BARRIERS INFLUENCING PARTICIPATION ON EMPLOYEE HEALTH AND WELLNESS PROGRAMMES AT SESHEGO ONE-STOP CENTRE, POLOKWANE SUB-DISTRICT, LIMPOPO PROVINCE

BY

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DECLARATION

I Maluleke Tumelo Faith declare that the mini-dissertation entitled "BARRIERS INFLUENCING PARTICIPATION ON EMPLOYEE HEALTH AND WELLNESS PROGRAMMES AT SESHEGO ONE-STOP CENTRE, POLOKWANE SUBDISTRICT, LIMPOPO PROVINCE" is my own work and that all sources that I have used or quoted have been acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Maluleke T.f   2020/05/03

DEDICATIONS

I owe untold gratitude to my son, Nhlelo, who always allowed me to take time away from him and concentrate on my study.

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ABSTRACT

The study was conducted in Polokwane sub-district targeting all the employees at Polokwane One-stop Centre. The specific focus was drawn to all permanent Social workers, Community Development workers and Social Auxiliary workers. The aim of the study was to explore barriers influencing employee participation in Employee Health and Wellness Programmes and to describe barriers influencing employee participation in Employee Health and Wellness Programmes.

The data was collected through semi-structured face-to-face interview from all employees who are employed by the Department of Social Development, Polokwane Sub-District. The sample consisted of permanent Social workers, community development workers and social auxiliary workers who have more than one year of experience in the department of social development and excluded all employees who were on the internship programme. The researcher used thematic data analysis to analyse the findings of the study. The study concluded that employees were not participating in the EHWP because of limited knowledge of services rendered at the EHW programme, lack of access to EHW services, privacy and confidentiality of service providers and expertise knowledge of those offering the programmes and inadequate support from management. It is recommended that those in leadership should ensure that they disseminate information about EHWP to all employees.

Keywords: Barriers, employee health and wellness programme, employees, wellness

DEFINITION OF CONCEPTS

Barrier

Parker (2008) defines a barrier as anything that restrains or obstructs progress, access or boundary of any kind. For the purpose of this research, barriers will mean factors that limit participation of employees in the employee health and wellness programmes.

Employee Health and Wellness programme

Department of Public Service and Administration (2012) defines Employee Health and Wellness Programmes (EHWPs) as intervention strategies intended to promote the health and well-being of employees. For the purpose of this research, the term Employee Health and Wellness programme (EHWP) will be used to refer to the physical wellness programmes that employees of the Department of Social Development participate in that are offered by department for the purpose of improving physical wellness amongst employees.

Employees

An employee is any person who is employed by or works for an employer and is entitled to receive a salary (South Africa, 1993). For the purpose of this research, an employee will be any person employed by the Department of Social Development and is stationed at Seshego one-stop centre.

One Stop Centre

A One-Stop Centre is an office where multiple services are offered, clients can get all the services that they need at one location (Merriam-Webster, 2019). For the purpose of this research, the Seshego One-stop centre will be the office whose employees will form part of the research.

Wellness

DPSA (2012) regarded Employee Health and Wellness Programmes as the optimal state of the health of individuals and group of individuals with two main focal points of concerns, namely; the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings. For the purpose of this research, wellness will be focused on the physical wellness amongst employees.

LIST OF ABBREVIATIONS

DPSA   Department of Public Service and Administration

DSD   Department of Social Development

EAP   Employee Assistance Programme

EHWP   Employee Health and Wellness Programmes

TREC   Turfloop Research Ethics Committee

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ANNEXURES

CHAPTER 1: OVERVIEW OF THE STUDY

1.1.   Introduction and Background

A number of programmes were introduced to the South African government departments to ensure that public service transformation takes place in the workplace (Kanjere, Thaba & Makgato, 2014). One of such programmes is the Employee Health and Wellness programme (EHWP) which promotes a healthy and safe working environment for all public servants (Department of Public Service and Administration, 2012). The benefits to an organisation that has increased employee participation in Employee Health and Wellness programmes include reduced health care costs, reduced absenteeism, increased job satisfaction and productivity (Shamian & El-Jardali, 2007).

Regardless of the assistance offered by EHWP, studies conducted across the United States of America showed that employee participation rates are typically quite low (Goetzel & Ozminkowski, 2008; Rongen, Robroek, van Lenthe & Burdorf, 2013). These findings are in line with a study conducted by McCarthy, Almeida and Ahrens (2011) in Australia where they found that there were low participation rates in EHWP. Another study conducted by Sloan Center on Aging at Work (2012) found that the United Kingdom had challenges when implementing the EHWP during a difficult economic climate and finding ways to present the program.

In South Africa, despite participation being voluntarily, employees are still reluctant to participate because they claim that there is no guarantee of confidentiality (Sieberhagen, Pienaar & Els, 2011). Another study conducted in South Africa found that there were barriers to participation that included factors such as programmes not being offered on a regular basis, lack of interest in activities, work and time pressures, issues of trust and confidentiality and employee attitudes (Maletzky, 2017). Furthermore, employees viewed EHWP as another demand rather than a resource (Taute & Manzini, 2009).

The Wellness Management Policy of South Africa is based on the Employee Health and Wellness (EHW) DPSA (2012) which acknowledges the need to expand the scope of the Employee Assistance Programme (EAP) services to be comprehensive in response to employees' personal and work-related problems and enhancing organisational performance. The policy also stated that participation is voluntary and employees should make use of EHWPs and services provided at the workplace to experience improved health outcomes, increased productivity, job satisfaction and reduced absenteeism.

The Constitution of the Republic of South Africa (1996) provides a framework for human rights, employment, labour relations and good practice. According to Section 23 of The Constitution of the Republic of South Africa (1996), everyone has the right to fair labour practice. This section, when interpreted in relation with the EHWP, can imply that it would be improper to dismiss an individual as a result of deterioration in job performance without proper analysis of the circumstances. This can, therefore, be equated as unfair labour practice.

The Wellness Management Policy (2018) and The Constitution of the Republic of South Africa (1996) have been made available for download on the internet. However, the hard copy of such policy has never been distributed to the employees and the services were never promoted by the Employee Health and Wellness programme co-ordinators. According to Carrington (2014), one of the best ways to change the culture of support for health and wellness is to hold senior leaders and site managers accountable for improving participation and effectiveness. However, the problem of low participation has continued to challenge managers and is an area that has received relatively little attention in health promotion literature. Thus, this study is interested in identifying the barriers that influence lack of participation in EHWP.

1.2. Research problem

The EHWP was created to benefit both the employer and the employee. Nonetheless, these benefits cannot be realised unless employees participate in the EHWP. The researcher is an employee at the Department of Social Development at the Capricorn District, Polokwane sub-district. The employees at the Department of Social Development are given a Wednesday of every week to participate in EHWP that consist of physical activities from 13h00 to 16h30. However, personal observation had proven that there is generally a low rate of participation in EHWPs.

Studies that focus on the EHWP implementation and its benefits have been carried out by various researchers. However, barriers that affect participation of such EHWPs have not been fully explored. An understanding of these barriers is instrumental for the success of the implementation of the programs in the organizations. This study sought to bridge this gap by exploring the barriers influencing participation in the EHWP by the employees in the Department of Social Development, Polokwane Sub-district. The study sought to provide answers to the question: What are the barriers influencing participation in Employee Health and Wellness Programmes in Seshego One-stop centre; Limpopo Province?

1.3. Research question

What are barriers influencing participation in Employee Health and Wellness Programmes in Seshego One-stop centre, Polokwane Sub-District, Limpopo Province?

1.4. The aim of the study

The aim of the study was to determine barriers influencing participation of employees in the Employee Health and Wellness Programmes at Seshego one-stop centre, Polokwane sub-district, Limpopo Province.

1.5. The objectives of the study

The objective of the study was to explore barriers influencing employee participation in Employee Health and Wellness Programmes and to describe barriers influencing employee participation in Employee Health and Wellness Programmes at Seshego One-Stop Centre, Polokwane Sub-District, Limpopo Province.

1.6. Research methodology

A qualitative explorative and descriptive method was adopted for this research. The study sample comprised Social workers, Community Development workers and Social auxiliary workers employed at Seshego One-stop Centre, Polokwane sub-district, Limpopo Province. As a qualitative study that focussed on identifying barriers to employee participation in EHWP, non-probability purposive sampling was more appropriate. The study employed a descriptive design. The number of participants in this study was determined by data saturation. The data collection method in this study was face-to-face semi-structured interviews. The researcher used thematic data analysis to analyse the findings of the study. A detailed description of the research methods is discussed in chapter 3.

1.7. Significance of the study

The significance of the study was for health and wellness practitioners to design wellness programmes that are barrier free and enhancing programme participation. The study also benefits clients because they are the primary beneficiaries of the services provided by the employees. There might be improved service delivery by employees who are healthy and motivated. Finally, findings emerging from this study may be used by other researchers interested in further research in the field of EHWP.

1.8. Outline of the study
This mini-dissertation comprised of five chapters
Chapter one is the introduction and background of the study which includes the

research problem, the research question, the aim of the study, the objectives of the study, research methodology and the significance of the study.

Chapter two covers the literature review which provides the theory base of published works pertaining the Employee Health and Wellness Programme.

Chapter three explains how the research problem is address by presenting the methodology of the study. The methodology includes the research method, research design, study site, study population, sampling, data collection, data analysis and measures to ensure trustworthiness. The chapter also includes the ethical principles taken into consideration during data collection**.**

Chapter four presents the interpretation and the presentation of findings.

Chapter five presents the summary of the findings, conclusion, limitations and recommendations.

1.9.   Conclusion

This chapter presented the introduction and background information regarding the barriers influencing participation on Employee Health and Wellness Programmes at Seshego One-Stop Centre, Polokwane Sub-District, Limpopo Province. The chapter also provided information on the research problem, research question, objectives, and aim of the study, the methods and the significance of the study. The next chapter constitutes a literature review for the study.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

In critically exploring the barriers influencing participation in EHWP of the employees employed at the Department of Social Development, Seshego one-stop centre; it is important to know and understand the magnitude of non-participation and the respective barriers thereof. This section is intended to give a theoretical foundation of non-participation in the wellness programmes and to present a review of the literature that exists.

2.2 Magnitude of non-participation

In a survey conducted in the United States of America at the East Carolina University in Greenville which was aimed at establishing the barriers that lowered employee participation in EHWP. It was indicated by the employees that a number of barriers included lack of interest in the programs that were offered and that the mode of implementation on the programmes did not motivate them to participate (Person, Colby, Bulova & Eubanks, 2010).

Similarly, a study conducted by Bright, Rush, Kroustos, Stockert, Swanson and DiPietro (2012) on the attitudes of employees towards participation in a work site-based health and wellness clinic, found that there were low levels of participation in the EHWP and that the barriers included time, cost, attitude towards one's health improvement and program design.

Robroek, Van Lenthe, Van Empelen and Burdorf (2009) also had the same findings in their methodical review on participation rates of employees in workplace wellness programmes when they found that participation levels were classically less than 50%. These findings are also in line with the findings of Rongen, Robroek, Van Ginkel, Lindeboom, Altink and Burdorf (2014) which indicated that there are low levels of participation on employees in EHWP. Rongen et al (2014) claim that the EHWP success was limited by the high proportion of 50-75% of employees who did not to participate.

Given this magnitude of non-participation, studying the barriers influencing participation is of great importance because EHWP are interventions through which health and wellness issues can be addressed, non-participation or low participation may hinder the efforts by employers to build and maintain a healthy and productive workforce. Spence (2015) suggests that it would be valuable for organisations to find barriers to participation so there can be ways to motivate employees in participating in EHWP. When these barriers that impact participation are identified, they would assist in determining what necessary steps should be followed to eliminate limitations concerning participation.

2.3 Barriers of participation

2.3.1 Insufficient incentives

Henke, Goetzel, McHugh and Isaac (2011) revealed that incentives may be offered in different types, for instance, contracts of cost-membership requirements, discounts on premium and upgraded benefits. However, if there are insufficient incentives or none thereof, participation rates may be affected. In a study conducted by Person et al. (2010), it was found that the barriers for participation in an onsite EHWP at East Carolina University employees were insufficient incentives. A majority of those who did not participate in the program were more likely to participate if there were incentives like money, prizes or health insurance benefits.

2.3.2 Time limitations

Literature on barriers to participating in EHWP also points to time as being one of the major barriers. Most employers are hesitant to allow their employees large amounts of time away from their work to participate in EHWP. According to the Clifton (2013), eighty-six percent of health and wellness managers from 378 organizations across the globe say that lack of time is the main reason for not participating. Employees are usually occupied with other responsibilities that their work entails and because the programmes take place during working hours, most employees that want to participate in activities that are offered by the EHWP usually have deadlines to meet.

2.3.3 Work Schedule

Because employees have deadlines to meet, they have to work according to their work schedule. A study by Bright et al. (2012) indicated that employee's lack of participation in EWP may be due to their work schedule. Employees were too busy at work and their work schedules did not allow them to attend EHWP. Person et al. (2010) found that scheduling and timing were reported as a barrier of participation in EHWP because they were conducted during the work day and it was often hard to find a time that employees would be able to attend without disrupting the shift schedules.

2.3.4 Marketing

EHWP is usually not well presented and marketed to the employees. According to Person et al. (2010), presenting the program and information in a more appealing way would have a strong impact on participation. They also added that there is a strong impact on participation when the employees understand the program and its benefits (Person et al., 2010).

2.3.5 Health beliefs

Health beliefs are also a barrier to participation. According to Nutbeam and Harris (2010), the Health Belief Model predicts that individuals will participate in EHWP if they perceive themselves to be vulnerable to a condition, if they believe that the condition is serious, if taking action will reduce the conditions and that the benefits of taking action will outweigh the costs. Employees who perceive themselves as healthy are unlikely to participate in the program because there is no condition that deems them vulnerable.

Low self-efficacy has also been identified as a barrier to participation. Keskin (2014) posits that self-efficacy involves an individual's belief about their personal abilities on how they will perform in a particular activity. Negative past experiences in EHWP will reduce a person's belief in their own future success, thereby creating a barrier to their future participation.

2.3.6 Lack of interest in the program

Bardus, Blake and Lloyd (2014) reported that reasons for non-participation included loss of interest towards the programme, or a lack of reminders to complete enrolment into the programme. Some employees realised that they were already doing enough physical activities as part of their daily routines. This was in line with Robroek, Lindeboom, and Burdorf's (2012) study which found that losing physical activity interest was associated with the perception that employees were already healthy or that they were doing enough physical activity. While employees proclaim an interest in improving their health, often when it comes to actually taking part in EHWP, the interest dies off.

2.3.7 Lack of organisational support

Bardus et al (2014) found that some of the barriers to participation included lack of organisational support and reminder about EHWP. The participants in their study highlighted the fact that they were encouraged by their employers to enrol in the EHWP, however, none of their employers provided them with more information about the programme and they also did not follow-up with them to confirm their participation.

This was in line with the findings of Westerlund, Nyberg, Bernin, Hyde, Oxenstierna, Jappinen, Vaananen and Theorell (2010) which indicate that nonattentive managers may have a negative effect on the participation of their subordinates. The researchers found that managers scored low on the measure Attentive Managerial Leadership correlated with high stress among the employees that they managed.

2.3.8 Frequency of the wellness programmes

In a research study conducted by Maletzky (2017), it was found that the frequency of workplace EHWP influenced the participation of the employees. The irregularity and inconsistency of how the programme is offered was identified as a barrier to

participation. Nonetheless, the lack of funds and time is a contributing factor of the irregular offering of EHWP activities.

2.3.9 Feeling that the programme was a low priority

Hill-Mey, Merrill, Kumpfer, Reel and Hyatt-Neville (2013) found that employees did not participate in the EHWP because they lost interest in the programme before completing the enrolment process. Most employees already feel that they are healthy and that there is no need for them to participate in EHWP. This was in line with the findings of Robroek et al. (2012) which indicate that losing physical activity interest was associated with the perception that employees were already healthy.

2.3.10 Confidentiality concerns

Hill-Mey et al. (2013) discovered that factors such as lack of communication or understanding about the programme and the concerns that confidentiality would not be maintained were barriers towards participation. Spence (2015) also identified the trust in the organisation as a factor that could explain participation rates. Employees may feel uncomfortable in revealing information about their health status especially when there are trust issues between employees and management. They may fear that the management may use the information to discriminate against them. When people feel that their privacy is being invaded, they may choose not to participate in the wellness activities.

2.4 Conclusion

This chapter presented the literature review on barriers to participate in EHWP. In the next chapter, the methodology of the study is described with regard to the exploration and description of the barriers influencing employee participation in Employee Health and Wellness Programmes as well as the method used.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

Methodology focuses on the research process and the kind of tools and procedures that are to be used by the researcher. Babbie (2013) indicates that a research methodology refers to procedures used in obtaining data, evidence, or information as part of a research project or study. The research methodology in this research consists of research method, research design, sampling method, data collection method, data analysis, and reliability, validity and objectivity.

3.2. Research method

The subjective realities of the employees are central to this study and therefore, a qualitative research design was more suitable. Qualitative research tries to understand how people live, how they talk, behave and what captivates and distress them (Cresswell, 2013). More importantly, this type of method strives to understand the meaning of people's words and behaviours in their natural environments as they go about their daily lives. The researcher chose the qualitative research design for the purpose of assisting with gaining an understanding and insight information on the barriers of the EHWP.

3.3. Research design

Research design explains how the research study is to be conducted in order to fulfil the objectives (Rubin & Babbie, 2011). The researcher used descriptive research design that presents a picture of specific details of a situation, social setting or relationship, and focuses on explaining how the phenomenon (viz., EHWP) can impact on human behaviour (i.e., participation) and why the behaviour is influenced by the phenomenon (De Vos, Strydom, Fouché & Delport, 2011). Considering the nature of the topic to be explored, a descriptive design approach that emphasizes the barriers in employee participation in EHWP was most appropriate for this study. The descriptive design approach was realised by giving the participants the opportunity to describe their experiences in their own words.

Since qualitative methods are exploratory and more flexible, they allow greater spontaneity and adaptation of the interaction between the researcher and the participant (Brink et al., 2009). The exploration part of this study was realised by using open-ended questions to ensure that participants were free to respond in their own words. These responses were more complex than simply "yes" or "no." Thus, the study explored the barriers in employee participation in workplace wellness programmes and to describe the barriers in employee participation in workplace wellness programmes.

3.4   Study site

The Seshego One-stop Centre, Department of Social Development in Polokwane sub-district, Limpopo Province was chosen as a study area because it is at the seat of the district which lies in the heart of Capricorn region. The Department of Social Development's core function and responsibility is to contribute to improving the quality of life of the vulnerable by providing services to the marginalised and the poor within the South African Society through an integrated and caring system (South Africa, 2013). The services include family preservation services, social integration services, victim empowerment and poverty alleviation. The Seshego One-stop centre caters for clients from Seshego and the surrounding areas. The Map is shown in Figure 1 below.
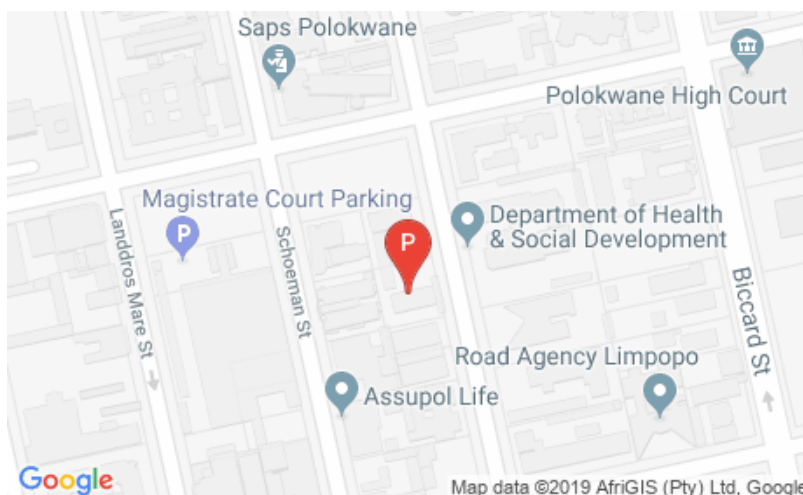
Figure 1. Map showing Department of Social Development (Map data, 2019)

3.5 Study population

The Seshego one-stop centre, DSD in Polokwane Sub-District consists of 58 employees. The study population was 12 employees. They consisted of community development workers, social auxiliary workers and social workers. The study area was limited to Seshego One-stop centre because it consists of a cluster of employees who represent all Social service professionals within the Department of Social Development. Since most of the employees were at one accessible place, it assisted the researcher when trying to find answers to the research question.

3.6 Sampling

A sample refers to the actual units selected from the population to participate in the study (Bless, Smith & Sithole, 2013). As a qualitative study that is focussed on identifying barriers to employee participation in EHWP, the non-probability purposive sampling was more appropriate. In non-probability purposive sampling, particular participants are chosen because they illustrate some feature or process that is of interest for that particular study (Rubin & Babbie, 2011). According to Bless (2013), purposive/judgement sampling is based on the judgement of a researcher regarding the characteristics of a representative sample, because it assisted the researcher to select participants from a population that she was interested in studying.

A homogeneous purposive sampling; which seeks to find as much insight about the phenomenon as possible from a selected population sharing the same characteristics was used in the study (Ashley, 2020). In qualitative research, there is no set formula that can be adopted to determine the sample size firmly (Malterud, Siersma & Guassora, 2016). The sample was determined by data saturation. Saturation is considered to occur when little or no new information is being generated (Liamputtong, 2013). There was no new information that was being generated in the interviews.

The employees were not selected based on gender, place of origin or age because the study is not based on any biographic characteristics. For this study, twelve

employees were sampled. The participants were given pseudo names from one to twelve. Three males and nine females were amongst those who were interviewed.

- *Inclusion criteria*

The researcher deliberately selected permanent employees who have over a year of experience in DSD in Polokwane sub-district, Limpopo province. All employees within the DSD that are based at Seshego One-stop Centre are able to read and write because the minimum requirement for their employment is either a matric certificate, diploma and/or degree depending on their area of expertise. Their views and experiences were relevant to the research concerned as they have been with the Department of Social Development for a lengthier period compared to employees who are on internships that only last for only 12 months. The employees were included as they have in-depth knowledge on EHWP in the workplace.

- *Exclusion criteria*

Any permanent employee of the DSD based at Seshego One-stop centre that did not complete the consent form. Those who did not sign the consent form were excluded from the study as they had not agreed to participate in the study or did not have a clear understanding of the study.

3.7 Data collection

Data collection includes setting the boundaries for the study, collecting information through semi-structured interviews, observations as well as establishing the protocol for recording information (Creswell, 2013). The data collection method in this study was face-to-face semi-structured interviews.

Before the actual data collection, a pilot study was conducted and it included four participants. A pilot study refers to a small trial before the major investigation is conducted, intended to test the level and efficiency of a research method and data collection tool (Wild & Diggins, 2013). After piloting the data collection methods, a few changes were made in the interview guide (Annexure E). There was appeared to

be no need to ask some questions because as the interview was unfolding, those questions were automatically answered by the main questions asked.

The data collection tool was semi-structured interview schedule and was used as a guide (Appendix A). Semi-structured interviews allowed the researcher to have freedom in asking further questions about emerging topics (Liamputtong, 2013). This technique enabled the researcher to observe the non-verbal cues, to listen and reflect on what the participant was saying. It gave the researcher more flexibility to probe during the interviews and allowed the researcher to get in-depth data from the participants regarding barriers in participating in EHWP. The interviews took place at a place chosen by participants to ensure that the participants were comfortable and in their natural settings. The researcher used English throughout the interviews and there was no need for a translator. The interviews were between 7 and 12 minutes in duration. The central question was *What do you think are the employees' barriers to participation in Employee Health and Wellness Programmes in Seshego One-stop Centre, Polokwane Sub-District; Limpopo Province?*

An audio recorder was used to record the interviews as it allowed the researcher to concentrate on exploring the topic and noting the non-verbal cues. De Vos, Strydom, Fouché and Delport (2011) posit that an audio recorder allows a much fuller record than notes taken during the interview. However, field notes were recorded immediately after each interview while the researcher was still able to recall the observations. The audio recorder is kept in a safe place which is lockable. Only the researcher and the supervisor have access to the voice recorder as and when the need arises particularly for verification of data.

3.8   Data analysis

De Vos et al. (2011) emphasize data analysis as the process of bringing order, structure and meaning to the mass of collected data. The process of data analysis started during the data collection phase as it enabled the researcher to be aware of reaching data saturation. Once data was collected, the researcher made sense of

the data by analysing the qualitative data sets. The information from the interview was recorded and each interview was transcribed by the researcher. Transcription is when the recorded information is translated into a written format (Mondada, 2007). Transcription was appropriate for this study because the researcher was able to read through the transcripts for understanding and keeping the main objectives in mind so that they can become broad themes in this research report.

In this study, the researcher transcribed the data from the recorder interviews using the qualitative open-coding data analysis method as described by Tesch in Creswell (2014). Tesch in Creswell (2014) provides a useful analysis of the process in eight steps. The researcher recruited an independent coder to assist the researcher with data analysis using Tesch's (Creswell, 2014) process of data analysis and the following relevant steps were followed;

- The first step is that the researcher read one entire transcript carefully to obtain a sense of the whole transcript and jotted down some ideas in a note book.

- The second step is where the researcher selected one transcript and asked "what is this about?" and thought about the underlying meaning in the information. The researcher's thoughts were written in the margin.

- The third step was that the researcher grouped similar themes and topics and clustered them together.

- In the fourth step, the researcher then listed all topics and went back to the data and abbreviated the topics as codes and wrote the codes next to appropriate segments of the text. From this process, the researcher saw if new categories and codes emerged.

- The researcher's fifth step was then to find the most descriptive wording topics and turned them into categories. Lines were drawn between categories to show relationships.

- On the sixth step, the researcher made a final decision on the abbreviation for each category and alphabetises the codes.

- On the seventh step, the data material belonging to each category was brought together and an initial analysis was performed.
- The final and eighth step was when the existing material was recorded if necessary.

3.9. Measures to ensure trustworthiness

To ensure that the data collected is reliable and trustworthy, the researcher adhered to the guidelines and concepts outlined by Bless et al. (2013) that related to trustworthiness. Trustworthiness can assess the quality of qualitative research and can be established through credibility, dependability, transferability and conformability (Bless et al., 2013). The principles mentioned below assisted in ensuring that the research results are reliable and of a good standard.

3.9.1 Credibility

Credibility as an alternative to internal validity addresses whether the findings made by the researcher can be trusted and the extent to which they provide comprehensive and sensible interpretations of the data (De Vos et al., 2011). Bless et al. (2013) also agree that credibility seeks to assure that the findings portray the truth of the reality under study or that they make sense. The interview guide used in the interviews could be examined to determine whether the questions that were asked will be appropriate and give the participants the opportunity to provide in-depth responses relevant to the research question.

The researcher described the data in detail and provided background information. Using non-probability purposive sampling, the participants were chosen because they illustrated some feature that was of interest in this particular study. Since the researcher was using audio recorders to record the interviews, it also meant that the researcher could concentrate on non-verbal cues to evaluate how the interview was proceeding to improve future interviews. To ensure credibility, the researcher made use of an experienced co-coder to code the transcripts independently. The co-coder

was a person who had knowledge within this field of study and notes from both the researcher and co-coder were compared, discussed and final themes developed.

3.9.2 Confirmability

Confirmability refers to the researcher conducting the research in such a way that similar results can be obtained if other researchers do the same study (Bless et al., 2013). Conformability guarantees the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the researchers' interpretation and the actual evidence (Brink, 2009). It entails the research process and results are free from prejudice. The researcher ensured that as far as possible the study's results were objective and were not based upon biases, motives and perspectives of the researcher by using an independent coder. A qualitative method ensured that the researcher tapped into the deeper meaning of the participant's barriers through semi-structured interviews and transcribing each interview exactly as the participants explained. The conformability was also demonstrated by making field notes available for auditing (Botma, Greef, Mulaudzi & Wright, 2010). This is a record of activities that can be followed by another researcher.

3.9.3 Dependability

Dependability is similar to the criteria of reliability (Liamputtong, 2013). It is concerned with the stability of the data over a specified time and over conditions. The researcher ensured dependability by recording the process, analytical decisions and ensured that there is coherence across the methods and findings (Bless et al., 2013). The research process was logical and transparent, such that the process and procedures can be auditable and traced. This was done by recording and transcribing the data and using software to facilitate coding and to store, manage, and retrieve data. Any researcher can depend on the research findings once there is truth value in the results (Botma et al., 2010).

3.9.4 Transferability

Transferability means the extent to which qualitative findings can be transferred to other settings, as another aspect of a study's trustworthiness (Bless et al., 2013). It seeks relevance of concepts and findings to other settings and can also be confirmed by comparing the results of the study with other contexts, populations or existing theoretical models (Liamputtong, 2013). This required the researchers to report their study in detail so that the reader understands the context of the study and the findings. The reader looks for significance between the study setting, sample and their own context and makes a judgment about whether the findings are relevant to them.

In this study, the participants were employees who work at Seshego One-stop Centre as they are the ones who provided the researcher with relevant data. The participants were those who work at the Polokwane sub-district as they are the ones who know the barriers to participating in the EHWP. They were interviewed using the semi-structured interviews. Each interview was estimated to take between 30 and 60 minutes.

3.10 Ethical Considerations

3.10.1 Informed consent

The consent form as attached as Appendix B was signed by each participant that formed part of the research. The researcher distributed informed consent forms to each participant before collecting data which provided them with information about the purpose of the study, how data will be used, and what participation was required of them, the subjects likely to be covered and how much time was required. De Vos et al. (2011) posit that emphasis must be placed on accurate and complete information so that participants will fully comprehend the investigation and consequently to be able to make a voluntary, thoroughly reasoned decision about their possible participation. Participants must also be legally and psychologically competent to give consent and they must be aware that they will have the freedom to withdraw from the investigation at any time (Babbie & Mouton, 2001).

Psychologically competency was determined by the ability of the participant to understand and grasp the contents of the consent. While legal competence was determined by the participant being over the age of 18.

The principles underlying research ethics are universal and concern issues such as honesty and respect for the rights of individuals. The researcher also ensured that the participants understand that participation is voluntary. The researcher further indicated that the participants are free to discontinue with the interview at any stage without fear as they were not obliged to partake in the study. This assisted in clearing feelings of obligation or gratitude to participants.

3.10.2 Permission to conduct the study

The researcher submitted the research proposal to the Department of Public Health at the University of Limpopo for approval, and then the School Research Committee and the Faculty of Health Research Committee, after which it was presented to the Turfloop Research Ethics Committee (TREC) to obtain ethical clearance. The researcher then requested to collect data from the Department of Social Development by using a letter attached as Appendix C. According to Hill-Mey et al. (2013), ethical behaviour is important in research, as in any other field of human activity.

3.10.3 Confidentiality and anonymity

Confidentiality implies the element of personal privacy, while anonymity indicates the handling of information in a confidential manner (De Vos et al, 2011). The researcher ensured that the participants' real names were not written to protect their identity. A pseudonym was used to hide their real identity and confidentiality was contracted with the research participants. If any publication results from this research, participants will not be identified either by name, surname or identity and they will be allowed to view the outcome results.

For confidentiality reasons, when transcribing all information that is likely to identify a participant will be removed in order to protect the participant and maintain confidentiality (Bless et al., 2013). The researcher ensured that all information that could lead to the identification of a participant will be omitted during transcription to ensure confidentiality. This also assisted in respecting the participants' dignity and recognising their right to privacy.

3.10.4 Harm

Babbie and Mouton (2001) state that people should never be injured during research, regardless of whether they volunteer for the study or not. Therefore, the researcher ensured that no harm was caused during the study. Furthermore, the researcher also ensured that no harm is caused by the analysis and reporting of data by not revealing the identity of any participant that took part in the study.

3.11. Bias

Data collector bias can occur when a researcher's personal beliefs influence the way data or information is collected (Christopher & Pannucci, 2010). Data collector bias was minimized by the researcher being the only one to conduct the interviews and ensured that only open-ended questions were used. The interview questions were adjusted, open-ended and simplified so that participants are more likely to respond.

Sampling bias occurs due to the difference between the population defined by the researcher and the actual population being studied through the sampling method (Christopher & Pannucci, 2010). Sampling bias was minimized by selecting participants who are in the study's inclusion criteria. This was done by selecting participants who are representatives of the study population.

3.12. Conclusion

The research design, sampling procedure, data collection process and analysis approaches were described in this chapter, including the description of ethical issues that were followed. Chapter 4 follows further discussions, research findings, recommendations and conclusions.

CHAPTER 4: INTERPRETATION AND PRESENTATION OF FINDINGS

4.1 Introduction

The previous chapter outlined the methods and strategies used to collect the data for the study. This chapter presents the findings, generated from the data collection done through the semi-structured interviews. A summary of the findings from the semi-structured interview guide's responses during data collection is discussed. It consists of the presentation of the main themes and sub-themes identified from the interview transcripts. The main themes and sub-themes presented were identified through the process of coding. The main themes and sub-themes are expanded on and supported by direct quotes of the participants.

4.2 Characteristics of participants

Participants were purposively selected from Seshego One-Stop Centre. All participants had one or more years of experience working in the Department of Social Development. The working period gave an indication that workers had direct experience and knowledgeable with the EHWP. The participants included social auxiliary workers, community development workers and social workers.

Participants	Number	Male	Females
Social auxiliary workers	03	0	03
Community development workers	01	0	01
Social workers	08	03	05

4.3 Summary of themes and sub-themes reflecting the findings from the interviews

Based on the interviews, the study yielded three themes and seven sub-themes as indicated below:

Themes	Sub-themes
1. Limited knowledge and understanding of employee health and wellness programmes (EHWs).	1.1 Limited knowledge of services rendered at the EHW programme. 1.2 Employees find it difficult to understand the EHW programme. 1.3 Employees cannot see how the programme will benefit them.
2. Challenges with proximity of services.	2.1 Lack of access to EHW services.
3. Disdain towards the providers of the EHW programme.	3.1 Lack of privacy and confidentiality of service providers 3.2 Lack of expertise knowledge of those offering the programmes. 3.3 Inadequate support from management when having to participate in the programme.

4.4 Theme 1: Limited knowledge and understanding of employee health and wellness programmes (EHWPs).

After data was analyzed and coded, it was found that there is limited knowledge and understanding of Employee Health and Wellness Programmes (EHWPs) which made it difficult for employees to participate in the programmes. There were three themes and seven sub-themes yielded from the discussions.

4.4.1 Sub-theme 1.1 Limited knowledge of services rendered at the EHWP programme.

The employees have limited knowledge of the EHWP offered by their department; their understanding of the services rendered is only by speculations. The other finding was that employees did not know who the employee wellness officer is and where they are found. This was evident when the participants said:

Participant 3: *"no, I would not say there are services because the Employee Health and Wellness Officer does not come to Seshego One stop center. So we do not*

have any idea of whether there are services of health and wellness programs that are supposed to be provided to us"

Participant 1: *"uhm, I got to know about it because I think it's within our department for first, and the person who is appointed to work in that department is a Social worker. That is how I came to know about it."*

Participant 3: *"So we do not have any idea of whether there are services of health and wellness programs that are supposed to be provided to us. And at work, as I have already indicated, I personally have never heard of services that are provided at Seshego one stop center of health and wellness programs."*

Participant 4: *"Well, I sometimes I feel like they are not, we don't all know about them unless you have a problem. Before you have a problem, you won't know exactly what is going on, whether there is one is or what not. People are not aware of it."*

For employees to participate in a programme, those in leadership should ensure that they disseminate information to all employees. Failure to do that could result in lack of participation in such programmes because employees will not be having any knowledge of what they are expected to do or what the rational is behind participating in such programmes. Under current Wellness Management Policy (2009), it is expected that the Department of Social Development should communicate EHWP interventions to staff through various methods. Despite the increased focus on wellness programmes, there is still no consensus as to what wellness is (Rachele, Washington, Cockshaw and Brymer, 2013). This is in part because programs do not define wellness thus leaving employees with no knowledge of what the programmes entails, which sometimes results in confusion and creates barriers to participation.

4.4.2 Theme 1.2 Employees find it difficult to understand the EHW programme.

Employees find it difficult to understand the programme within the Seshego One-stop Centre. Employees were not sure of when, where and how the programme was offered. The employees only hear it in passing and it was something that happened recently. This indicates only speculations from participants as they are not sure what the programme entails. This was apparent when the participants said:

Participant 2: *at the district, it was in passing. There was no formal communication from the supervisor to us; I just heard it in passing that Wednesdays are wellness days. And then indeed it was happening.*

Participant 5: *I actually found out last Monday. On Monday I was told that that's where we were supposed to report the whole Corona stuff. so that's when I found out that there is a wellness officer.*

Participant 9: *I, I, I only knew about it recently when they referred someone to me saying, well, she's an employee wellness officer who would be assisting me throughout the journey of isolation and quarantine.*

When employees do not fully understand the goals and the purpose of a wellness programme, they may be less likely to participate. Employees may perceive EHWP as programmes simply designed for the Covid-19 pandemic. In truth, the programme is much more than what they perceive. Understanding the nature and characteristics of EHWP would assist the employees in participating in the programme as they would know what the programme entails. The EHWP design and implementation should ensure organizational wellness by creating an organizational climate and culture that is conducive to improve wellness and maximum productivity (Wellness Management Policy, 2009). Hill-Mey et al. (2013) discovered that factors such as lack of communication or understanding about the programme and the concerns that confidentiality would not be maintained were barriers towards participation. In order to understand how tracking tools are adopted in wellness programs and employees'

opinions about programs, employees reported being generally positive about incentivized health tracking in the workplace, as it helped raise awareness of activity levels (Chung, Gorm, Shklovski & Munson, 2017). However, the researchers also found that there was a gap between the intentions of the programs, individual experiences and health goals, this lack of understanding sometimes resulted in confusion and created barriers to participation (Chung, Gorm, Shklovski & Munson, 2017).

4.4.3 Theme 1.3 Employees cannot see how the programme will benefit them.

There was no benefit in participating in the EHWP since the Department of Social Development was not prioritizing it. It is only if they were taking it seriously then employees would also take it seriously. The employees have no interest in participating since they do not see the benefits of participating. This was apparent when some of the participants said:

Participant 8: "*I don't think there's any benefit because of the lack of the seriousness about it, because obviously, if they were to take it seriously, I think everybody else would become interested in making sure that they participate, so the fact that a lot of people don't participate, it means they don't see the benefits of it.*"

Participant 2: *I used to do aerobics but I was discouraged because there was mismanagement of funds that were allocated for the equipment that we were to use. We felt like they were already so far and that we had already missed out. We were just so confused and then I quit.*

Lack of benefits can lead to non-participation in the programmes. EHWP is usually not well presented and marketed to the employees thus employees do not know of the benefits in the programme. This means that for employees to participate well, it is crucial that important information about the EHWP's benefits should be communicated timeously. The study done by Spence (2015) found that some workplace wellness programmes do not address the needs of employees. Thus, employees may not see the need of participating in activities planned by the

wellness department. It is important to ensure that employees receive regular communication that explains the benefits and options of the Employee Health and Wellness Programme to the employees. Person et al. (2010) also state that presenting the program and information in a more appealing way would have a strong impact on participation. They also added that there is a strong impact on participation when the employees understand the program and its benefits (Person et al., 2010. However, Cawley and Price (2013 found that modest weight loss was associated with the financial incentives in the programme. In this case, the employees had benefits by participating in the wellness programmes. Participants in this study had incentives as a benefit which motivated them to participate in the wellness programmes.

4.5 Theme 2: Challenges with proximity of services.
4.5.1 *Sub-theme 2.1 Lack of access to EHW services.*

There is also lack of access to EWH services. The employees could not access the services. Time did not make it easy to access such services during working hours. This was evident when the participants said:

Participant 3: *"the barriers, uhm are that, you know, lack of human resource? We have only one staff who is providing health and wellness program in the district office, as such, she is unable to reach out to us who are in the sub-district at Seshego one stop center. So and as such, it affects us to access the services of the employee Health and wellness program."*

Participant 4: "*I don't have time because you now have to take your personal leave to go in and inquire or to seek help. You have to take your own personal leave. And then after that is when maybe if they see you as a risk or if you need that EAP or wellness, that is when they will give you the special. But before then, you take your own leave.*

Participant 4: *There is no privacy and it's not easily accessible in terms of time. The time that we are given at work and there is no special leave, that is. I mean, there is no special leave that is allocated for EAP".*

Participant 7: "*...no enough time and also not enough activities because the only activities that I'm aware of are the only two. I think more can be done by the department and to render more services, because I think once a week is not enough and we only participate for like an hour."*

For employees to participate in the programme, practitioners should design programmes which accommodate all employees with regards to time to ensure participation and access to the programme. It is important that the views of the employees in the programs are accommodated in the design and structure. Such inclusiveness is important to the success of the EHWP. Failure to do that could result in poor utilization of the programme due lack of time and accessibility. Literature on barriers to participating in EHWP also points to time as being one of the major barriers to participation (Hill-Mey et al, 2013). Research conducted by Hill-Mey et al (2013) on the barriers limiting participation of employees in university wellness programmes found barriers such as time restrictions. Most employers are hesitant to allow their employees large amounts of time away from their work duties to participate and access in EHWP. The findings correlate with Clifton (2013) who states that eighty-six percent of health and wellness managers from 378 organizations across the globe say that lack of time is the main reason for not accessing and participating in EHWP.

4.6   Theme 3 Disdain towards the providers of the EHW programme.

Majority of participants indicated their lack of trust towards the providers of the EHWP. They indicated that there is no privacy, which makes it difficult for them to participate in the programme. The theme yielded three subthemes which are discussed below.

4.6.1 Sub-theme 3.1   *Lack of privacy and confidentiality of service providers*

Employees showed concern about the lack of confidentiality and privacy in the services offered within the EHWP. The wellness practitioner is known within the Department of Social Development gives concern about information being kept confidential and private. The other finding was that employees would prefer an outside practitioner compared to the one that is provided by the department. This was evident when one participant said that:

Participant 2: "*I would rather go for private assistance because the people in our department do not prioritize confidentiality.*"

Participant 1: "*Until I am certain that whatever that I share with this particular person will not be hang for public knowledge the I think more than anything they just need to market it and get it to people, and let people understand that whatever that is shared in that session is kept.*"

Participant 4: "*Privacy in a way that when you go there, you don't know whether you're going to be alone in the office or is there going to be enough space for you to be in the environment? Is it going to be conducive enough for you to speak? Is it going to be conducive enough for you to speak with the EAP agent or wellness agent who is there to help you?*"

Participant 8: "*The wellness was done by people that we know, and then other people say they don't trust people with the information, they think that they might tell other people whatever information that has been revealed. you know? In wellness sessions, so to speak.*"

Participant 6: "*I think it should be the issue of confidentiality.*"

For employees to participate in a programme, privacy and confidentiality must be maintained. Those offering the programme should ensure that matters that are discussed in the sessions remain confidential. Failure to do that could result in lack of participation in such programmes because employees will not be having any trust

in the people that are rendering the services. These findings correspond with the findings of Bottles (2015), who found that rights to privacy as a barrier to participation by employees concerned for their personal information. In his study, Spence (2015) identified trust in the organization as a factor that could explain participation rates. A barrier found to limit participation in wellness activities was the anxiety employees had about the privacy of their personal information. Employees may feel uncomfortable in revealing information about their health status especially when there are trust issues between employees and management. They may fear that the management may use the information to discriminate against them. When employees feel that their privacy is being invaded, they may choose not to participate in the wellness activities. In another study, employee unions pushed back against wellness programs for fear of inequitable treatment and privacy concerns (Tu and Mayrell, 2010).

4.6.2 Sub-theme 3.2 Lack of expertise knowledge of those offering the programmes.

The study found that those that are rendering the service have no expertise that qualified them to render the services. This also led to employees to not access the service since they were being rendered by someone that they normally work with. They would not feel comfortable having sessions with that person. They would prefer an outside practitioner. Employees found it difficult to participate since they felt that this was a seconded post and that this was a person that they used to work with before. This was evident when one participant said:

Participant 9: "…*and last time I checked she was seconded to the post."*

Participant 8*: I believe that they're not capable of doing the job due to the fact that they have not been capacitated that properly.*

Participant 10: *I think one of the barriers for employees to participate is because the people who are supposed to be able to provide the service for employee health and wellness are the people that have the same qualification as us social workers. So we*

find it very much reluctant to participate. And the way in which the program is marketed in our department is poor. So many employees are not aware of this service

Participant 2: "*no, I just heard that there is one of our colleague who is a wellness officer. Even though I do not understand her role, I am also not ascertaining about her availability in terms of psychological stimulation if you have any problems.*"

For employees to participate in a programme, those in leadership should ensure that the people who render the services have the expertise to render such services. Employees may find it difficult to trust internal professionals as they are aware of their academic qualifications and experiences. When people feel that their privacy is being invaded, they may choose not to participate in the wellness activities. It could result in employees not feeling comfortable to make use of the internal services because of the stigma associated free services and lack of expertise thereof. Even in the study of McCoy, Stinson, Scott, Tenney and Newman (2014), lack of expertise was mentioned as a barrier to adoption and implementation of wellness programmes. With regard to adoption, this lack of expertise from the wellness practitioner would increase uncertainty of a given program's outcome. Inadequate expertise may also reflect a hindrance with regards to participation.

4.6.3 Sub-theme 3.3 Inadequate support from management when having to participate in the programme.

There was no adequate support from the management when having to participate in the programme especially for the wellness day. The Department of Social Development is also not utilizing the EHWP services that they provide within the department. The management discourages employees from participating, they would rather stay in the office than to participate. They were also discouraged to participate due to the fact that they no longer had any equipment to use for the EHWP that they had chosen to participate in.

This is what the participants said regarding the support from the management:

Participant 2: "*No there is a serious gap, because you cannot let a depressed person to go and work with the community. They must ensure that the person attends wellness programs however, they are busy neglecting our co-workers. It is a challenge, and the clients complain about that particular employee they will put blame. Forgetting that the person has depression. So basically there is no organisational support at all.*"

Participant 7: "*No, I don't think it is supportive because especially regarding the sports day, they usually discourage it and they would rather prefer you stay in the office. And also they take a long time if maybe you experience personal time they usually don't refer us to the one that's a facilitator.*"

Participant 2: "*I used to do aerobics but I was discouraged because there was mismanagement of funds that were allocated for the equipment that we were to use.*"

Participant 11: "*In social work, we have a lot of challenges. So but at the same time, we need the department. It's not utilizing the very same program that they have in the organization, if I may put it that way. Yeah...*"

For employees to participate in a programme, leadership involvement which influences wellness programmes success should be essential and ensure that employees that are vulnerable are not neglected. Appropriate marketing, support from the organization and promotion of the programme will encourage utilization of the services which ultimately impacts on the healthy functioning of the organization. Failure to do that could result in employees being discouraged to participate due to lack of organizational support. Bardus et al. (2014) also found that some of the challenges to participation included lack of organizational support and reminder about EHWP. The participants in their study highlighted the fact that they were encouraged by their employers to enrol in the EHWP, however, none of their employers provided them with more information about the programme and they also

did not follow-up with them to confirm their participation. This was in line with Westerlund, Nyberg, Bernin, Hyde, Oxenstierna, Jappinen, Vaananen and Theorell (2010) who found that non-attentive managers may have a negative effect on the participation of their subordinates. The researchers found that managers scored low on the measure attentive managerial leadership correlated with high stress among the employees that they managed.

4.7.   Conclusion

The current chapter focused on the detailed presentation of the results based on themes that emerged through the coding process. These themes are related to the participation of employees in wellness programmes and they specifically look at how the characteristics of the programme can hinder employees' participation.

This study explored the barriers influencing employee participation in Employee Health and Wellness Programmes. The findings found that employees did not participate in Employee Health and Wellness Programmes because of limited knowledge and understanding of services rendered at the EHWP. This highlights the importance of those in leadership to disseminate such information to the employees aimed at improving participation.

CHAPTER 5: SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

The aim of the study was to determine barriers influencing participation of employees in the Employee Health and Wellness Programmes at Seshego one-stop centre, Polokwane sub-district, Limpopo Province. This chapter summarises the findings and discussions made, and gives conclusions about the barriers influencing participation of employees in the Employee Health and Wellness Programmes at Seshego one-stop centre, Polokwane sub-district, Limpopo Province.

5.2 Summary of the Findings

The study revealed various factors that contributed to participation of employees in the Employee Health and Wellness Programmes at Seshego one-stop centre, Polokwane sub-district, Limpopo Province.

5.2.1. Limited knowledge and understanding of employee health and wellness programmes (EHWs)

Participants found it hard to understand what the programme entailed thus leading them to non-participation. Those who have never heard about the services did not participate at all since they had no idea of whether there are services that are supposed to be provided to them. Thus, they do not participate because they are not motivated in participating on something that they have no knowledge of.

5.2.2. Challenges with proximity of services

Participants indicated that there is lack of access to EWHP services. The employees could not access the services. Time did not make it easy to access such services as it is during working hours.

5.2.3. Disdain towards the providers of the EHW programme

Some participants felt that they would rather consult from an outside practitioner to

ensure that their matters remain confidential. The participants felt uncertain about what they share with the wellness practitioner, whether it would be kept private and confidential.

5.3. Conclusion

This study explored barriers influencing employee participation in Employee Health and Wellness Programmes and described barriers influencing employee participation in Employee Health and Wellness Programmes. The findings suggest that the reasons for non-participation include limited knowledge and understanding of employee health and wellness programmes (EHWPs). This highlights the importance of the Department of Social Development in disseminating the information to employees.

This study concludes that limited knowledge and understanding of employee health and wellness programmes (EHWPs), challenges with proximity of services and disdain towards the providers of the EHW programme can affect participation in the programme. From the findings, it can be concluded that confidentiality and lack of trust in the programme have an effect on participation in the programme. It is one of the reasons that could greatly influence the decision of employees to participate in the wellness programs. Employees think that the information that they share in the sessions may not be private.

The study also concludes that lack of understanding of the programme and knowledge about the benefits of the programme affects participation in the programme. The challenges with proximity of services also highlight the importance of a more accessible EHWP since accessibility is seen as a barrier to participating in the programme. The study concludes that there is disdain towards the providers of the EHW programme which includes the lack of time for utilization of the programme. Time affects participation of wellness programs in the EHWP.

5.4. Limitations

The limitations of the study are that there is generalization. This might spark a problem in view of the fact that only employees at the Seshego One Stop centre participated in the study which might not be a true reflection of what other employees in other sub-districts are experiencing.

5.5. Recommendations

Recommendations to the Department of Social Development are as follows:

- It is recommended that the Wellness programme co-ordinators should have qualifications to provide wellness services. Therefore, it is recommended that the Department of Social Development employs staff members who are qualified and trained specifically in the field of wellness to address barriers such as trust and confidentiality.
- It is recommended that the wellness services be accessible to all employees. This can be done through ensuring that the proximity of the wellness practitioner is well within reach of the employees.
- Those in management should disseminate information about the services to the employees. This can be done through awareness campaigns and giving out educational pamphlets to the employees.
- More time should be allocated for the utilization of the programme.

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ANNEXURES

Annexure A: TREC Certificate

University of Limpopo
Department of   Research Administration   and Development
Private Bag X1106, Sovenga   , 0727 , South Africa
Tel: (015) 268 3935   , Fax: (015) 26 8 2306 , Email : anastasia.n gobe @ul.ac.za

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TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: **12 August   2020**

PROJECT NUMBER: **TREC/ 157 /2020 : PG**

PROJECT:

Title:	Barriers Influencing Participation On Employee Health and Wellness Programmes at Seshego One -Stop Centre; Polokwane Sub District, -Limpopo Province
Researcher:	TF Maluleke
Supervisor:	Mr MP Kekana
Co -Supervisor/s:	Prof SF Matlala
School:	Health Care Sciences
Degree:	Master of Public Health

PROF   P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE
The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC -0310111 -031**

Note:
i)   **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one**

Annexure B: Request to Conduct Study

<div align="right">

Private bag x140

Polokwane

0700

</div>

To:

The Department Social Development

Limpopo Provincial Department

18th College Street

Polokwane

0700

Dear Sir/ Madam

RE: REQUEST TO COLLECT DATA FOR THE RESEARCH PROJECT

I am a Social worker, working at Capricorn District Polokwane Sub-District Rethabile Health Centre. I am currently registered with the University of Limpopo doing Masters in Public Health. I am undertaking a research project for the fulfilment of this degree.

The aim of this research project is to determine employees' participation barriers in Wellness programmes at the Department of Social Development, Limpopo, with a focus on employees of Seshego One-stop Centre, Limpopo province. This aim will be reached through identifying the barriers to employee participation in workplace wellness programmes and making the recommendations to the Department of Social Development, Limpopo province regarding how EWP's participation could be improved to enhance service delivery.

You are kindly requested to grant permission to collect data for the research project. It will consist of semi-structured interview questions which will be done with employees at Seshego One-Stop Centre. The interview will be kept confidential and
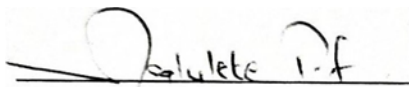
no identifying details will be used in this research report. It is important to take part in this project in order to make the difference on how EWP should be rendered and improve participation amongst the employees at Seshego One-Stop Centre so there is an impact on service delivery. The semi structured face-to-face interview between 30 and 60 minutes.

The research will be available on request and you are assured that the copy of the Report will reach your office.

Should you have any queries or comments regarding this research, you are more than welcome to contact me telephonically at
0791903648 or e-mail me at tumelomaluleke@rocketmail.com

Kind regards
Maluleke Tumelo Faith

(Social Worker/Researcher)

Annexure C: Permission from the Department of Health

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref : LP2020-08-050
Enquires: : PF Mahlokwane
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za
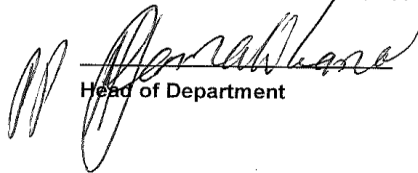
Tumelo Maluleke

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

Barriers influencing participation on employee health and wellness programmes at Seshego one-stop centre; Polokwane sub-district, Limpopo province

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
   a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
   b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
   c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   e. The approval is only valid for a 1-year period.
   f. If the proposal has been amended, a new approval should be sought from the Department of Health
   g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department   Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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Annexure D: Informed Consent Form

PART A:
Informed consent

Participant consent form

(For each participant, please read and understand the document before signing)

Research title

EMPLOYEES' BARRIERS INFLUENCING PARTICIPATION ON EMPLOYEE HEALTH AND WELLNESS PROGRAMMES AT SESHEGO ONE-STOP CENTRE; POLOKWANE SUB-DISTRICT, LIMPOPO PROVINCE

Introduction

This is an invitation to participate in the study as a volunteer. This is to help you decide if you would like to participate and should there be any questions please feel free to ask the researcher.

The purpose of the study

To explore and describe barriers influencing participation in Employee Health and Wellness programmes at Seshego One-stop Centre; Limpopo Province.

The sample of this study will be employees at Seshego One-stop Centre in the Department of Social Development, Polokwane Sub-District; Limpopo.

Before the study you will need to complete:

- This consent form and

- Short biographical information request

During the study you are free to withdraw from the study without giving a reason, and that participation is voluntary.

The aim of the study is to determine barriers influencing participation of the

employees in Employee Health and Wellness Programmes at the Seshego one-stop centre, Department of Social Development, Polokwane sub-district; Limpopo.

The study will take 3 months to complete.

Has the study received ethical approval?

This study will commence upon approval from the Turfloop Research Ethics Committee, Limpopo Provincial Department of Health and Health centres in the Polokwane sub-district area**.**

Rights of participants of the study

Participation is voluntary and you have a right to refuse participation in the study. Refusal to participate will not in any way influence any future relationships with the school or the interviewer.

Are there any risks

There are no risks attached.

Discontinuation of participants in the study

No pressure will be exerted on the participant to consent to participate in the study and the participant may withdraw at any stage without penalization.

Any financial arrangements

There are no financial resources that participants can benefit from the study, and the researcher is not going to receive any incentives.

Confidentiality

All information provided to the research team will be treated as confidential.

PART B:

Informed consent form to be signed by the participants

I hereby confirm that I have been informed by the investigator, **Tumelo Faith Maluleke** about the nature, conduct, benefits and risks of this study. I have also read the above information regarding this study.

I may withdraw my consent as well as my participation in the study and declare that I had sufficient opportunity to ask questions and therefore declare myself prepared to participate in the study

I agree to being screened, wear a mask, sanitize and keep a distance of 1.5 between myself and the researcher.

Participant's Name _____

Participant's signature _____

Date _____

Investigator's name _____

Investigator's signature _____

Date _____

I, Tumelo Faith Maluleke herewith confirm that the above participant has been informed fully about the nature of the study.

Witness name _____

Witness signature _____ **Date** _____

Annexure E: Semi-structured Interview Guide

Interview Guide

1. Demographic information of participants.

1.1. What is your gender?

Male		Female		Other	

1.2. What is your age?

18-35		36-54		55-65	

1.3. What is your educational level?

Certificate/Diploma/Degree		Post Graduate		Others	

1.4. What is your occupational category?

Social Auxiliary worker		Community Development worker		Social worker	

1.5. How many years have you worked in the department?

1-10		11-30		31- more	

Interview Questions

1. What do you think are the employees' barriers to participation in Employee Health and Wellness Programmes in Seshego One-stop Centre, Polokwane Sub-District; Limpopo Province?
2. What is your understanding of Wellness programmes?
3. How did you get to know about the wellness programmes?
4. Which of the services is rendered by your wellness programme?
5. How do you feel about the service?
6. Do you think that the wellness services are accessible in the Polokwane sub-district? Please motivate your answer
7. Do you feel that there is organisational support with regards to participation? Please motivate your answer
8. What are the benefits of participating in this programme?
9. What would motivate you to participate in the wellness programme at work?

10. What other suggestions do you have to improve the programme?

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!THANK YOU FOR YOUR PARTICIPATION!!

Annexure F: Examples of Transcripts as Narrated Verbatim by Participants

INTERVIEW TRANSCRIPT PARTICIPANT 01 (FEMALE, SOCIAL AUXILLIARY WORK WITH BETWEEN 11 AND 30 YEARS WORK EXPERIENCE)

	Questions and answers	Coding
Researcher	what is your understanding of wellness programs?	
Participant	Uhm, I think they are programs aimed at assisting employees within the government institutions; they look at assisting employees with their concerns. As much they'll be assisting other people with their concerns. But the program aims at assisting those employees of the department.	• Assistive programs for employees
Researcher	okay, how did you get to know about the wellness programme?	
Participant	uhm, I got to know about it because I think it's within our department for first, and the person who is appointed to work in that department is a Social worker. That is how I came to know about it.	• Knowledge of programme through the department
Researcher	did she come to you and tell you about the program or?	
Participant	no, I just knew about it. When we were introduced to her or when we heard that she has been appointed that is how I knew that we have that within the department.	• Knowledge through word of mouth
Researcher	which services are rendered by your wellness programme?	
Participant	ooh, I can't say I know much but I believe amongst others they offer financial guidance of some sort. I think they have HIV/AIDS section within that. I think they also have debriefing sessions, I'm not sure. I'm not that close to that I would not know	• Knowledge of services rendered
Researcher	with financial, what do you think they talk	

	about? Would you know what they talk about?	
Participant	I think, I attended a workshop where they invited someone from the financial services sector and they spoke about how one should manage their money, how investing is important. How one should put money so that it should work for them. They encouraged people of saving more than anything they encouraged people to save; they encouraged people not to use what they don't have. They said use what you have instead of relying on something that is not there because a lot of government employees tend to rely on loans or on credit cards using what you don't know where it's coming from and just knowing that one way of another it will be addressed and they will get their money because "I'm a government employee", something like that.	• Beneficial programme
Researcher	so besides that service, the one that you went for. Have you ever gone for any other kind of wellness programme?	
Participant	no	Knowledge of only one service
Researcher	and how do you feel about the service that was given to you on that day when you were doing the financial services?	
Participant	I think it was an eye opener and to an extent it's very real. That is what we are actually doing and until somebody comes and say "hey whatever that you're doing is, you're actually shooting yourself at the foot ". You never really get to reflect on that and say "hey I use credit cards and at the end of the day it's going to get back to me. I get into clothing accounts; I buy on account not knowing that I'm actually increasing a debt for a long time.	
Researcher	so how do you feel about the services in whole? Like wellness programmes. What do you think about the programme itself?	

Participant	It's a good programme; it's a good initiative by the department. And I think at least when they appoint somebody. They need to market the service so that people get those services. They market them and encourage people to attend those programmes because I think until people know about them and they get the confidence that I can actually go and speak to this particular person about a particular problem that I'm facing until them people will not know until I am certain that whatever that I share with this particular person will not be hang for public knowledge the I think more than anything they just need to market it and get it to people, and let people understand that whatever that is shared in that session is kept.	• Lack of marketing • Need for encouraging participation • Lack of trust in programme • Fears about confidentiality
Researcher	I hear you talking mostly about marketing. Do you feel that the programme is well marketed?	
Participant	I don't think that it is well marketed but from what I have heard, the Social worker that I'm talking about the one that is appointed I think she is forever on the road and I take it that she is marketing the service. And she is going to offices where she is, I believe she is selling the programme and atleast that way, people will get to know about the service.	Lack of marketing
Researcher	have you ever used any of the services?	
Participant	no I haven't used the services	• None usage of services
Researcher	what do you think your barrier is?	
Participant	you know, I firstly I work within the department. I would not feel relaxed in sharing my issues with a colleague that. And secondly, I think we have, generally have this thing where we are in a field where we are provide Social work services and it's to an extent where we never see ourselves as clients. We always see ourselves as the ones	• Seeing self as a professional and not a client • Fear around confidentiality

	providing services. And I always believe that whatever that I come across; I'm able to reflect on myself. Whatever service that I provide, at the back of my head. I'm always asking myself if there is a child who is in conflict with the law for example, what is it that I am doing to my children so that they don't end up where this child is ending up at all. I'm assisting a parent who is having a child who is having behavioral problems and me being a parent I always ask myself, what best can I do to avoid where she is so I do not end up being where she is. Do you understand?	
Researcher	yes, so you are reflecting on yourself during those sessions so you do not end up being like your clients?	
Participant	yes, so I do not end up finding myself going to those services	• Avoiding using the service
Researcher	so if I can summarize it, you never use the services because you feel like you are empowered through your clients	
Participant	I think so. I'm not saying that I am perfect and I am not saying that at some point somebody looking at me would not see the grey areas. Obviously everybody has those grey areas but I try as much as I can to pave the way to clean the path so that whatever services that I might need or whatever area that might be viewed as not okay I clean it before it get to that	• Avoidance of using the service
Researcher	Is that your only barrier to accessing the services?	
Participant	I think maybe if these services were offered within the private sector. I think maybe that way I would not have a problem going to a private Social worker who will be doing these services. I would not have a problem with that because then firstly that person would not	• Preference of outside practitioner •

	have any, that person would not be viewed as a colleague of mine. Even though they will be a colleague in a different environment but they would not be a colleague. My direct colleague, I would not have to pass or I would not have to see them regularly in workshops or on the passages, something like that.	
Researcher	would you say its issues of confidentiality?	
Participant	I think more than anything its confidentiality and secondly it's me having as much as this person would have told me that your information will be confidential and all of that. I would also have trust issues to say as much as this person assured me of confidentiality. How confidential is this person going to be. So it is more not about that person, it is more about me saying do I trust her that she would keep whatever that I divulged in that session. It is not about the second person, it is about me, more than anything it is about us having fear of what we divulge in them. That is why in most cases we prefer going private because of ourselves, because of trust issues that we have within ourselves	• Confidentiality concerns • Lack of trust in the programme • Preference of outside practitioner
Researcher	but if you wanted to access the services, do you think they are accessible enough?	
Participant	yes. Maybe because I am around Polokwane and our district office is just near. It's easy for me as opposed to somebody who may be in Bochum or something. For them to access an Employee health and wellness officer it means they would have to get transport and if they do not have a driver's license they would have to speak to their supervisor to arrange transport which is a problem within our Department. And for them to be taken from there to here is going to cost whoever who will be driving them from that side to this side and also it will not only be a once off thing. It means it will be a regular thing. Will that person who will be driving them be available	• Programme is accessible for others • Programme not accessible for some • Shortage of resources to access the programme • Cost of accessing the programme • Time constraints

	every time? So for me it's easily accessible.	
Researcher	what you are saying is that others might have a barrier of coming because it is costly, the time and the transport.	
Participant	yes of course	
Researcher	are the services beneficial?	
Participant	Yes, I think they are. Like the one that I'm citing to say that I attended. I think they are beneficial. I mean you get to learn about how best you use your money.	• Beneficial programme
Researcher	do you feel that there is organizational support with regards to participation? Do you feel that our leaders are supportive enough for us to participate in these programmes?	
Participant	oh, uhm	
Researcher	are they visible when it comes to these programmes?	
Participant	I think to some level they are, because of there is anything that is coming from that programme obviously it will via our supervisors. If for example there is a workshop from that section they make sure that they escalate the information or they bring the information down to us. Then if we are willing, we get to go. I think they arrange all the things which will maybe make it easier to access those programmes.	• Visible support from the organization with regards to participation
Researcher	in a way, it is accessible when you are closer and not when you are far?	
Participant	yes. And remember its services to employees as and when it comes to services with employees it is not as when it is services to people who are in need of those services. Like your clients. When its services to the clients it's different as to when its services to you as an employee of the department	• Feeling of not needing the program

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Researcher	what then would motivate you to attend? To go to a wellness practitioner of any wellness programme within the department?	
Participant	Maybe when I see that whatever social issue that I'll be facing is beyond my intervention, it's beyond my support's intervention. By my support I mean my family, my close friends. Maybe I would have shared whatever that I will be facing and I feel that they are not really assisting to the level that I want. Maybe then that's when I will go for those services. Until then, I think I'll just try as much as I can to deal with it in my own way through support from colleagues, support from family and spiritual support. If all those fail, then maybe that's when I will think of going there.	• Program seen as last resort • Stigma
Researcher	what suggestions do you have that can improve the programme?	
Participant	Like I said, it needs to be marketed as much as possible and maybe of those programmes can be taken down to employees who are on the ground. Because to be honest and fair what is happening on the ground and what is happening at the district office are two different things; people are seeing and they are facing so many challenges that are impacting their personal lives on a level beyond what you can think of. Somebody who is working in a deep rooted area, that person could be facing a lot of social issues that they will seriously benefit from these programmes. But because that person is not accessible, they are only at district office. Those people will not benefit.	• Programme needs marketing • Programme needs to be easily accessible
Researcher	thank you so much for your participation we have come to the end of our interview.	
Participant		

Annexure G: Co-Coder Certification

<div style="border: 1px solid black; padding: 20px;">

CO-CODER'S REPORT

To whom it may concern.

RE: CO-CODING CONFIRMATION: MALULEKE TUMELO FAITH

This letter serves to acknowledge that I **MAPHAKELA M.P**, have co-coded 14 transcripts for **MALULEKE TUMELO FAITH (201930185)** titled: **BARRIERS INFLUENCING PARTICIPATION IN EMPLOYEE HEALTH AND WELLNESS PROGRAMMES AT THE SESHEGO ONE-STOP CENTRE, POLOKWANE SUB-DISTRICT, LIMPOPO PROVINCE.**

The 3 themes and 7 sub-themes that emerged from the analysed transcribed data were agreed upon between myself and Ms Maluleke T.F.

For any enquiries please contact me :

Ms M. P. Maphakela

University of Limpopo: Student Health and Wellness Centre

Cell: 082 6978813

Tel: (015) 268 3502

E-mail: mahlodi.maphakela@ul.ac.za

UNIVERSITY OF LIMPOPO
TURFLOOP CAMPUS
2 3 APR 2021
STUDENT HEALTH CENTRE
PRIVATE BAG X1106, SOVENGA 0727

....
Signature

....
Date

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Annexure H: Language Editor's Letter

<div align="right">
P.O BOX 663

THOLONGWE

0734

22 April 2021
</div>

Dear Sir/Madam

This is to certify that the mini-dissertation entitled "Barriers Influencing Participation on

Employee Health and Wellness Programmes at Seshego One-Stop Centre, Polokwane Sub-District, Limpopo Province" by Maluleke Tumelo Faith (student number 201930185) has been edited and proofread for grammar, spelling, punctuation, overall style and logical flow. The edits were carried out using the "Track changes" feature in MS Word, giving the author final control over whether to accept or reject effected changes prior to submission, provided the changes I recommended are effected to the text, the language is of an acceptable standard.

Please don't hesitate to contact me for any enquiry.

Kind regards

Dr. Hlaviso Motlhaka (BEDSPF-UL, BA Hons-UL, MA-IUP: USA, PhD-WITS, PGDiP-SUN)

Cell number: 079-721-0620/078-196-4459
Email address: hlavisomhlanga@yahoo.com