Individuals, who strive to improve their physical well-being must maintain a healthy

exercise regime and follow a balanced diet. In addition, they should constantly monitor physical signs the body relays during stressful events (Fahey et al., 2005). However, optimal physical health entails more than mere regular exercise and a healthy diet. In addition, employees must maintain their recommended body weight (in terms of the body-mass index) and get sufficient sleep. Furthermore, individuals should avoid harmful habits, follow healthy sexual habits, and take steps to prevent injuries (Case & Paxson, 2006; Fahey et al., 2005; Hatfield & Hatfield, 1992; Hoeger & Hoeger, 2007; Public Health Agency of Canada, 2008; Renger et al., 2000).

George, Kolt, Rosenkranz and Guagliano (2014) identify certain barriers that prevent individuals from engaging in physical activity. These scholars investigated Australian male university employees who form part of a workplace intervention for physical activity. The findings showed that lack of time and workload were the two most common factors preventing staff from participating in physical activity. Other factors were time spent commuting, family responsibilities and the cost of facilities.

Gallup (2013) conducted a meta-analysis which indicated a positive relationship between the level of work engagement and employees' physical wellness. The survey concluded that physical wellness is important since it affects employees' work engagement. Furthermore, highly engaged workers were found to be healthier than those who failed to partake in physical activity.

In the same vein, Adams (2019) found that employees who enjoy sound physical, mental, and emotional health are more likely to deliver optimal performance within the workplace. Physical activity does not only strengthen employees' physical condition; it also helps to ensure overall wellness (Koen et al., 2017). Physical wellness, in particular, impacts individuals' psychological well-being, which in turn increases their work performance and contributes to their higher morale.

### **2.6.2. Emotional wellness**

Emotional wellness is defined as the consciousness of one's feelings, and the control thereof. This form of wellness entails a realistic and positive self-valuing, which includes the ability to deal with conflict and life's circumstances. Further aspects of emotional wellness are coping with stress and maintaining fulfilling relationships with others (Adams, Bezner, & Steinhardt, 1997; Helliwell, 2005; Hoeger & Hoeger, 2007).

Emotional stability is observed as the main objective of emotional wellness, and describes how an individual manages day-to-day stressors. Therefore, when individuals are considered to be emotionally well, they are able to maintain healthy relationships with others. In this regard, emotional wellness may lead to other positive outcomes such as social wellness (Hoeger & Hoeger, 2007). Myers and Sweeney (2005), as well as Ryff and Singer (2006), provide even broader definitions of emotional well-being. These circumscriptions emphasise the significance of self-view and being aware of one's feelings, actions, relationships, autonomy and self-actualisation.

Additionally, common themes within the ambit of psychological or emotional wellness are coping with stress, maintaining a positive attitude towards life, and being optimistic about the future. Empirical results showed that emotional intelligence (EI) is associated with emotional well-being (Martinez-Pons, 1997; Schutte, Hall, Haggerty, Cooper, Golden, & Dornheim, 1998). These findings suggested further that EI can be linked to fewer incidences of depression and greater optimism (Schutte et al., 1998), and increased life satisfaction (Ciarrochi, Chan, & Caputi, 2000; Martinez-Pons, 1997).

Emotional intelligence can be considered as individuals' ability to acknowledge their own emotions and feelings while understanding those of others. They can use that information to steer their thoughts and actions (Fernandez, 2007). Individuals with EI generally have lower stress levels due to active coping skills that help them adapt to a situation (MacCann, Fogarty, Zeidner, & Roberts, 2011). According to Jude (2011), findings show a relationship between EI and occupational stress among academics. Simons, Frantz, Munnik and Smith (2019) add that academics in the health profession who are capable of handling their own emotions are less likely to experience stress within the workplace.

Emotional wellness helps academic employees communicate and interact effectively with students as well as colleagues (Simons et al., 2019), thus increasing productivity in the workplace. Huppert and So (2013) found a relationship between employees who experience positive emotions, or indicate a high level of psychological well-being, and their good productivity. They also found that such individuals have improved social

relationships with others and live a healthier and extended life (Huppert & So, 2013). When employees show emotional stability, they contribute to positive growth in an organisation by minimising certain typical organisational problems such as absenteeism and unsatisfactory performance (Maletzky, 2017).

### **2.6.3. Social dimension**

Social wellness entails the number and quality of relationships and interactions with others, the community, and nature. Such wellness can therefore be defined as the extent to which individuals interact with others, support their community and regard the environment in their everyday lives (Botha & Brand, 2009; Commission on Social Determinants of Health, 2008; Hoeger & Hoeger, 2007; Powers et al., 2006).

The social dimension incorporates five sub-dimensions, namely integration, acceptance, contribution, actualisation and coherence (Keys, 1998). Individuals who receive social support are less likely to experience sadness, loneliness, low self-esteem, or erratic eating and sleeping patterns (Helliwell & Putman, 2004). Furthermore, these individuals experience lower stress levels and better emotional and psychological well-being, physical well-being, health and longevity (Agneessens, Waeye, & Lievens, 2006). However, individuals who only have support from restricted networks are more prone to feelings associated with negative health outcomes such as anxiety, depression, headaches and stomach complaints, as well as various other physical ailments (Cattel, 2001).

It is important that academic employees experience social wellness. The reason is that the relationship among faculty members substantially influences the character of the institution, the quality of its output, and students' accomplishments (Barth, 2006). For Cipriano (2011), collegiality in faculties should not only be interacted socially, but demonstrated in the way employees respect, treat, and value each other. Furthermore, collegiality occurs when employees collaborate and assume equal responsibility for the benefit of the discipline in particular, and the faculty as a whole.

Previous research found that strong collegial relationships among academics have a positive influence on an institution's success, advancement, and effective operation (Arnold, 2014; Palaniandy, 2017). Edwards (2003) highlights collegiality as a crucial variable for those who work in higher education. Interaction at work improves the social well-being of academic employees by sharing workloads and knowledge, as well as

encouraging collaborative research. In a nutshell, collegiality creates a productive work climate (Johnston, Shimmel, & O'Hara, 2012; Pearce and Conger, 2003).

HEI's are considered as long-term learning institutions (Howell & Annansingh, 2013). Therefore, the leadership of HEIs must ensure faculty members continue generating new knowledge by sharing their output with fellow academics. HEIs should encourage such knowledge sharing (Breu & Hemingway, 2004). In a supportive social environment, employees maintain open lines of communication and interaction and are attentive to the concerns and ideas of others (Palaniandy, 2017).

There are clear benefits of sound social support among academics. In this way, they show respect for students, can discuss their needs with fellow colleagues, and assume joint responsibility for problem solving and decision-making. Social support creates a sense of belonging among the employees, thereby influencing their feelings within the workplace (Barth, 2006; Goddard, Goddard, & Tschannen -Moran, 2007; Jarzabkowski, 2003; Retallick & Butt, 2004; Schuler, 1982).

#### **2.6.4. Intellectual dimension**

Intellectual wellness occurs when the mind is engaged in creating opportunities to learn more, and develop greater understanding. Thereafter, individuals apply the learned knowledge, and they experience lively interactions with the surrounding world (Naz, Rehman, Katpar & Hussain, 2014). When academic employees are conscious of intellectual wellness, they can strike a balance between job demands and job control (Woynarowska-Soldan & Tabak, 2012).

Employees can also improve other dimensions such as mental wellness while becoming aware of the required steps to achieve intellectual wellness. It is documented that unhealthy work environments have an adverse effect on academics' quality of life and their mental health (Borrelli, Benevene, Fiorilli, D'Amelio, & Pozzi, 2014).

Intellectual wellness can assist employees when they debate views and thoughts as well as explain ideas and visions. This form of intellectual interaction is crucial since academic employees have to present and develop new research topics and publications (Sayed, Hussain, Rehman, & Saifullah, 2017). Intellectual teachers are resource driven, thus they assist students by guiding, teaching, or motivating them,

and afterwards by evaluating their performance (Sayed et al., 2017). Evidently, academics must build their intellectual capacity. Furthermore, academics do not only act as tutors. They are also role models who can only fulfil their responsibilities when they have a sound mind and healthy body. Thus, academics must be able to recognise moral issues, excel in interpersonal communication, and apply crisis management where needed (Benor, 2000).

#### **2.6.5. Occupational dimension**

Occupational wellness can be defined as well-being “derived from participation and engagement in meaningful and valued occupations which may include but is not exclusively limited to paid work” (Singh, 2014, p.24). This form of wellness encompasses the various aspects of work life, ranging from the quality and safety of the physical environment, and employees’ attitude towards their work, to the working environment and work climate (International Labour Organisation (ILO), 2009; Marie-Amélie, Roxane, & Lieven, 2013).

Occupation is viewed normally as work, employment, or the career individuals have chosen, rather than recognising that occupation encompasses people’s general activities during the course of their daily lives (Davis & Polatajko, 2010; Singh, 2014). According to Botha and Brand (2009), occupational wellness can be divided into two sub-dimensions, namely job satisfaction and work-life balance. Job satisfaction was found to indicate positive relationships with factors such as hardiness, commitment, challenge, and change, as well as decreased levels of stress and anxiety. Further positive relationships were fewer physical symptoms, finding meaning in life, longevity, and increased productivity (Witmer & Sweeney, 1992).

Work-life balance is achieved by balancing responsibilities at work and at home (De Cieri, Holmes, Abbott, & Pettit, 2005). When work-life balance is not attended to, the result may be that individuals are facing stress in one or more of the wellness dimensions. (Botha & Brand, 2009). This outcome is evident in studies by Tytherleigh, Webb, Cooper and Ricketts, (2005), who found the following sources of stress for academics: excessive workloads, work-life imbalances, work relationships, control, communication, and job security. The ILO (2009) recognised occupational well-being as a key factor in determining an organisation’s long-term effective functioning.

#### **2.6.6. Spiritual wellness**

The spiritual dimension’s main focus is the search for meaning and purpose in life.

This means developing a strong appreciation for the depth of life and natural forces within the universe (National Wellness Institute, 2014). However, there is a tendency to equate the term 'spirituality' with 'religion'. Religion and spirituality may intersect but do not refer to the same concept. Spirituality can be defined as non-denominational and non-prejudicial, and as embodying the various faiths, races, genders, sexual orientations and abilities or disabilities (Mitroff & Denton, 1999). Religion, on the other hand, can be defined as a structure of doctrine based on a particular faith, which is formal and involves a necessary commitment (Mitroff & Denton, 1999). Day (2005) highlighted the relevance of incorporating spirituality into the workplace, whereas Cash and Gray (2000) found the inclusion inappropriate, except when having to accommodate religious diversity among the employees.

Astin and Astin (1999) reported that most academics are confronted with considerable stress in their overall life. The stress emerges especially when there are conflicting values; they seek to maintain authenticity, or to find meaning and to express their spirituality. Churchman (2006) found that academics believe that universities should be sectors where morals and standards are adhered to and ethical behaviour is encouraged. According to Houston, Meyer and Paewai (2006), academic employees are more satisfied with intrinsic rewards (personally, e.g. flexibility, responsibility and variety) than with extrinsic rewards (externally, e.g. salary and chances for advancement).

Spiritual wellness can be divided into two dimensions, namely individual spirituality and spirituality at work. Mitroff and Denton (1999) define individual spirituality as finding sacredness in the course of everyday life, and thereby feeling interconnected with other phenomena. Such spirituality means enjoying inner peace and calm as well as having access to an infinite source of faith and willpower.

Spirituality at work can be defined as the extent to which individual spirituality is included in the types of behaviour, policies, values and principles of an organisation (Dehler & Welsh, 1994). In this regard, spirituality at work can function on three levels: individual, work unit, and organisation-wide (Ashmos & Duchon, 2000). The individual level illustrates how employees achieve a satisfying internal as well as external life by discovering their individual purpose and meaning through work. The work-unit level

points to employees' sense of belonging or connection with colleagues and the work community. Organisation-wide spirituality at work focuses on employees' perception that they have a good relationship with their organisation, where their personal values and goals match those of the organisation as a whole (Ashmos & Duchon, 2000).

Spiritual wellness can be incorporated in Human Resource Management (HRM) programmes and interventions to improve employees' well-being (Dehler & Welsh, 1994; Marques, 2005). Organisations strive to become socially responsible, meaningful, community-oriented, authentic, and focused on their employees' needs. Therefore, management must establish a healthy, spiritual and flexible culture for the organisation (Milliman, Czaplewski, & Ferguson, 2003; Mitroff & Denton, 1999).

## **2.7. Barriers to the well-being of academics**

The South African higher education system has been subjected to far-reaching changes (Barkhuizen, Roodt, & Schutte, 2014). These changes stem from a shift in the social and economic spheres across the country (Boughey, 2004; Barkhuizen et al., 2014; Pienaar & Bester, 2009). Such developments hold major challenges for academic staff. Barriers that may impede academic employees' well-being are academic workload; work-life balance, and wellness during a crisis. These barriers will be expanded on below.

### **2.7.1. Academic workload**

According to Barkhuizen, Rothmann and Van de Vijver (2014), one of the primary barriers to enhancing academics' physical and psychological well-being is their increasing workloads. In academia, work overload occurs due to extended working hours and high volumes of work that have to be processed 'asap' (Barkhuizen et al., 2014; Berg & Seeber, 2016).

Other challenges are precariousness, job insecurity, and ambiguity (Clark & Sousa, 2018). Academics are also hampered by lack of collegial support (Ryan, 2012), large numbers of students, demands from other academic staff, and the pressure to increase their research output (Barkhuizen et al., 2014). The above-mentioned job demands place severe strain on the wellness of academic employees (Barkhuizen et al., 2014). As explained previously, job demands can be defined as those physical,

psychological, social and organisational aspects of the work tasks that require sustained physical and/or psychological efforts (Demerouti & Bakker, 2011; Bakker, Demerouti & Sanz-Vergel, 2014).

Demerouti and Bakker's (2011) job demands-resources (JD-R) model and Converso, Sottimano, Molinengo and Loera (2019) indicate that excessive or prolonged job demands produce physical and psychological strain, which may lead to depleted energy, impaired health and exhaustion. Conversely, job resources promote motivation and engagement, and reduce work-related stress by offsetting the costs linked to psychological demands. Therefore, job demands can be associated with certain physiological and psychological costs, such as burnout (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Converso et al., 2019).

A study by Converso et al., (2019) at a university in Italy found a positive relationship between job demands and costs in terms of health and burnout. In particular, the results confirmed that work overload is associated directly with the negative impact of work on employees' private life (work-family conflict) and indirectly with emotional exhaustion (through work-family conflict). This can result in psychological disorders.

Further findings were that academics with a PhD qualification experience less stress about job security. It can be assumed that academics with a higher qualification would have mastered the art of teaching and have been publishing their research. As a result, these academics receive tenure and can secure permanency at an HEI. Academics with lower qualifications still have to work on probation without guaranteed permanency. Evidently, such an uncertain situation creates stress among lower qualified academic employees.

When academics perform the tasks mentioned above without the necessary job resources, this may lead to work-related problems such as stress (Daly & Dee, 2006; Gillespie, Walsh, Winefield, Dua, & Stough, 2001; Kinman & Jones, 2003); burnout (Schaufeli & Bakker, 2004); poor physical well-being (Winefield, Gillespie, Stough, Dua & Hapuararchchi, 2002); mental-health issues (Doyle & Hind, 1998); and decreased commitment to the organisation (Kinman, 2001).

Job resources refer to those physical, psychological, social and organisational job aspects that either reduce job demands and the associated physiological and psychological costs, or function to achieve work goals and stimulate personal growth,

learning and development (Demerouti et al., 2001; Demerouti & Bakker, 2011).

As mentioned above, insufficient resources may lead to stress. However, this view was contradicted by Simons et al., (2019), who investigated academics in the health profession at a previously disadvantaged higher education institution in the Western Cape. The authors found that these academics experienced less stress despite a lack of resources. Such a finding may suggest that the academics have become accustomed to using limited resources, seeing that historically disadvantaged institutions seemingly are not that well-resourced, compared to other institutions.

### **2.7.2. Work-life balance**

Numerous employees enjoy their work and derive a sense of purpose from it. However, a significant number of employees are working extended hours under stressful conditions. Thus, they find it difficult to balance their work and life spheres, or pursue hobbies and other interests. Several employees are fatigued, and even suffering burnout, which can lead to serious medical conditions (Chan, 2016).

Various authors have reported that academics find it extremely difficult to achieve a healthy work-life balance. An imbalance in this regard may cause physical or mental health problems and eventually lead to job dissatisfaction and high turnover in the sector (Barkhuizen et al., 2014; Catano et al., 2010; Kinman & Jones, 2003; Zábrowská, Mudrak, Solcova, Kve'ton, Blatny & Machovcova, 2018). Generally, employees spend most of their day working, or are busy with work-related activities. The time spent at the workplace, the tasks performed, and the work environment as such affect employees' overall health (Adams, 2019). The academic environment has been described as "always on", which blurs the boundaries between work and leisure time (Gornall & Salisbury, 2012).

Within an academic environment, leadership tends to place a high premium on work and strives for continued performance. Younger academic employees, who have children, find it particularly difficult to balance their work and life domains. They experience such an academic career as highly stressful, since they must conform to strict expectations of extensive teaching and research to ensure further promotions (Bazeley, 2003; File, Weko, Hauptman, Kristensen & Herlitschka, 2009; O'Meara & Campbell, 2011).

In contrast, academics who tend to work continuously for longer periods, such as 60

hours or more per week, are more likely to publish their research. Essentially, faculties' and universities' expectation of such an effort from their employees increases their stress levels (Simons et al., 2019). Such extended working hours have a negative impact on academics' work-life balance. According to Simons et al., (2019), the work-life interface is considered the second-highest factor that causes occupational stress.

A healthy work-life balance may reduce stress and increase job satisfaction, performance and productivity (Shalini & Krishna, 2017). However, due to the challenges of balancing work and home responsibilities, various studies point out that academic employees are particularly vulnerable to mental health problems and burnout. Should the condition be left unattended, the mental health issue could escalate and even lead to suicide (Guthrie, Lichten, van Belle, Ball, Knack & Hofman, 2017; Padilla and Thompson, 2016; Watts & Robertson, 2011; Winefield et al., 2008). Such escalation has become evident by a recent suicide of an academic from the University of Cape Town. The employee was a professor and dean in one of the faculties at the university. According to the institution, they have lost an A-rated world leader in cardiology as well as a leading scholar. "We have lost someone whose voice was important at critical times, someone who never spoke much at Senate, but when he did, people listened. He had an important voice at management level" (Dano, 2018).

## **2.8. Institutional wellness interventions/programmes**

When discussing employee wellness programmes, it is helpful to distinguish wellness from assistance programmes. Benavides and David (2010) broadly label an Employee Assistance Programme (EAP) as a treatment intervention or a reactive process. As mentioned previously, this intervention unfortunately carries a negative stigma, whereas Employee Wellness Programmes (EWPs) have a more proactive tendency. EAPs were established traditionally to support employees with domestic problems that could affect their work performance. The first EAP attended to the detrimental effect of alcohol and substance abuse on employees (Benavides & David, 2010). Currently, however, numerous EAPs incorporate other services, for example, care of dependent-elderly relatives, as well as counselling on domestic relationships; stress management and legal advice.

Further counselling focuses on financial issues and debts as well as HIV/Aids. The

aim of counselling on substance/alcohol abuse is to help employees take on personal life challenges (Benavides & David, 2010). Other scholars point out that such interventions are designed to find solutions and rehabilitate employees whose individual challenges are interfering with their productivity at work (Benavides & David, 2010).

Similarly, EWP's were redesigned to promote employees' understanding of their own wellness needs. Moreover, the focus was to help employees deal with personal psychological and physiological change by promoting individual health and a supportive workplace. According to Leiter and Durup (1996), Employee Assistance Programmes (EAPs) are designed primarily to provide employees with relief from stress which has led to substance or alcohol abuse. The EWPs furthermore cater for financial or debt issues, medical and chronic diseases, career crises and the pressure of increased job demands (Tuwai, Kamau & Kuria, 2015).

Most of the EWP strategies or programmes are based on counselling, and participation is voluntary. Reynolds and Bennett (2015) point out that the scope of EWPs does not include work-related issues and its effect on employees' stress levels. In addition, the services offered to employees through wellness programmes focus on personal and health-related problems, rather than work-related issues. According to Spencer (2015), some workplace programmes that organisations offer do not deal with employees' real needs. As a result, participation in these programmes is limited. Therefore, management and wellness practitioners should consider the needs of employees carefully before implementing a workplace wellness programme (Gie, 2017).

As stated previously, academic workloads cause stress. As a counter strategy, an employee assistance programme (EAP) could assist lecturers (Nurendra, 2018). For a wellness programme to be successful, organisations must focus on the following prerequisites (Anderson et al., 2009; Mason, 1994):

- a) Wellness must form part of strategic planning.
- b) 'Buy in' required from senior management.
- c) It should be fashioned specifically for the company.
- d) Leadership should participate in the programme.

- e) Proper communication mechanisms must be applied.
- f) The organisation must create a supportive environment.
- g) It must be emphasised that employees' take personal responsibility for their health.
- h) Daily workload should be taken into consideration.
- i) The programmes should be user friendly.

Generic wellness programmes may entail assessments, short-term counselling, referrals, and follow-up services for employees. EAP counsellors should also fulfil the role as consultants, working with managers and supervisors to address challenges and needs of employees and the organisation at large (Nurendra, 2018).

According to Gie (2017), a holistic wellness programme for universities should be based on three levels of interventions: primary as prevention; secondary as reduction; and tertiary as treatment. These levels are explained in Table 2.1.

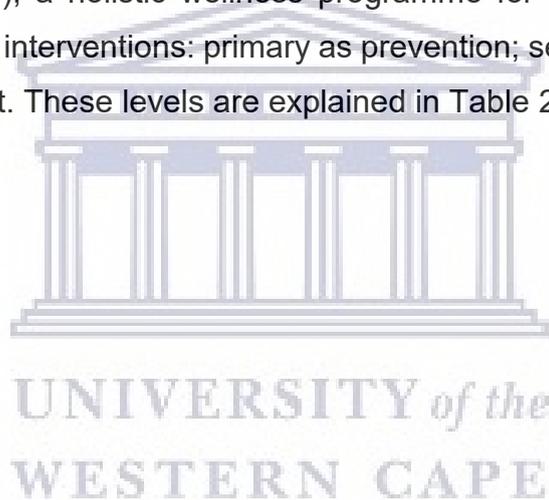


Table 2.1: Levels of intervention for holistic wellness programmes

Intervention	Aim	Organisational intervention
Primary	Remove the source of work-related problems	<ul style="list-style-type: none"> <li>• Develop appropriate wellness policies</li> <li>• Employ wellness committee and staff members</li> <li>• Educate employees about health and wellness</li> </ul>
Secondary	Address the psychological symptoms connected to problems at the workplace	<ul style="list-style-type: none"> <li>• Train staff in stress management</li> <li>• Anger management</li> <li>• Conflict resolution</li> <li>• Train staff in maintaining resilience</li> </ul>
Tertiary	Deal with stress-related symptoms which employees experience, where primary interventions and/or secondary reductions are not viable or effective	<ul style="list-style-type: none"> <li>• Specialist treatment</li> <li>• Support for employees already experiencing significant work-related and/or life-related stress symptoms</li> </ul>

Source: Gie, 2017

## 2.9. Wellness programmes/interventions for HEIs

The long-term goal of a wellness initiative should be to improve employees' health and well-being and increase the company's productivity (Lloyd, Crixell, Bezner, Forester & Swearingen, 2017). Thus, appropriate programmes or initiatives should be developed with the mentioned constructive goals in mind. In this regard, HEIs' wellness programmes must deal with the following issues: inactive behaviour, physical activity, healthy dietary habits and managing stress (Lloyd et al., 2017). Lloyd et al., (2017), point out that interventions and programmes developed for HEIs should build on multiple sources and theories, which are discussed briefly below.

Theories focusing on changing behaviour patterns include the social cognitive theory, the trans-theoretical model, and the self-determination theory, each with different purposes. The *social cognitive* theory focuses on self-efficacy, and goals and expectations about outcomes (Lloyd et al., 2017). These outcomes include developing employees' self-belief about completing tasks effectively by honing their skills, setting reasonable goals, and having realistic expectations. In this way, employees may make sounder decisions about their health.

The social cognitive theory's main goal is to change individual behaviour, whereas the *trans-theoretical model* focuses on group change. These changes are implemented through coaching sessions aimed at reducing inactive behaviour and increasing physical activities for employees personally (Lloyd et al., 2017; Prochaska, Wright, & Velicer, 2008).

Finally, the *self-determination* theory supports three main facets, namely, autonomy (how much control individuals have on the structure of their jobs); competence (how equipped individuals are to perform their duties); and relatedness (how well individuals relate to others) (Deci & Ryan, 2008).

Academic and non-academic employees who are exposed to wellness programmes that train coping techniques and job support can respond positively to challenges they may face in an HEI (Hubball & West, 2008). Academics, especially, are empowered to overcome challenges they face during teaching, research, community engagement, and various other roles they fulfil. It should be noted that "faculty wellness is directly influenced by the interconnectedness between institutional and personal wellness" (Hubball & West, 2008, p.2). Various authors concur that the institutional level contributes to academic well-being in three ways: scheduling flexibility that allows for self-care; social support; and protocols for collective debriefing after distressing events (Schwartz et al., 2019).

Two most common individual approaches are based on research by Lloyd et al., (2017). These approaches are: emotional distancing during distressing situations, and a bi-directional exchange in which professionals are consciously receptive to change.

During their research, participants emphasized that the institutional and individual approaches should be combined. The reason is that such an integration promotes autonomy, encourages self-care and facilitates social support. Schwartz et al., (2019) found that irrespective of the discipline, for academics to maintain wellness in emotionally demanding roles, universal needs must be met through social support, basic self-care, and meaningful engagement with the job and colleagues.

Increased support is necessary during difficult times such as the COVID-19 pandemic. The first step was to acknowledge that this pandemic has affected the staff as well as students of HEI's physically as well as psychologically (Nzimande, 2020). Since the pandemic has intensified, individuals in this environment experience anxiety, depression, feelings of loneliness, and fear. These experiences are due to uncertainties in the economic and tertiary education sectors. As a result, The Minister of Higher Education, Science and Technology, Dr. Nzimande made a plea that students and staff at HEIs should receive support. The Department of Higher Education and Training, together with the SA Depression and Anxiety Group (SADAG) and Higher Health, introduced a programme that focuses on mental health issues and substance abuse. This programme has three levels, each dealing with specific needs (Nzimande 2020).

At primary level, student-led programmes and peer-to-peer programmers are utilised. Their role is to create awareness and introduce initiatives that increase individuals' psychological resilience, and reduce anxiety, stress and depression, and ultimately, prevent suicide. Secondary level includes a 24-hour toll-free help line to serve students and staff members. The help line provides free telephonic and SMS counselling in all of the country's 11 official languages. Counsellors will also assist through crisis intervention and support. If necessary, they will refer staff members or students to professionals. At tertiary level, ten clinical psychologists have been employed across the country to provide services such as counselling, care and support as well as referral to the applicable professionals (Nzimande 2020).

## **2.10. Conclusion**

In this chapter, the researcher defined the key concepts of wellness and discussed its various dimensions. Thereafter, the focus shifted to the background and origin of the

concept by highlighting the relevant theories or models of wellness. The literature review examined the possible factors (e.g. workload) that may affect the wellness of academic employees. Further work-related factors were discussed, such as job demands and resources, stress, burnout, depression, suicide, and the impact of the physical work environment on employees' wellness. A brief description was given of the type of wellness programmes presented at the institution under investigation.

The following chapter explains the methodology that was used to reach the set objectives for the present study.



### **3. CHAPTER 3: RESEARCH METHODOLOGY**

#### **3.1. Introduction**

According to Hesse-Biber and Leavy (2011), methods can be considered as tools researchers use to collect data. Thus, Hesse-Biber and Leavy (2011) view methodology as a bridge that connects researchers' philosophical standpoints with their way of collecting data. This chapter presents and discusses the qualitative methodological framework that guided the present study. The chapter provides a detailed description of the research design that was followed, which includes the following aspects: the different methods to collect data, the selected sample, analysis of the data, and trustworthiness of the study. The chapter concludes by discussing the ethical considerations to which this study adhered.

#### **3.2. Research design**

Burns and Grove (2003) explain that the research design is not merely a plan or strategy but can be considered the blueprint for conducting a study. The present study chose an exploratory research design. The reason is that this type of design can be used to help understand academic employees' wellness needs. An exploratory research design is chosen when there is inadequate knowledge or information on a particular topic. Thus, the exploratory design is used to gain an extensive "understanding of a situation, phenomenon or community" (Babbie & Mouton, 2001, p.60). Hesse-Biber and Leavy (2011) concur, and point out that exploratory research strongly emphasises the understanding of phenomena in their own right. To achieve this understanding, the mentioned design uses special strategies to ensure the credibility of the research design and data analysis.

The main objective of exploratory research is to identify key issues and variables that provide insight into a phenomenon, group of people, or social setting (Stebbins, 2001). In most cases exploratory research designs are well-suited to qualitative approaches (Stebbins, 2001). Therefore, the researcher followed a qualitative approach to gather data. Furthermore, the researcher was able to investigate the problem from the participant's point of view (Bless, Higson-Smith, & Sithole, 2013; Struwig & Stead,

2001). A distinct characteristic of the qualitative approach is that it relies on linguistics or words, rather than numerical data. Therefore, such an approach uses a meaning-based, rather than statistical data analysis (Bless et al., 2013). Berg (2007, p.7) explains the approach: "Qualitative research properly seeks answers to questions by examining various social settings and the individuals who inhabit these settings."

### **3.3. Population**

Bless, Higson-Smith and Sithole (2013, p.162) view a population as "the entire set of objects or people that are the focus of a research project and about which the researcher wants to determine some characteristics." The institution where the research for the present study was conducted consists of seven faculties. The three campuses consist of one main campus and two offsite medical campuses. The selected university is a historically disadvantaged institution with limited financial resources. Therefore, this study explored academics' wellness needs to ascertain whether the institution's current wellness programmes satisfy these employees.

The target population for this study comprised permanent academic employees at a selected HEI in the Western Cape. Permanent employees have more responsibilities than fixed-term contract staff and can provide more insight on the wellness needs of academic employees at the institution. According to this institution's Human Resources Department, the population consists of 581 full-time, permanent academic employees. For this qualitative study a sample size of 13 full-time academic employees was considered sufficient to achieve the objectives. The sample was drawn from two of the three campuses mentioned above.

### **3.4. Sample**

The staff population of 581 employees was too large for the researcher to conduct semi-structured interviews with each one of them. To narrow down the population, the researcher used a method termed 'sampling' (Babbie & Mouton, 2001). The sampling method depends on the type of research that is being conducted. Seeing that this was a qualitative study, non-probability sampling methods were used. The initial participants were selected through referrals from administrative colleagues of the university under investigation. Further candidates were identified for recruitment

through a process of snowball sampling where participants were requested to refer any other individuals that would meet the inclusion criteria for the study (Maree & Pietersen, 2016).

This method is often used when the sample is difficult to acquire or when the researcher has an interest in an interconnected group of people. The current COVID-19 pandemic made it difficult for the researcher to locate candidates, thus non-probability sampling was used. Participants from four of the seven faculties were selected based on their availability and willingness to participate. As mentioned above, only 13 participants were selected, so as to gather rich, in-depth information during data collection.

The participants interviewed for the present study were full-time academic employees from the researched institution. At the start of the interview, participants were asked to indicate their job title, gender, marital status, and faculty. The biographical information relating to the participants are presented in Table 3.1. The sample consisted of eight females and five males. Five participants are lecturers, two are associate professors and six participants are senior lecturers.

*Table 3.1: Participants' biographical data*

Participant	Gender	Job Title
P1	Female	Lecturer
P2	Female	Senior Lecturer
P3	Male	Lecturer
P4	Male	Senior Lecturer
P5	Male	Senior Lecturer
P6	Male	Associate Professor
P7	Female	Associate Professor
P8	Female	Senior Lecturer
P9	Male	Lecturer
P10	Female	Lecturer
P11	Female	Senior Lecturer
P12	Female	Lecturer
P13	Female	Senior Lecturer

### **3.5. Data collection and procedure**

Semi-structured interviews were used to collect the data. Such interviews entail key questions that help the researcher define the areas to be explored. The interview questions were developed by the researcher with the assistance of the supervisors. The second set of questions were developed after the COVID19 outbreak in South Africa. These questions were necessary as the pandemic could have an impact on participant's wellness. Furthermore, this method allows the interviewer a deeper understanding by pursuing an idea or response for further detail (Nieuwenhuis, 2016a). This method was decided on because the researcher intended to explore or understand the wellness needs of academic employees. Interviewers should be equipped with a certain set of skills. They should pose open-ended questions and build rapport with participants. A congenial attitude makes participants more comfortable to tell their story. Furthermore, the interviewer should know when to probe, prompting the participant to focus on a particular question (Bless et al., 2013). When interviewers use the mentioned skills, it allows participants to speak freely without being guided by the interviewer. These skills assist the research by limiting the interviewer's bias.

Ethical clearance to conduct this study was obtained from the Human and Social Sciences Ethics Committee of the relevant university. Recruitment of participants commenced on 18 March 2020. The researcher distributed an email to ascertain the interest of candidates to be interviewed. Candidates were asked to indicate their availability, after which face-to-face interviews were scheduled. Initially, interviews were conducted face to face. Unfortunately, the global pandemic, COVID-19 struck, and Government announced a South African national lockdown from 27 March 2020. As a result, the researcher, together with the participants, arranged for interviews to be conducted online through applications such as Google Meets and Zoom.

Further ethical clearance was obtained for the adapted methodology from the Human and Social Sciences Ethics Committee of the relevant university. An interview guide containing relevant interview questions was used to help the researcher to stay on track and pose questions relevant to the topic of the study (Appendix A). The researcher also used probing questions to ensure depth in the responses. The interviews were audio recorded and the first six interviews were transcribed by the researcher. Due to time constraints a transcribing service was used for further

interviews, and were duly checked by the researcher. All data was sent with a security pin and transcriber was asked to agree to keep all information confidential. The researcher also took notes during the interviews.

### **3.6. Data analysis**

Data were processed through thematic analysis as a fundamental method in qualitative studies (Braun & Clarke, 2006). Thematic analysis can be defined as a method of identifying, analysing and reporting patterns found within data (Braun & Clarke, 2006). This form of analysis is also an effective way of gaining insight into participants' views, opinions, knowledge, experiences or values, from qualitative data sets (Braun & Clarke, 2006). Therefore, this method is appropriate when choosing a phenomenological approach, because it focuses on a participant's subjective view or experience of a phenomenon.

Braun and Clarke (2006) introduce six steps to follow for a thematic analysis. These steps helped the researcher combine analysis of the frequency of codes with an analysis of their meaning in context. These are outlined below.

#### **3.6.1. Familiarisation and immersion**

During phase 1, researchers familiarise themselves with the data. The key to this step is completely immersing oneself and understanding the transcripts. In the current study, the researcher made sure that she immersed herself in the findings. She read through the transcriptions of the data twice, and listened repeatedly to the voice recordings. She limited or eliminated bias as well by reviewing her notes and diary reflections.

#### **3.6.2. Generating initial codes**

Phase 2 entails the generation of initial codes, by systematically working through the data, focusing on each item and identifying aspects of interest by searching for repeated patterns. The researcher read through the transcripts again and manually assigned codes to the data. Once the coding was completed, the researcher grouped different codes and linked these to the participants' responses, which form the basis of the themes derived from the data.

#### **3.6.3. Searching for themes**

The third phase was to search for themes in the transcripts. After grouping the codes, the researcher captured themes and subthemes which emerged from the data by linking and combining similar views and opinions. The themes were narrowed down by relevance to the research question and objectives.

#### **3.6.4. Examination and reviewing of themes**

Phase four involved an examination of these themes. The themes and data were sent to two other researchers and comparisons were made.

#### **3.6.5. Defining and naming the themes**

During the fifth and final phase, the researcher identified the 'essence' of each theme, as well as the feature of the data captured by the particular theme.

### **3.7. Trustworthiness**

According to Bless, Higson-Smith and Sithole (2013), when doing qualitative research, the researcher is viewed as a "self-critical, thoughtful, curious and trustworthy human being. "The researcher is also the data gathering instrument through which the world is studied" (Bless et al., 2013, p.236). In quantitative research the reliability and validity are the key elements of measure. However, in qualitative research, trustworthiness is the focal point (Guba, 1981). Guba and Lincoln (1985, p.78) stated that, "All research must have 'truth value,' 'applicability,' 'consistency,' and 'neutrality' in order to be considered worthwhile." Therefore, trustworthiness is verified through credibility, transferability and dependability (Cutcliffe & McKenna, 2001; Golafshani, 2003).

#### **3.7.1. Credibility**

According to Golafshani (2003), credibility in qualitative research establishes that the results of the research are believable. In the present study, credibility was established by developing a lengthy semi-structured interview guide which posed theoretically informed questions. The guide also used elaboration probing as well as reframing the interview questions to elicit more in-depth answers. The researcher, as a student of Industrial Psychology, has been equipped with skills on how to conduct an interview.

The researcher also familiarised herself with the participants as well as the organisation under investigation. Furthermore, regular debriefing sessions were held with the researcher's supervisors to ensure the study as well as its analysis was viable.

Credibility was also established by participant checks. The research verified information with the participant by summarising the interview and giving the participant an opportunity to confirm whether the information recorded or understood by researcher was correct (Nieuwenhuis, 2016b).

### **3.7.2. Transferability**

In qualitative research, generalisability is virtually impossible, due to the size of the sample and nature of the study. However, in order to understand transferability, it could be explained as the generalisability of a qualitative study (Guba, 1981). Transferability encourages the reader of the research to draw a relationship between the elements of a study and their own experiences. In other words, the findings of the study are applied to other people and different periods (Guba & Lincoln, 1985).

For research to be transferable, the sample must represent the context of the study and the researcher should know how the context applies to the study (Nieuwenhuis, 2016b). In the present study, the sample or participants represented the context, by being academics employed at the HEI. They are influenced directly by the institution's wellness programmes and initiatives.

Another way that the research will be transferable is that the study will make use of thick descriptors, which means the researcher will provide a full and purposeful account of the context, participants and research design (Nieuwenhuis, 2016b). The accumulated information will allow the readers to make their own decisions with regards to transferability. This can assist other institutions with the knowledge of how to setup wellness practices or programmes that will suit the academic profession.

### **3.7.3 Dependability**

According to Guba & Lincoln (1985), the concept of dependability is used in preference to reliability in a qualitative study. The authors further state that a demonstration of credibility goes some distance in ensuring dependability. Dependability is confirmed through the research design and its implementation. Thus, to confirm the study's dependability, the researcher followed a code-recode procedure as well as peer examination to ensure the findings are consistent. Once the data had been collected and transcribed, and themes derived from the responses, the researcher submitted the relevant findings to her supervisor. The supervisor confirmed the codes. Once the

findings were consistent with the data, it was documented.

#### **3.7.4. Confirmability**

Confirmability refers to the neutrality of the researcher, by rather focusing on the reality of the participant (Guba & Lincoln, 1985). The present study established its confirmability through audit trails, triangulation and reflexivity. The researcher kept a reflexive journal to record the steps and the process of the research. The audit trail entails a clear narrative of the research process and the steps taken from starting off the assignment to developing and reporting the findings (Guba & Lincoln, 1985)

#### **3.8. Reflexivity**

Reflexivity entails continual internal discussion and critical self-evaluation of the researcher's position, and acknowledging how it may affect the research process and outcomes (Bradbury-Jones, 2007). The goal of reflexivity in qualitative research is to monitor the researcher's bias and its effects on the research process (Berger, 2015). The monitoring improves the accuracy of the research as well as "the credibility of the findings by accounting for researcher values, beliefs, knowledge and biases" (Cutcliffe, 2003, p.137). As a result, the research can be plausible and trustworthy.

The researcher in this study is an employee of the institution under investigation. Therefore, she is acquainted with a number of participants in the study. These relationships helped the researcher to establish rapport with participants for the semi-structured interviews. Although the relationships may also influence the research findings due to researcher bias, certain strategies can help the researcher to maintain reflexivity. The following strategies can be used: repeated interviews with the same participant; prolonged engagement; member checking; triangulation; peer review; forming of a peer support network, and back-talk groups. Furthermore, the researcher can keep a diary or research journal for self-supervision, and create an audit trail of the researcher's reasoning, judgement, and emotional reactions (Berger, 2015). To eliminate bias in the present study, the researcher used member checking, and kept a diary that documented possible challenges and emotional reactions, as well as the researcher's reasoning.

The study was conducted during the COVID-19 pandemic. Thus, it was important that the researcher was willing and prepared to work remotely. Such an approach included

getting familiar with online platforms to conduct interviews. The researcher also had to maintain a level of wellness, by taking regular breaks and journaling her progress. Furthermore, the researcher made an effort to check in with a fellow-researcher to discuss progress and overwhelming feelings about the study. Such discussions included reasons why the pandemic has delayed certain aspects of the study.

### **3.9. Ethical considerations**

Wisker, Robinson, and Shacham (2007) report that research ethics have been a major issue since World War II. Therefore, after unethical research on human subjects, the horror of the infringement on human rights initiated the insistence that all research should be ethical. Hammersley and Traianou (2012, p.16) define ethics as “a field of study concerned with investigating what is good or right and how we should determine this.” For the purpose of the present study, the researcher adhered to the ethical considerations discussed below.

#### **3.9.1. Informed consent**

Academic employees who were available received an information sheet (Appendix B), which outlined the aim and nature of the study. Further information entailed rights and responsibilities of the researcher and the participants, the purpose of participating in this study, and the possibility of recourse should they feel dissatisfied with the process and decide to withdraw.

Permission to access employees was requested and granted from the Student Administration Department at the selected institution. The researcher also obtained permission from the Human and Social Sciences Ethics Committee at the relevant university, with ethics clearance number HS 19/9/14 (Appendix C). The information was conveyed to participants, helping them understand the focus and rationale of the study before agreeing to participate. Thereafter, candidates were given an informed consent form. In this document the researcher formally asked the candidate to partake in the study and explained relevant ethical considerations.

Babbie and Mouton (2001, p.522) view the process as follows: “The ethical norms of voluntary participation and no harm to participants have become formalised in the concept of ‘informed consent’.” Thus, before the interview, the researcher informed the

participants about the purpose of the study and assured them the information they provided would be treated confidentially. The researcher made sure that each participant agreed to the terms and conditions before signing the informed consent form. Once the form was signed, the interviews commenced.

### **3.9.2. Confidentiality and anonymity**

Participants were requested to share information about themselves, others, or the organisation where they are employed. Therefore, their identity had to be protected, allowing them to answer the questions freely and without fear. In this regard, the researcher adhered to the ethical considerations of confidentiality and anonymity. According to Babbie and Mouton (2001, p.523), by following these considerations the researcher “protects the participant’s interest and well-being by protecting their identity,” and does not reveal information to third parties without the subject's consent. Anonymity can be defined further as making certain the researcher is unable to identify a given response and link it to a particular participant. Confidentiality is maintained when the researcher can identify the person’s responses but promises not to reveal it publicly (Babbie & Mouton, 2001).

In the present study, the researcher made sure that the participant remains anonymous, as explained above. Possible information that could lead to identifying the participant was removed. Confidentiality was maintained by keeping all gathered information in a safe and password-protected space. To avoid an unauthorised individual gaining access to information, the researcher kept the original audio files in a password-protected file.

### **3.9.3. Voluntary participation**

To ensure voluntary participation, the participants must have the assurance they are free to withdraw from the study at any stage (Bless et al., 2013; Bryman, 2012). Thus, forcing or coercing any participant to partake in a study may result in *involuntary* participation (Bryman, 2012). In the present study, participants were assured that their participation was voluntary and they could withdraw at any point during the interview or study, without loss of perceived benefits or fear of negative consequences.

### **3.9.4. No harm to participants**

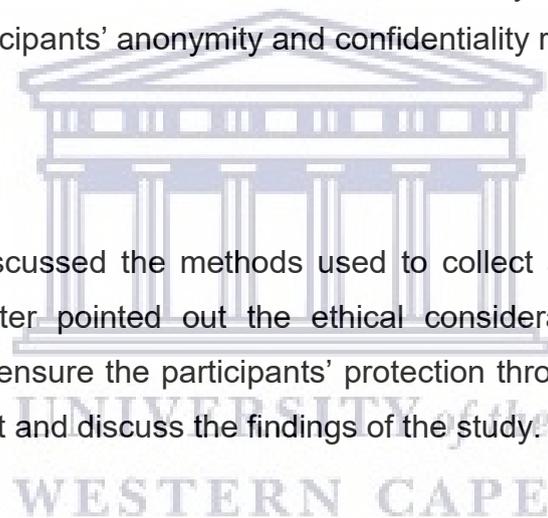
No participant should be exposed to physical or psychological harm during or after any research (Babbie & Mouton 2001). According to Babbie and Mouton (2001, p.522), “Social research should never injure the people being studied, regardless of whether

they volunteer for the study or not.” People can be harmed in various ways; the present research ensured no participant suffered *psychological* harm during interviews. They were allowed the option of not answering questions that made them feel uncomfortable.

The study did not focus on incidents which could cause participants to relive traumatic events. However, if participants had experienced any form of trauma during the study, the researcher and primary supervisor were prepared to provide assistance. The researcher is a master’s student in Industrial Psychology and the primary supervisor of the study is a registered Industrial Psychologist who has the necessary skills to assist participants through debriefing and containment. If further assistance had been required, participants would have been referred for intervention or assistance. Furthermore, the researcher ensured no harm was caused by analysing and reporting the data. Thus, the participants’ anonymity and confidentiality remained intact.

### **3.10. Conclusion**

The current chapter discussed the methods used to collect and analyse the data. Furthermore, the chapter pointed out the ethical considerations the researcher adhered to, in order to ensure the participants’ protection throughout the study. The next chapter will present and discuss the findings of the study.



## 4. CHAPTER FOUR: FINDINGS AND DISCUSSION

### 4.1 Introduction

This chapter presents the findings and discussion generated from the data collected through the interviews. Firstly, the biographical information of participants will be presented, followed by the main themes and sub-themes which were generated through the process of coding.

### 4.2. Research Findings

The objective of the study was to answer the following questions:

1. How do academic employees perceive their wellness at work?
2. Do the offered wellness programmes at the researched university meet the wellness needs of the academic employees?

In order for the researcher to answer those questions, interviews were conducted, and thereafter themes and subthemes were derived. The following themes emerged from the findings:

- state of wellness
- wellness needs experience
- who is responsible for academic well-being
- wellness focus
- academic perception of wellness programme

Each theme also contains several subthemes shown in Table 4.1.

Participants were asked about their understanding of wellness in order to frame the context for their further answers. The findings of this study indicated that the concept of wellness is known and understood by participants.

One universal perception in the finding was that wellness is a holistic idea with multiple dimensions. Participant 11: *"I view it as a holistic kind of approach -- It's not just about the physical wellness, and being able to physically do things, but it's also about one's mental health and being well in that aspect. It's about spirituality."* This opinion is in line with Myers, Sweeney and Witmer (2000) who defined wellness as the move towards best health which includes the body, mind, and spirit. Furthermore, most of

the theorists believe that wellness is a multi-faceted concept that includes a wide range of dimensions (Danna & Griffen, 1999; Hettler, 1980; Koen, et al., 2017).

The study further indicates that each participant has a set of wellness dimensions that is more important to them than others. However, all dimensions stated by Botha and Brand (2009) were identified. The dimensions included in the model were physical, social, emotional, intellectual, occupational, and spiritual wellness.

The results further showed that all dimensions must have some sort of balance for wellness to occur (Koen et al., 2017). Participants agreed that for wellness to transpire these multiple dimensions must be in a balanced state, thus leading to a balanced life. As stated by Participant 3, *"I look at wellness, you know, as having a balance between all the different components in your day, daily routine, or your life as such, whether it be work and family -- all different activities that you have in life that is a sort of a balance between all of these things."* This definition concurs with previous studies that indicate the importance of balance and harmony between dimensions (Hettler, 1980; Koen et al., 2017).

Furthermore, wellness is defined as having the ability to bounce back as stated by Participant 4: *"I used to think of it only as balance between the mind and the body and spirit relationships; it's more about resilience. Wellness is the ability to have resilience against the challenges that are thrown at us."*

It is in the context of these statements by participants that the researcher feels comfortable to conclude that all participants know what wellness is and therefore they were able to give substantial answers to the research questions. Thus, based on the findings, academic employees define wellness as a holistic concept which works best when all dimensions are balanced. Due to the fact that balance is not always possible, resilience gives employees the ability to adapt and adjust to manage individual wellness.

Each theme also contains several subthemes shown in Table 4.1.

Table 4.1: Main and sub-themes identified in the study

MAIN THEMES	SUB THEMES
<b>Theme 1: State of wellness</b>	Balance is difficult Managing boundaries State of being unwell No wellness issues
<b>Theme 2: Wellness focus</b>	Wellness not the focal point Always about students Self-sacrifices for the sake of students
<b>Theme 3: Wellness needs experience</b>	I don't think about that kind of stuff Availability of resources and support
<b>Theme 4: Who is responsible for academic well-being?</b>	Wellness is a personal thing Taking wellness into our own hands Institutional responsibility
<b>Theme 5: Academic perception of wellness programme</b>	Awareness of wellness programmes Annual wellness day is not enough Wellness a tick box exercise Programme aligned to wellness needs

#### 4.2.1. State of wellness

According to the above section, it is clear that all participants knew and understood the general definition of wellness. In addition to establishing that the participants know what wellness is, the researcher was interested in knowing how participants perceived their personal state of wellness. The first observation was that, even though the majority of the participants understand the importance of having a balanced life, they still struggle to find or maintain the balance. Participants recognised that it is difficult to find a balance. Participant 2: *“At the moment I don't think I have a balance.”* This indicates that balance is difficult and therefore wellness is sometimes difficult to obtain. Participants further indicated that finding that balance is challenging and not always possible. Participant 3: *“So I always try to balance, you know, the different aspects as best I can, but it's not always possible.”*

Not all dimensions have to be equally balanced, but attention must be given to all dimensions. If you focus too much on one dimension, over time it will affect the other dimensions (Stoewen, 2017). The author agrees that finding the right balance is difficult as each person has their own priorities and these priorities might change.

Instead of looking for perfect balance, employees or individuals must strive for “perfect harmony” (Stoewen, 2017, p.861).

With reference to the research findings, participants not only find balancing wellness dimensions difficult but also managing boundaries; this has a significant amount of impact on participant’s wellness. Participant 8: *“There are no working hours because there’s always an email popping in, there’s always something that requires attention or there’s always uh, some uh, some students who want help.”* Managing boundaries has become increasingly difficult during the COVID-19 pandemic as participants now have to work from home and juggle between the different roles. Participant 4: *“It has been very difficult to maintain boundaries between ‘work’ and ‘leisure/family/me’ time, since the realm of ‘work’ has become firmly entrenched into the domestic space of the home.”*

However, Participant 11 indicated that the lack of boundaries is a personal choice: *“I cannot ever say I am just a poor victim. I have choice but what am I doing with the choices that I have available to me?”* Chan (2016) concurred that employees working long hours under stressful conditions makes it difficult for them to balance work and the other areas of their lives. This causes employees to suffer from illness such as fatigue, stress and later burnout. When the balance is not achieved, it means that somewhere you are overcompensating in one area or you depend on unhealthy substances just to get through the day. Participant 6: *“I would sleep two, three hours, in order for me to get through the day, coffee would not be enough. I will, I mean, I would also turn to drink, right? To alcohol. Now you can become dependent on it and then become an alcoholic at the end of the day.”*

Madisaukaite and Kamau (2019) conducted a study on how doctors in the UK cope with work-related stressors. One of the coping mechanisms for dealing with work stress or long working hours was dependency on alcohol. This was to get them through the day or to assist with any traumatic experiences.

Moreover, participants acknowledged that for a long time they have been feeling unwell. Although they understand how important wellness is, they admit that they have not experienced wellness for quite some time. Participant 11: *“I spend a lot of my time in the unwell um, version um, and because I’ve been physically unwell and I’ve had depression.”* The observation is that although participants know what wellness is, this

does not mean that they are living in complete wellness. This observation is in line with Stoewen (2017, p.861), who confirmed that “making the right choice for health and well-being can be challenging.”

Some people seem to keep their wellness in place through a focus on physical health, whilst others use mental/emotional coping strategies to actively manage their wellness. Participant 9: *“I don’t have any conditions that, that have required me to, to go to a wellness person or Wellness Centre or clinic or any, anything like that, so I’m, I’m generally a very healthy person.* Participant 10: *“I am a psychologist, so I kind of do know of certain tools to try and aid me in making sure that I don’t lose my mind, if I can say that. I try and use some of those coping mechanisms for myself.”* This is in agreement with Maletzky (2017), whose finding was that employees who know their health status do not feel that they need to attend or participate in any wellness initiatives.

#### **4.2.2. Wellness Focus**

Participants indicated that wellness at their institution does not receive a high focus. The finding also indicates that for some participants it is not just a lack of wellness focus but there are no wellness services at all. Participant 3: *“No, I don’t, I don’t think that there is, a wellness -- or, there is any focus on that.”* Participant 9 agreed and said, *“I honestly don’t know, I don’t know if there’s any wellness services.”* The mere fact that participants indicated that there is a lack of wellness focus signifies that academics may not have received adequate awareness of wellness initiatives and the associated benefits for them. Participant 5: *“My feeling is that academics don’t look at the wellness component as such in the university.”*

According to participants, the lack of wellness or focus on wellness is detrimental to employees as wellness is paramount in any institution. Participant 1: *“I’ve been at the institution for a very long time. And we’ve had quite a few colleagues sadly passed away on campus due to the fact that maybe we didn’t have such a high focus on wellness...so wellness is very important, it is paramount.”* This suggests that participants are aware of the importance of wellness and also understand that not attending to wellness in the workplace can have dire consequences.

According to participants, employee wellness is not the focal point as students’ well-

being always gets preference. They highlighted the fact that it's "always about students" and this creates a barrier to their well-being. Participant 10: *"The student always comes first, at least that's my experience at this point, so it's always about the student's well-being, never the academics well-being, and I think they forget about the fact that we are the ones that need to do the work, to get the students through whatever they need to do."*

This finding suggests that academics experience that the well-being of students receive a greater focus than those of employees. This perception of student's well-being receiving a greater focus has been indirectly transferred to academics as they adopt the same attitude, in turn sacrificing their own well-being as a result. Participants felt that their institution's focus is more on students' well-being than on the staff well-being. This created some conflict as participants felt that their well-being is not important to the institution. Ironically, it seems that participants internalised this thinking, by focusing on student wellness and needs rather than their own. Internalisation occurs when the individuals identify with the organisations values and norms and therefore internalize those values and norms as if it is their own. This is done through a process of socialization (Berg, 2018). Therefore, they sacrifice their well-being for the sake of their students. Participant 13: *"Everything is, everything's student focused and I suppose so we just, like your brain -- my brain just also follows the same. It's like, what are you doing for the students."*

When academics attend to their own wellness or take time for their own well-being, they feel guilty. Participant 4: *"That's really difficult for me to say, well, I've got to protect myself and my time by denying students the ability to get assistance, that's really hard. And for me that that's the biggest struggle for wellness."* This concept is linked to the finding by Akkawanitcha, Patterson, Buranapin and Kantabutra (2015). They studied how the notion of "the customer is always right" affected the well-being of frontline workers. Their psychological well-being was damaged due to this notion as they felt that their own needs were not attended to.

The focus on student well-being has increased during the COVID-19 pandemic as the institution in the research study adopted the notion that "no student must be left behind." Even though participants agree with this notion, they think that it should be extended to "no employee must be left behind." Participant 10: *"No student will be left behind but I also feel like what about academics? No academics should be left behind;"*

*that's how I feel."*

However, academics feel that the institution is not making any effort to attend to their need for structural support, such as bringing in helpers to assist with marking or recording of classes. Participant 8: *"You are supposed to, to record the marks. You are supposed to release the marks to the students. That's just in two weeks. Which means if you have got a class of about 400, like I've got 380, it means I'm literally not going to sleep because I will be marking in order for me to reach, to reach that deadline. So, I think sometimes that um, I don't know our executive management sometimes doesn't seem to really understand what goes on, and don't support accordingly."*

#### **4.2.3. Wellness needs experience**

It was not easy for participants to identify what they need to enhance wellness in the workplace. In order to understand if the wellness programmes meet the needs of academic employees, the researcher first needed to identify the needs of academics. However, the findings of this study revealed that there was a lack of self-awareness when participants were asked to identify their wellness needs as the majority of participants could not articulate their wellness needs.

Many of the participants focused on the institution and its lack of wellness services, rather than on their own needs. For example, Participant 5 stated: *"I am not sure actually, I don't think about it. I don't think about the wellness or my wellness needs."* The researcher had to make use of probing questions to uncover the participants' wellness needs. This indicated that academic employees do not always think of their wellness needs in the workplace. This could suggest that participants do not prioritize wellness or do not always link needs in the workplace to their personal wellness needs.

There could also be a separation between work and personal wellness needs. Participant 6 said: *"Academics forget about how they should look after themselves."* If individuals are not aware of their own wellness needs it can create obstacles that stand in the way of individual wellness (Richards, 2013). Being aware of their wellness needs gives individuals the opportunity to seek assistance and make choices that leads to a healthier lifestyle.

While some of the participants took longer to identify their wellness needs, others were quick to link their needs to available resources and support. The findings show that reducing workloads and enhancing time management skills will assist academic employees to free up time and reach their objectives. Participant 6: *“Having enough time to reach all their objectives would assist their wellness. Academics would, would prefer to have a lot more time on their hands if they work at a research-intensive university like ours.”*

Participant 2 agreed and further stated that time management and a decrease in workload will assist with generating publication: *“It is because you have so many other responsibilities and in order to get a publication you actually need dedicated time. Short bursts of dedicated time.”* Furthermore, participants mentioned the fact that everything is always urgent at the institution and this creates a barrier to their wellness. Working with tight deadlines has caused a significant amount of anxiety among academic staff.

Participant 4: *“I just think this focus on urgency is like everything has to have to happen yesterday. So yeah, there are always examples of that. And that has a direct influence on how well you feel. My heart rate goes up, I got this email right before our call about we need to do this now. We need to think about, like the whole philosophy of online teaching. But it needs to be done now. Because it's now due tomorrow at two o'clock, like, how can I think deeply and reflectively about this? I can't. And I'm going to rush and then I'm not going to eat lunch and I'm not gonna relax.”*

According to Marks and Smith (2018), academics accept a heavy workload. However, it's the unexpected extra work and urgent and changing deadlines that are particularly stressful.

The necessity for additional staff positions is another wellness need identified by the majority of participants as this will decrease the workload and in return assist with their wellness. Participant 11: *“I need um, less students, more assistance, um, we often have one lecturer for an entire module that lasts for a semester and there's, there just feels like there's not enough staff, lecturing staff.”*

The negative effects explained by various authors of not having enough employees

include issues such as burnout and different mental health problems (Guthrie et al., 2017; Padilla & Thompson, 2016). Therefore, having enough staff will assist with well-being of academic employees. Participants indicated the number of students a single staff member has to teach is becoming problematic as this impact on their well-being. Participants indicated that they have between 500 and 800 undergraduate students in one semester.

Participant 1: *"Our classes are huge. We sometimes end up teaching 100 to 150 students at a time, depending on what the venue can hold, first semester, which is a number ranging between 500 and sometimes 7 to 800 first year students in the first semester, and the second semester takes us a little bit lower between 300 and 400 students when we teach the four-year degree students. Whereas others have 600-700 students per semester."*

Participant 4: *"I have probably about 700 students that I teach mostly on my own. So it's a pretty heavy load."* Simons et al., (2019) found that lecturer–student ratio is one of the major contributors to work overload which leads to stress. Large numbers in the classroom affect the amount of time that academic employees have to spend on teaching, consultation, and marking.

Supervision totals also affect academics as the more students they supervise, the more demanding this is on their time. They have to take work home and even mark or read chapters over weekends. Participant 8: *"I never don't have work at home hey, because I can't finish it the office and I must bring it home. So, it means, I'm constantly working in terms of I am um, stressing about my workloads, then I think that that affects how uh, that affects how, for example, I interact with students."* This leads into the workload imbalance. Barkhuizen et al., (2014b) agree and indicate that increased workloads are one of the top barriers to academic physical and psychological well-being. Taking work home and working over weekends affects the academics' work and life balance because they tend to focus too much on work and then the other dimensions of wellness suffer.

Another wellness need that was identified is the support and modelling of leadership. If employees, see leaders taking care of their own wellness this could inspire them to actively take care of their own wellness. Participant 3: *"I mean, that starts with leadership, you know if leadership prioritises wellness... leaders can always do a little*

*bit more in terms of emphasising the importance of employee wellness, you know, or academic wellness.”*

Leadership should also acknowledge employees; this will increase their morale and make them feel better about themselves and the work they do. Leadership support could even be a word of encouragement to motivate and validate the work done by academic employees. Participant 11: *“More support from leadership within one’s faculty um, and within um, from the university management, I think um, I think support is also, is also sometimes when you, when you receive words of encouragement too.”*

Leadership which includes the HOD and or line managers supporting and participating in wellness initiatives could perhaps increase the level of employee participation in wellness programmes. This finding is supported by the result found in a study by Maletzky (2017) that employees felt that they might participate more in wellness initiatives if their leaders or managers attended them. According to Nurendra (2018), leadership participation is one of the factors that could increase the success rate of a wellness programme.

However, findings further indicate a lack of management support during the COVID-19 pandemic. Participant 4 (referring to the COVID-19 pandemic): *“I feel that some parts of the university are aware of the need for staff wellness at this time, but that does not extend to the Faculty/Department level in my case. I do not receive any support from my HOD.”*

According to participants, having access to physical areas at work that are conducive to wellness could assist them with their wellness. Such areas could include lunch spaces, break-away areas, spaces for employee social interaction, or even spaces to meditate. Participant 3: *“More spaces should be made available for people to go, for example, to meditate. If I want to meditate, then you know that there is a space on campus for me to be able to do that.”*

Participants indicated that spaces are available but these spaces are always filled by students. Participant 1: *“Maybe you want to sit hidden because you don’t really want students to bother you at that point in time, but I do feel like for staff, there could be a nice, you know, cafeteria lounge. I know we’ve got the XXX (a popular coffee shop on main campus), but students also make use of that.”* Therefore, specific spaces only

for employees are needed. Participant 3: *“Designated times, designated spaces for people to, you know, if they want to just unwind, you know, in between classes or whatever, you know, those things I think are really important in a place of work*

The work environment was also viewed as having an impact on wellness, as academic employees stated that many employees’ office space is not conducive. Some participants mentioned some offices do not have windows or ventilation which could physically affect employees. Participant 1: *“Some colleagues don’t have a window for fresh air to come in.”* According to participants, some office equipment and spaces are not conducive as many academic employees sit for long hours at a time to produce research, mark, and prepare for lectures. The incorrect equipment impacts negatively on their physical well-being, therefore making it more difficult for them to work in the office.

Participant 6: *“I’m not writing there (in the office) anymore. So I’m now writing at home instead of sort of at the office.... because I just can’t anymore, because I have either a back problem or I have strain in my wrists that causes a problem.”* This is consistent with the findings of Saong et al., (2016), who clearly indicated that not having the appropriate equipment causes a risk of injury to the musculoskeletal system, which is a dimension of physical wellness.

Spaces where employees can gather and have discussions about research, or even personal discussions, will assist with collegiality and create better teamwork. Participants indicated that most of them are so busy that they do not have time to connect with other colleagues; this in itself affects their social well-being. Participant 8: *“We just have -- we go to the common area, have tea, nothing expensive. Have tea and um, a chat to colleagues because sometimes you never see people. Hey. You never -- you are in your office and you get out and uh, people have got different schedules. So maybe sometimes, maybe once a month and sit in the common room where everybody is just uh, -- we are not discussing papers or anything, but we are just socialising.”* This statement ties in with Johnston et al., (2012) that collegiality has a positive effect on the social well-being of academic employees.

#### **4.2.4. Who is responsible for academic well-being?**

When assessing the findings, the researcher discovered that understanding who is responsible for academics' wellness is highly important. Knowing who academics view as being responsible will influence whether they look to the institution for their wellness or somewhere else. Wellness is seen as the participant's personal responsibility. Participant 6 indicated that, *"I am responsible for my own well-being."* Furthermore, participants indicated that it is their responsibility to indicate if they need help or assistance. Participant 10: *"I can't expect university or the institution to consider my wellness if I don't put my hand up and say that I'm having an issue."* Participant 1 further indicated: *"I think firstly, it's me, I have to be responsible. I have to take responsibility in terms of, as I just said, as well, you know, checking myself out medically if I'm okay. Psychologically, too, to have myself checked out."*

Myers and Sweeney (2005, p.485) defined self-care as "taking responsibility of your own wellness, self-attention and safety habits that are pre-emptive in nature." Wellness as a personal thing means that wellness is not found in the workplace but rather in places or space outside of the workplace. The result of this study indicated that academics perceive that "work is work" and relaxation or wellness, so to speak, is found in another place. Participant 2: *"I'm one of those people who think that when you go to work, you go to work. The fun and games and relaxations happen elsewhere."*

Findings further indicated that during the national COVID-19 lockdown participants took their wellness into their own hands. This is implied when Participant 8 indicated that: *"You can't go to gym for example now; you have to be creative and see what, what exercises you can do in the house, jumping up the steps and using the couch to do sit ups and all of that. So, so trying to work around with uh, that and then when um, lockdown eases a little bit (inaudible) uh, wake up in the morning and run up and down my street. So, so I have tried to do all that".* Participants stated they had to take full responsibility of their well-being by taking wellness into their own hands. They had to come up with ways and means to ensure that their well-being remained intact.

Although participants agreed that wellness is a personal thing and that they are taking wellness into their own hands, they further indicated that the institution also has a responsibility towards their well-being. According to participants, the role of the institution should include creating a wellness culture. Participant 4: *"I think it's about the culture that that organization will almost instill in people and that they create a*

*culture of wellness that they should create. It goes down to the small things like the staffing policies.”*

Creating a wellness culture would be where the institution makes sure that wellness is entrenched in policies and structure of the institution. Some participants agreed that wellness starts with staffing. For institutions to create a wellness culture, employees must be able to see that the institution cares about their wellness. Another role of the institution would be to ensure that academic employees have access to financial resources, human resources, research assistance, and even physical spaces where wellness can occur, e.g. meditation areas. Access to these job resources encourages motivation and encouragement and this may even lead to a decrease in work-related stress (Converso et al., 2019).

A conclusion can be drawn that academic employees do feel that most of the dimensions can be dealt with on a personal level, but their institution should accept responsibility for the occupational aspect of wellness. Participant 12 recently realized that one is responsible for one's own wellness: *“Last week when I sat planning – this is even prior to us getting into contact and --I was sitting there, and I actually realised, but --, you are responsible for your own well-being.”*

#### **4.2.5. Academic perception of wellness programmes**

This theme presents information of how participants perceive the wellness programmes offered by their institution. One of the greatest challenges observed was the participants' awareness of the programmes, as this will affect their perception. Only five participants were aware of wellness initiatives at the institution. Participant 5: *“There is the psychological call centre, and I think there is something, you know by ... (student counselling centre) is one for the students but I just happen to have looked at that brochure recently. So I remember there is the psychological thing; there is also the physical or health-related ones: blood pressure, those type of things. There is also the financial advising component.”*

The majority of the participants reported that they are aware of the wellness day. Participant 6: *“I know that they have like a wellness day; that's pretty, that's pretty much the extent of it.”* Many participants were not aware of other wellness programmes or initiatives offered at the institution. Participant 13: *“I don't think I'm aware of any. I know the faculty has a wellness day like once, once a month, or no, once a year, where*

*you can like check your blood pressure and, it's like a fun day."*

One participant knew about the wellness number or helpline. Participant 12: *"Um, at the institution I just know there's a, there's a number. There's just a wellness number that I see, year coordinators, so they got this wellness helpline number and that's all I can, that's it."* According to Gie (2017), when employees are not aware of wellness programmes that support staff and demonstrate care, they depersonalise themselves from the institution. This can lead to feelings of low personal accomplishments and burnout.

If participants are not aware of the programmes they will not know if the programmes adequately cater for their wellness needs. Participant 7: *"I don't know because I haven't used it before, and I don't know enough of it. I don't know enough of it to, to really give an opinion."* However, the participants who do know about the programmes on offer indicated that there isn't a programme that is aligned to their wellness needs. Participant 11: *"So I think we just have uh, what's it called, (inaudible) wellness programmes that apply to everybody else, but I would suggest we come with uh, with uh, a wellness programme that is suited to academics, that looks at things like uh, burnout for example. I do not think that they adequately um, cater for our, our needs."*

Some of the workplace programmes don't cater for the need of employees and this affects the participation rate (Spencer, 2015). Therefore, it is highly important for wellness programmes to meet the needs of employees, as this will increase participation of employees (Gie, 2017; Rongen, Robroek, van Ginkel, Lindeboom, Pet & Burdorf, 2014).

As stated above, most of the participants know about the annual wellness day being offered at the institution, but for many it is not enough. Participant 2: *"I don't think a one-day programme that I know of is adequate, definitely not."* Participant 3: *"Having a wellness day once a one day a year is almost laughable, if you think about it. I mean, with all due respect, and of course, it comes from a good place."*

According to Maletzky (2017), the frequency of wellness programmes is highly important because, if programmes are not offered continuously, employees are unable to participate on a regular basis. According to participants, this programme can be done quarterly and include a variety of activities. Wellness is also seen as just another tick box exercise, meaning a job or function that the institution performs because it

feels forced to comply with a list of requirements, rather than because it is regarded as a core element of employees' well-being. Participant 3: *"I don't think it is good enough for this wellness day, almost to, you know, to be the thing that the focus is on wellness for me. It's just another tick box exercise, if it's not taken seriously."*

Darmody (2019) agrees that many organisations have wellness programmes just to tick the boxes, as many organisations do not take up the responsibility of their employees' well-being. The author states that if employers take workplace well-being seriously, they will make sure that wellness is not just a passive process but needs to incorporate a wide range of initiatives to show their employees that they care.

Another observation was that, even though there was a sense of awareness, participants could easily say that the wellness programmes does not cater for their needs. This may be a form of blame externalisation, where the participant blames the organization, thereby rationalizing his/her behaviour of not engaging in the wellness offering. According to Mitchell and Decker (2017) externalising blame is a form of self-handicapping, which is a process of attempting to externalise the failure to do something by means of an excuse.

Furthermore, the holistic wellness model for managers in South African tertiary institutions (Botha & Botha, 2009) adopted for this study indicates that when health risks of managers in higher education are identified, wellness interventions could be developed to assist and improve wellness behaviours and reduce health risks (Botha & Brand, 2009).

### **4.3. Conclusion**

The current chapter focused on the results based on themes that emerged from the coding process. These themes gave the researcher an understanding of the perception academic employees have of wellness and the wellness programmes offered at the studied institution. They also allowed the researcher to see if the wellness needs of academic employees are met through these programmes.

The five main themes derived from the research findings are: state of wellness, wellness needs experience, who is responsible for academic well-being, wellness focus, and academic perception of wellness programmes.

1. State of wellness refers to how academic employees perceive their personal well-being. It includes subthemes such as balance is difficult, managing boundaries, state of being unwell, and no wellness issues.
2. Wellness focus indicated that participants feel that their institution does not view employee wellness as important. Three subthemes emerged from this finding: wellness is not the focal point, it's always about students, and staff self-sacrifices for the sake of students.
3. The wellness needs experience theme is based on the perception that if academic employees' wellness needs are met it will enhance their well-being. The findings revealed two subthemes: academic employees don't think about that kind of "stuff", which refers to wellness, and needs are linked to available resources and support.
4. The fourth theme, who is responsible for well-being, gave the researcher an indication of who academic employees look to for their wellness. The findings showed two subthemes: wellness is a personal thing, and taking wellness into our own hands.
5. The fifth theme derived from this study concerns academics' perception of the initiatives of their institution in providing wellness programmes. The general findings from the study sample of participants were that one annual wellness day is not enough, wellness is a tick box exercise, and lastly that programmes are not aligned to their wellness needs.

The following chapter summarises this study's findings, and makes recommendations for the institution as well as the employees who were the subjects of this research.

## **5. CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS**

### **5.1. Introduction**

This chapter presents the conclusions based on the findings of this study in accordance with the research objectives introduced in Chapter One. The purpose of the study was to understand the wellness needs of academic employees at a higher education institution in the Western Cape. The limitations of this study and recommendations for future research will also be discussed in this chapter.

### **5.2. Research overview**

The study was conducted to answer the following questions: how do academic employees perceive wellness at work, and do the offered wellness programmes at the research university meet the needs of academic employees? These questions were answered through the qualitative method of semi-structured interviews. Themes and subthemes were extracted by using thematic analysis. The participants were identified via snowball sampling. Participants were selected from four out of the seven faculties and based on their availability and willingness to participate. A sample size of 13 participants was chosen for this study. The participants were all full-time academic employees from the studied institution in the Western Cape.

The themes derived from the research finding are as follows: state of wellness, wellness focus; wellness needs experience; who is responsible for academics' well-being; wellness focus, and academics' perceptions of their institution's wellness programme.

The first theme, state of wellness, refers to how academic employees perceive their personal well-being. Participants indicated that they understand that wellness includes having a balanced life or balance among the different wellness dimensions. However, they find that maintaining a balance is difficult.

The second theme, wellness focus, indicates that participants view that their institution does not have a high focus on wellness. The fact that student well-being receives priority has a significant impact on employee well-being.

The third theme, wellness needs experience, gave the researcher an indication of what wellness needs academic employees have. For many it was difficult. They stated that they "don't think about that kind of stuff", which indicates that they don't think about their wellness needs in the workplace.

The fourth theme, who is responsible for academics' well-being, indicated that participants view themselves as being responsible for their well-being.

The fifth theme obtained from this study is academic perception of wellness programmes. The findings provided the researcher with knowledge of how participants view the wellness programmes at their institution. The main observation was that most of the participants were not aware of all the wellness initiatives at the institution.

### **5.3. Conclusions**

#### **5.3.1 How academics perceive their wellness in the workplace**

How individuals define a concept affects the way they perceive it. According to the findings, it is concluded that the participants seem to have a cognitive knowledge of wellness. The participants defined wellness in three ways:

- a) It is a holistic concept
- b) Wellness requires balance between various dimensions
- c) It is the ability to bounce back

In line with the previous research, participants agreed that wellness is not the absence of illness, but the quality or state of being physically, mentally and socially healthy (Khatri & Gupta, 2019). Wellness has to do with individuals as holistic beings with many dimensions, as depicted in Hettler's model of wellness (Maletzky, 2017).

Cognitively knowing about something does not mean that you are actively applying the knowledge. Stoewen (2017) agrees, as the author has discovered that cognitive

knowledge does not always lead to change in behaviour. Thus, the researcher was interested to know to what extent participants experience well-being. The findings suggest mixed responses as some participants found that wellness or a balanced life is difficult. They stated that wellness has been a challenge for so long that it has become a farfetched idea. On the contrary, others indicated that they do not need help as they do not have any wellness issues; if issues do arise, they have the ability to look after their own well-being. Even though there is the responsibility of the workplace to assist, it is still ultimately the employees' responsibility to indicate if they need help.

The finding indicates that participants know that they have a responsibility towards their own wellness and that they need to ensure that their wellness is taken care of. Participants view wellness as a personal thing and that they are mainly responsible for their own well-being. This could mean that what the institution offers does not influence their wellness, as they don't look to the institution to meet their wellness needs. In spite of the fact that wellness is perceived as a personal thing, academic employees still believe that the institution has a role to play.

Participants further indicated that student well-being receives a greater focus and therefore academics' wellness is not seen as a priority. Furthermore, this attitude is being internalised as participants identify with the organisation's values and norms.

The findings above indicate that academic perception of wellness in the workplace is that the institution emphasises students' wellness more than employees' wellness. This leads to academic employees neglecting their wellness in the workplace as they follow the institution's example and put students' well-being before their own.

However, by focusing on students and not their own well-being, participants indicated that they "don't think about that kind of stuff". This implies that they don't think about their wellness needs within the institution, and this showed in their having difficulty in identifying their wellness needs. As they said, they already have so much to deal with that it is easier not to think of wellness as this feels like just another thing to do. They also cannot think about things such as wellness if their basic needs are not met, needs such as adequate resources and support.

According to McGregor (2010), well-being is a higher order concept and is higher up on the hierarchy of needs; therefore, basic needs need to be satisfied first. These needs include time, human resources, support from leadership and physical spaces for wellness. The participants reported that they do not have time for wellness or wellness initiatives in the workplace due to heavy workloads and a lack of time-management skills. When programmes or workshops are advertised, most of them do not attend because they don't have time to attend. Work takes preference and other activities are secondary. The resource of time management is not just linked to their wellness but also time to attend to all facets of their jobs. Participants indicated having all these roles impacts on their time, so if they don't even have time to complete their key responsibilities, how will they have time for wellness programmes or initiatives?

Academic work overload is linked to job demands, as work overload happens due to long working hours, and high volumes of quick work (Barkhuizen et al., 2014b; Berg & Seeber, 2016); precariousness, job insecurity and ambiguity (Clark & Sousa, 2018); lack of collegiality support (Ryan, 2012); and large numbers of students, demands from other academic staff, and the pressure to produce increased research output (Barkhuizen et al., 2014b). All these factors place a significant amount of strain on the wellness of academic employees (Barkhuizen et al., 2014b).

More academic staff would lessen the burden on participants who work in understaffed departments. In order for the organisation to consider the health of their employees, they need to create a health-promoting environment. Universities and colleges in the USA focus on health of staff and students by implementing a charter for health promotion and well-being. They understand that health-promoting universities and colleges instill health into everyday operations, business practices and academic mandates (Okanagan Charter: An International Charter for Health Promoting Universities and Colleges 2015).

The Ottawa Charter for Health Promotion focuses on the interconnection between individuals and their surroundings. It believes that "health is created and lived by people within the settings of their everyday life: where they learn, work, play and love" (WHO, 1986). Structures such as staffing and workload models must be incorporated to ensure that employees' health is taken into account (Cho & Han,

2018). Cho and Han (2018) further states that, for organisations to improve the quality of their institution, they should focus on helping employees maintain a healthy lifestyle as well as improving their working conditions. This should be done in a proactive manner, where wellness is upfront before policies and procedures are adopted and created.

According to the findings, the participants indicated if leaders or managers make wellness a priority in their departments, employees will follow and prioritise wellness in the workplace. Therefore, it is important for those in leadership positions to lead by example. As stated by Maletzky (2017), when leaders or managers participate in wellness initiatives it motivates employees to participate as well.

If an institution provides physical spaces for wellness, this will decrease the number of hours academics are exposed to Display Screen Equipment (DSE), and could contribute to their well-being (Bakker & De Vries, 2020; Sonal & Nisreen, 2012). In the current study, participants indicated that the type of physical spaces that could improve their wellness would be lunch spaces, break away areas for when they need to break away from their desks, spaces for employee social interaction, or even spaces to meditate.

The work environment, such as office spaces, should be designed to promote healthy staff (Adams, 2019). Some participants mentioned that some offices do not have windows or ventilation, which could be unhealthy for employees.

### **5.3.2. Do wellness programmes meet academics wellness needs?**

Finally, the questions of the perception of wellness programmes, and if the wellness programmes meet the needs of academic employees, can be answered.

Most of the participants were not aware of the programmes being offered at the institution. There seems to be a communication gap about wellness between employer and employees. More needs to be done to create awareness of services and where employees can go to get assistance (Marks & Smith, 2018).

Participants who said they know about some of the programmes indicated that they have not made use of the programmes or initiatives. Thus, unfortunately, knowing if the programmes on offer cater for academic wellness needs cannot be conclusively answered. Most of the participants felt that a wellness day once a year is not enough and the institution should do more to cater for their wellness needs. This could be a

form of blame externalisation, in which employees shift the blame of not taking care of their own well-being on the organisation (Mitchell & Decker, 2017).

However, the author discovered that not many organisations develop wellness programmes to focus on the needs that the employees have. When an organisation involves employees in the development of the wellness programme, it can assist them in catering for the wellness needs of the employees (Spencer, 2015).

According to the participants in the current study, the role of the institution should include creating a wellness culture, access to resources, and having a conducive environment to do their job. Creating a wellness culture would be where the institution makes sure that wellness is entrenched in the policies and structure of the institution.

Wellness cannot be narrowed down to only programmes being offered, but should be in the small detail. Some participants agreed that wellness starts with adequate staffing, assigning of workloads, departmental structures, and even their workspace or environment. For institutions to create a wellness culture, employees must be able to see that the institution cares about their wellness. Another role of the institution would be to ensure that academic employees have access to resources such as financial resources, human resources, research assistance, and even physical spaces where wellness can occur, e.g. meditation areas.

A conclusion can be drawn that academic employees do feel that most of the dimensions can be dealt with on a personal level but that their institution should accept responsibility of the occupational aspect of wellness. The Marks and Smith (2018) research regarding stress among university employees indicated that there is a divided opinion as to who is responsible for employee wellness at work. Some maintain that although individuals are primarily responsible, managers and HODs should also be equipped to detect stress in the workplace.

#### **5.4. Limitations of the study**

The data was gathered during a time of great change in the methods of working because of the hard lockdown implemented by the Government as a result of the COVID-19 pandemic. Changes in the National Alert Levels were unpredictable, and it could be expected that employees faced different wellness needs over time. However,

the interviews were conducted at one point in time, between March and May 2020. Another limitation is that the opinions and viewpoint of the Wellness Provider and the Human Resource Department of the University were not incorporated (as it was beyond the scope of the study). Additionally, describing the wellness programmes offered at the studied university was beyond the scope of this study and therefore not documented or evaluated. The study was only done in one institution, with a small sample, and transferability would be difficult.

## **5.5. Recommendations**

Recommendations are offered for academic employees and Human Resource/Wellness practitioners at the research institution. Though these recommendations are guided by the responses from a limited number of academics interviewed, general recommendations from literature are incorporated to support the transferability of the findings to other higher education institutions.

### **5.5.1. Recommendations for academics**

According to the findings and literature, various recommendations can be made for the academic employees at the studied institution as well as to inform the institution's wellness strategy. The researcher discovered during the data analysis that most of the participants indicated that wellness is important; however, many of them indicated that they do not have time to attend wellness programmes or other employer's health initiatives. Therefore, the researcher is suggesting that academics be exposed to time management training to assist with scheduling time for wellness. According to Darabi, Macaskill and Reidy (2017), when academic employees are trained in time management, this gives them a coping mechanism that enables them to make better decisions with regards to their well-being.

Another recommendation is for academic employees to be self-aware of their wellness needs in the workplace. This was discovered when the researcher struggled to identify wellness needs of academic employees. Richards (2013) states that when an employee becomes self-aware of their situation they are willing to change the negative situation into a positive one. So, once academic employees become aware of their wellness needs they will take steps toward seeking assistance and making choices that lead to a healthier lifestyle.

Academic employees are recommended to develop competencies in managing boundaries between work and their personal lives. These boundaries can be physical, such as attending to work emails or queries only at certain times. Boundaries can also be psychological, such as being able to cognitively detach from one's job to focus on one's family, partner, or friends; as well as making time to just relax. Finally, boundaries can be emotional, where one can separate one's feelings and emotions experienced during the workday from one's home life, such as missing one's child or loved one (Kossek, 2016).

Managing the boundaries between work and home has become increasingly difficult during the COVID-19 pandemic since many organisations, including Higher Education institutions, quickly had to change to a work-from-home policy (Routley, 2020). According to Kossek (2016) managing or setting boundaries is challenging because such boundaries impact the attention, well-being, and energies of oneself, one's family, partners, friends, and teams. However, boundaries are important as this will increase career effectiveness and decrease the possibility of burn out (Kossek, 2016).

Finally, academics need to pro-actively build their personal resources by equipping themselves with knowledge of their institution's wellness offerings, and by engaging in interventions that can support their well-being. When employees are unaware of wellness programmes, they distance themselves from the institution which could lead to low personal accomplishments and burnout (Gie, 2017).

### **5.5.2. Recommendations to the practitioner at higher education institutions**

A major issue in the findings was the lack of awareness of the wellness programmes. Practitioners should therefore focus on creating awareness of all wellness programmes and initiatives at the institution. Maletzky (2017) agrees and states that awareness of wellness programmes directly influences the participation or non-participation of employees.

In order for wellness programmes to be aligned with employee needs, this researcher recommends that a needs analysis should be done. It will assist the institution to be aware of employee wellness needs, and subsequently to develop wellness programmes to meet the needs of employees. The needs analysis is crucial

as goals and objectives of wellness programmes are derived from the needs analysis (Joslin, Lowe, & Peterson, 2006). Furthermore, Weston, Tapps and Luguiz (2013) state that a needs analysis is an important accomplishment for universities as they have a wide range of employee types, interests, and backgrounds within their educational system.

In addition to the above recommendations, it is also recommended that Higher Education institutions should have a consistent focus on wellness, with regular activities to reinforce it. When wellness programmes are implemented irregularly and inconsistently, they lack attraction, and this could lead to lack of participation in wellness programmes (Maletzky, 2017). Therefore, in order for wellness to become a priority, there should be continuous focus on wellness, and not only identified as one event in a year.

### **5.5.3. Recommendations for further research**

The present study was conducted in one institution of Higher Education, which contributed to the contextual richness of the findings. It is recommended that further studies incorporating quantitative methods can be done to supplement the findings by quantifying the wellness needs of academic employees. Further research also needs to be done on the effectiveness of current wellness programmes at universities. The scope of the research can also be broadened to incorporate not only the wellness needs of academic employees, but the needs of other professional and managerial staff as well as the students of the institutions. Additional research can also be done to determine how financial incentives for attending wellness initiatives or programmes might increase the participation rate of employees and whether the wellness of staff improves accordingly.

The study was conducted during a very specific period of lockdown. Due to the COVID-19 pandemic and the different experiences employees had, further studies can be conducted on how workplace wellness will be different after the pandemic.

## **5.6. Conclusion**

The United Nations Sustainable Development Goal 3 (target 3.4) specifically indicates a need to promote mental health and well-being (UN Statistical Commission, 2017). In this regard, organisations play an important role in stewarding the mental health and

well-being of their employees. Therefore, this study aimed to contribute to the Sustainable Development Goal by identifying wellness perceptions of academic employees. Studies conducted by various authors indicate that healthy employees positively influence the health of the organisation and contribute to creating a healthy work environment (Attridge 2005; McVicar 2003; Schroth, 2019).

A one-size-fits-all approach is not always effective as universities have different types of employees with different needs. Hence the current study mainly focused on academic employees and their wellness needs. The implementation of appropriate wellness programmes can assist organisations by dealing with productivity demands (Mulvihill 2005; Schroth, 2019). For employees to utilise a wellness programme, the programme must cater for the wellness needs the employees have.

The researcher recognises how this journey has transformed her as a person, scholar, and author. This has not been an easy journey but necessary as this process deepened her awareness of how much self-awareness can improve one's quality of life in all its dimensions. This self-discovery assisted the researcher by making sure that she focuses on the research gathered and not rely only on her own perceptions of the concept of wellness.

The researcher also discovered her resilience and ability to adapt, because during this process she met many challenges and the intention to quit was there.

Further discovery was that cognitively knowing what wellness is does not change anything; therefore, one actually has to apply the knowledge in order to improve and maintain one's wellness. Thus, in line with the findings of the study, the researcher learnt to prioritise well-being, to apply the cognitive knowledge of well-being in her own life, and to take ownership of her personal strengths to build greater wellness.

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## Appendix A: Semi-structured interview guide

### *UNDERSTANDING THE WELLNESS NEEDS OF ACADEMIC EMPLOYEES AT A HIGHER EDUCATION INSTITUTION IN THE WESTERN CAPE*

#### Qualitative Approach: Semi-structured Interview

**Format:** 45 to 60 minutes

**Target Audience:** Academics at all levels (Senior Professors, Professors, Associate Professors, Senior Lecturers, Lecturers and Associate lectures).

**Structure per semi-structured interview:**

Introduction

- Thank participant for participating in the research.
- Confirm overview of the research
- Confirmation/finalisation of any (outstanding) Consent Forms and recordings

**Participant details:**

Job title:

Senior Professor	Professor	Associate Professor	Senior Lecturer	Lecturer	Associate Lecturer
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Gender: \_\_\_\_\_

Faculty/department: \_\_\_\_\_

Marital status: \_\_\_\_\_

Standard Questions:

1. What is your role? What does your typical day/week look like?

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2. How would you define wellness?

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3. If you could think of yourself in complete wellness, what would that include?  
(Probe: Physical, emotional, spiritual etc...)

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4. If you could think of the opposite of that, what would it be for you?

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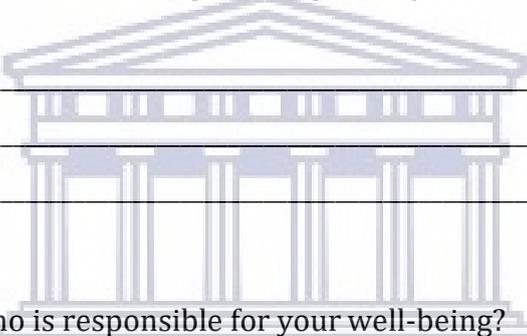
5. In academia, what are your wellness needs?

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6. How important is your well-being with regard to your work?



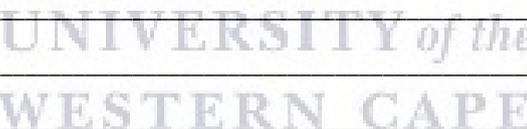
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7. In your opinion, who is responsible for your well-being?



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Probe: what role/responsibility does the organisation have?

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8. What wellness services at the University are you aware of?

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9. Have you ever made use of the wellness services/programs offered at the University?

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10. *If Yes: Did this programme/s meet your expectation?*

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11. *If not: Could you briefly explain to me why? How did you meet your well-being needs? (ie. Self management strategies, support from family, etc)*

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12. In your own opinion, does the University's wellness programmes adequately cater for the wellness needs of academic employees?

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13. If you could make some suggestions of what should be offered as part of the wellness initiatives, what would your top three suggestions be?

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14. Do you think wellness services should extend to your immediate family as well? And what type of services should/could it include?

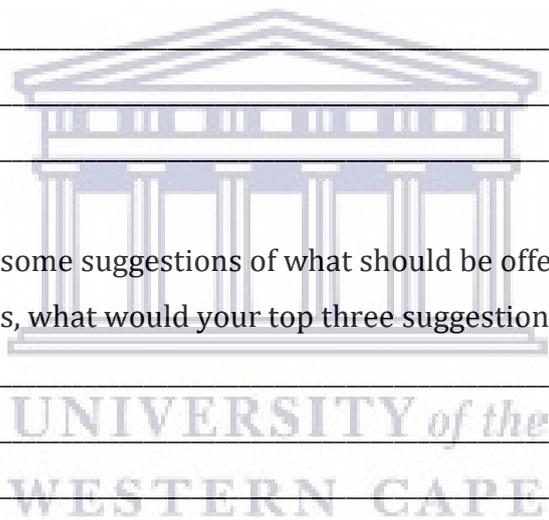
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15. Is there anything else that you would like to add, or any question that you would like to go back to?

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1. After our interview the country went into a period of National State of Disaster with resultant lockdown and alert levels. What has changed relating to your wellness needs and experiences? Please elaborate.

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2. What kinds of work related challenges or stressors have you experienced since the announcement of lockdown? and how has this affected your well-being?

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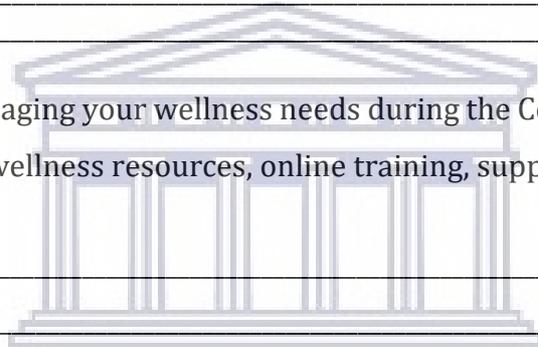
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3. How are you managing your wellness needs during the Covid19 pandemic? (Probe: are they using UWC wellness resources, online training, support from family, other)

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4. What is your perception of the University's responsiveness towards your mental health and wellness during this time? (Probe: has a line manager (HOD) or someone checked in with them about their wellness, do they feel their unique context is being considered, etc.)

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## Appendix B: Information Sheet for Research Participant



Department of Industrial Psychology  
University of the Western Cape  
Private Bag X17  
Bellville  
7535  
Tel: 021 959 3184

### INFORMATION SHEET FOR RESEARCH PARTICIPANTS (SEMI-STRUCTURED INTERVIEW)

Dear Participant,

I, Frances Jasson, am currently studying towards my MA in Industrial Psychology at the University of the Western Cape (student number: 3698354). At present, I am busy with my thesis and would like to invite you to participate in the research.

The title of my thesis is:

#### **UNDERSTANDING THE WELLNESS NEEDS OF ACADEMIC EMPLOYEES AT A HIGHER INSTITUTION IN THE WESTERN CAPE**

Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Kindly advise me, as the researcher, if there is anything that is not clear or if you need more information.

#### **1. PURPOSE OF THE STUDY**

The purpose of the present study is to understand wellness needs of academic employees at a previously disadvantaged higher institution in the Western Cape Province. It also aims to determine whether the programs being offered meet the perceived wellness needs of academic employees. The findings of this study will provide suggestions to HEI's to address identified wellness gaps with knowledge of how academic employees perceive wellness at work and whether the current programs are appropriate to meet the wellness need of academic employees.

#### **2. PROCEDURE**

If you volunteer to participate in this study, you will be invited to participate in a semi-structured interview (45-60 minutes) in which you will be asked different questions with the aim of reflecting on your own experiences and views to determine the following areas:

1. How does an academic employee perceive wellness at work?
2. Does the offered wellness programmes at the University meet the wellness needs of the academic employees?



A copy of the semi-structured questions will be available to you before the interview. The interview will be voice recorded.

### **Risks:**

The risks of this study are minimal. These risks are similar to those you experience when disclosing work-related information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose. The researcher and research supervisor are trained in counselling skills and will be able to assist with any debriefing that may be necessary. The data will only be utilised for research purposes and will not in any way inform any performance management or promotion decisions related to yourself or your colleagues.

### **Compensation and Benefits:**

There will be no compensation or direct benefits for participating in the research.

### **Confidentiality:**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. The results of this study will be published in the form of a completed dissertation as well as in an accredited journal(s), but confidentiality will be maintained. Participant's names will not be requested in the recording or linked to the interviews, nor published in any results.

### **Voluntary Participation:**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so.

This study received ethical clearance from the Human and Social Sciences Ethics Committee of the University of the Western Cape. They can be contacted at [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact me at the details listed below:

#### **Researcher:**

Frances Jasson  
Principal Researcher  
Department of Industrial  
Psychology  
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#### **Head of Department:**

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## Appendix C: Ethics clearance certificate

### OFFICE OF THE DIRECTOR: RESEARCH RESEARCH AND INNOVATION DIVISION

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22 November 2019

Mrs F Jasson  
Industrial Psychology  
**Faculty of Economic and Management Sciences**

**Ethics Reference Number:** HS19/9/14

**Project Title:** Understanding the wellness needs of academic employees at a higher education institution in the Western Cape.

**Approval Period:** 21 November 2019 – 21 November 2020

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

**Please remember to submit a progress report in good time for annual renewal.**

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Patricia Josias', on a white rectangular background.

*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

<http://etd.uwc.ac.za/>

## Appendix D: Editors certificate



### Freelance Online Editor of academic Works

**Cherie Blaine**, B.Soc.Sci. Political Science and Government (UKZN)

Recommended by the University of Cape Town Library, Writing Centre, and Graduate School of Business, based on numerous successful outcomes of examined theses

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10<sup>th</sup> December 2020

To whom it may concern.

This letter confirms that I proofread and edited the manuscript listed below. In conjunction with her supervisors, the candidate followed my suggestions.

Author: Frances Lilian Jasson.

Thesis Title: Understanding the Wellness Needs of Academic Employees at a Higher Education Institution in the Western Cape.

Thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Industrial Psychology at the University of the Western Cape.

My proofreading service included checking for and correcting where necessary the sentence and paragraph structure, spelling, grammar, punctuation, and consistency in alphanumeric presentation.

My editing service included checking for adherence to the academic institution's rule for referencing system; coherence and relevance of narrative to the research title and purpose of the study; section headings; formatting; layout; figures, tables and appendices; and a writing style that is appropriate for an academic paper. The service did not include checking for plagiarism.

Signed: **C. Blaine**