A Needs Analysis of an Employee Wellness Programme: The case of the Financial Services Regulatory Authority (FSRA) of Swaziland.

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Integrative Summary

In 2010, the Financial Services Regulatory Authority (FSRA) of Swaziland noticed a significant increase in employee absenteeism which they discovered was related mainly to: poor health (sick leave), personal and financial stress (garnishee orders were increasing), and low staff morale, the consequence of which was low productivity and missed deadlines (FSRA, 2010:7). High levels of absenteeism meant that a sizeable number of employees were unable to complete their daily tasks (FSRA, 2010:7). Consequently, in 2011, the FSRA Human Resource Department started a wellness programme for all employees in the organization in an attempt to respond to the human resource challenges reported in 2009/10 financial year. By the end of 2012, FSRA management reported that the introduction of the EWP had not yielded the expected results. This therefore prompted management to request an evaluation of the FSRA employee wellness programme.

The aim of this research was to identify and prioritize the needs of employees in terms of requirements of a wellness programme and how it should be delivered. The specific objectives of the study are as follows: to identify the wellness needs of employees, to identify employee preferences in terms of the type of interventions to be included in a wellness programme, to identify the preferred mode of delivery of the wellness programme and to make recommendations to management on the design of a wellness programme.

Questionnaires with closed ended questions were used to collect data for this survey. The questionnaire used is attached as Appendix A. By means of a needs analysis survey, this research was designed to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. About 70% of FSRA employees participated in the survey. The respondents completed the questionnaire and submitted it online over a period of 10 working days (2 weeks).

This report is structured into three sections, namely; section one, which is the evaluation report that gives details of the importance of the study, highlights research methods and

then present the results, discussions and recommendations. Section two deals with the literature review while section three reports on the research methodology, research design and procedures and the limitation of the study.

In light of the findings on the wellness needs of employees, 72% of the respondents felt the current wellness programme was very inadequate and a further 10% added that it was inadequate in addressing their wellness needs largely because the needs were not known.

The most important wellness needs identified included: exercise, nutrition, personal hygiene, disease awareness and treatment of illness, coping with stress, coping with workload, ventilation, safety, bereavement, personal debt, and retirement planning. The most preferred wellness interventions that respondents proposed include Flexible Work Schedule, Safe Workplace, Improved Ventilation, Retirement Planning Advice and Gymnasium. Further analysis done using correlation analysis indicated that there was a significant positive relationship between the wellness needs and the wellness interventions.

Concerning the delivery of the wellness programme, most of the employees indicated that outsourcing certain services was better than having them in house. The highest ranking of the services for out sourcing were nutrition education and medical checkups that ranked between 82% and 75% respectively. The respondents indicated that they want almost all the chosen interventions to be outsourced.

Time slots should also be taken into consideration to ensure employee participation in the wellness programme services. The respondent FSRA employees seem to prefer interventions of an educational nature to be during the lunch hour. These include Nutrtion Education, Health Education, Hygiene Education and Medical Check ups and Treatment, whereas Gymnisium was preferred to be after working hours.

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SECTION 1: THE EVALUATION REPORT

Executive Summary

In 2010, the Financial Services Regulatory Authority (FSRA) of Swaziland noticed a significant increase in employee absenteeism. High levels of absenteeism meant that a sizeable number of employees were unable to complete their daily tasks (FSRA, 2010:7). Consequently, in 2011, the FSRA Human Resource Department started a wellness programme for all employees in the organization in an attempt to respond to the causes of absenteeism.

By means of a needs analysis survey, this research seeks to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. The results of this survey will be used to make recommendations to management on the preferred EWP needs and delivery modes.

This research used a survey method to collect primary data by distributing an online, self-administered questionnaire to all 41 FSRA employees. Respondents were asked to rate their wellness needs, preferred interventions, mode of delivery and preferred time slots for the delivery of the wellness services. The popular wellness needs indicated include exercise (92%), retirement planning (75%), nutrition (72%), personal hygiene & treatment of illness (72%), coping with workload ventilation (72%), and stress (69%), as well as safety (69%), while popular interventions included: gymnasium (79%), safe work space (65%), medical check-ups and treatment (62%) as well as nutrition education (58%). Over 90% of the respondents wanted most the interventions to be out sourced.

When implementing the FSRA EWP, priority should be given to the wellness and intervention that were indicated as very important to the respondents, starting with the most popular wellness needs and interventions.

1.1 Introduction

Increasingly, employers are offering employee wellness programmes in an effort to make the work environment a better place. They intend to promote the overall health of employees at the workplace in terms of their physical, intellectual, social, occupational, emotional, and financial wellbeing (Ballard, 2009:367).

The effects of an Employee Wellness Programme (EWP) alters unhealthy behaviours of individuals that occur at home and at the workplace which are a risk to the employee's health and may subsequently affect work performance and hence reduce productivity (Conrad & Walsh, 1992:96, Pillay & Terblanche, 2012:230). Furthermore, the potential benefits of a EWP include: improvement in productivity, decreased absenteeism, increased morale, improved performance, reduction in company contributed medical costs, a reduction in human resource development costs, improved corporate image, decreased turnover, and increased staff satisfaction (Conrad & Walsh, 1992:98, Rosen, 1999:1).

1.2 Importance of the study

Many organizations in Swaziland have introduced wellness programmes in their respective workplace in response to increasing absenteeism and poor work performance related to: ill-health, low staff morale, personal and financial stress, and substance abuse (Swaziland Wellness Centre, 2011: 4).

In 2010, the Financial Services Regulatory Authority (FSRA) of Swaziland noticed a significant increase in employee absenteeism which they discovered was related mainly to: poor health (sick leave), personal and financial stress (garnishee orders were increasing), and low staff morale, the consequence of which was low productivity and missed deadlines (FSRA, 2010:7). High levels of absenteeism meant that a sizeable number of employees were unable to complete their daily tasks (FSRA, 2010:7). Consequently, in 2011; the FSRA Human Resource Department started a wellness programme for all employees in the organization in an attempt to respond to the human

resource challenges reported in 2009/10 financial year. The FSRA wellness programme included paying for gymnasium facilities for employees, and inviting external speakers to make presentations to employees on a monthly basis on HIV/AIDS and other health-related topics. However, by the end of 2012, FSRA management reported that the introduction of the EWP had not yielded the expected results. This therefore prompted management to request an evaluation of the FSRA employee wellness programme.

By means of a needs analysis survey, this research was designed to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. The results of this survey were used to make recommendations to management on the preferred EWP needs and delivery modes.

1.3 Research aim and objective

The aim of this research was to identify and prioritize the needs of employees in terms of a wellness programme and how it should be delivered.

The specific objectives of the study are as follows:

a) To identify the wellness needs of employees.
b) To identify employee preferences in terms of the type of interventions to be included in a wellness programme.

c) To identify the preferred mode of delivery of the wellness programme.
d) To make recommendations to management on the design of a wellness programme.

1.4 Literature Review

World Health Organization (WHO) was the first to define wellness, over 50 years ago, as “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”. This marked the beginning of the conceptualization of wellness (WHO as cited in SDHS, 2007). WHO further clarified the definition noting that to reach a state of health an individual or a group must be able to realize aspirations and satisfy needs and to change or cope with the environment (Myers *et al.* 2005; Panelli & Tipa; 2007; Swaziland Wellness Centre; 2011).

Increasingly, employers are offering employee wellness programmes in an effort to make the work environment a better place. They intend to promote the overall health of employees at the workplace in terms of their physical, intellectual, social, occupational, emotional, and financial wellbeing (Ballard, 2009:367).

In broader terms, an employee wellness programme (EWP) is a strategic employer-sponsored programme that is designed to support employees and their families as they adopt and sustain behaviours that reduce health risk, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line (Berry *et al.*, 2010:4; Benavides & David, 2010: 294; Goetzel & Ozminkowski, 2008:304; Kirk & Brown 2003:138).

The effects of a EWP can be seen when the unhealthy behaviours of individuals that occur at home and at the workplace and which are a risk to the employee’s health and may subsequently affect work performance and hence reduce productivity, are altered (Conrad & Walsh, 1992:96, Pillay & Terblanche, 2012:230). Furthermore, the potential benefits of a EWP include: improvement in productivity, decreased absenteeism, increased morale, improved performance, reduction in company contributed medical costs, a reduction in human resource development costs, improved corporate image, decreased turnover, and increased staff satisfaction (Conrad & Walsh, 1992:98, Rosen, 1999:1).

An employee wellness programme can have up to eight fundamental elements namely: physical, emotional, social, intellectual, spiritual, occupational, environmental, and multicultural (Swarbrick; 2006:1, Breslow & Smothers; 2005). These dimensions typically address various wellness components such as: physical fitness, stress management, psychological, financial and emotional counseling, nutrition and dietary needs, alcohol and substance dependency programmes (Benavides & David, 2010: 294, Goetzel & Ozminkowski, 2008:304, Pillay & Terblanche 2012:230).

According to Racette & Deusinger (2009), modes of delivery that can be considered by a company when starting a EWP include an in-house EWP option, outsourcing the delivery of a EWP, cost sharing for EWP between employer and employees, and the time slots in which the EWP services can be delivered, such as during working hours, during lunch, after work or over the weekend.

In-house service provision of the EWP refers to a situation in which a company makes available its own resources to provide services for its employees without external assistance. The availability of skilled personnel and suitable facilities contribute to the success of a wellness programme that is provided in-house (Arthur 2000: 549-559). On the other hand, outsourcing is the transfer of the provision of services to an external organization, usually under a contract with agreed standards, costs, and conditions (Ballard, 2009:367-384). Organizations need to assess their capacity to provide the EWP components in-house versus having a qualified service provider who can efficiently provide these services to employees (Arthur 2000: 549-559, Atkinson 2000:42-48).

Time slots for the EWP refer to the schedule for employees to access the wellness programme. Organizations that have seen success in their EWP are those who dedicate time either during the working week, or at least monthly for employees to access EWP services (Arthur 2000: 549-559). This may also take the form of events such as wellness days, sports days or family days that are sponsored by the company (Arthur 2000: 549-559, Henke & Goetzel; 2011).

1.5 Research Method

This research adopted a quantitative research approach and took the form of a survey. Questionnaires with closed ended questions were used to collect data for this survey. The questionnaire used is attached as Appendix A. The survey questions used a Likert response scale to measure the respondents' views about; their wellness needs, the preferred interventions and their preferred delivery modes. The questionnaires of the survey were distributed to respondents through emailing a link to the online questionnaire. All forty-one (41) FSRA employees were invited to participate in the survey. The respondents completed the questionnaire and submitted it online over a period of 10 working days (2 weeks).

Respondents were expected to indicate the levels of importance of each wellness needs using a ranking scale of 1 to 5; 1 represented "very important", 2 = "important", 3 = "neutral", 4 = "not important" and 5 = "not important at all. The respondents had to select their most important wellness needs from a list of options. The wellness needs with high frequency of "very important" responses were then followed up in terms of the preferred interventions to address the need and the time and delivery modes of choice.

1.6 Results

The results are structured according to: employee's views on the current wellness programme, identification of employee's wellness needs, preferred interventions, preferred modes delivery, and preferred time slots.

1.6.1 Views on current wellness programme

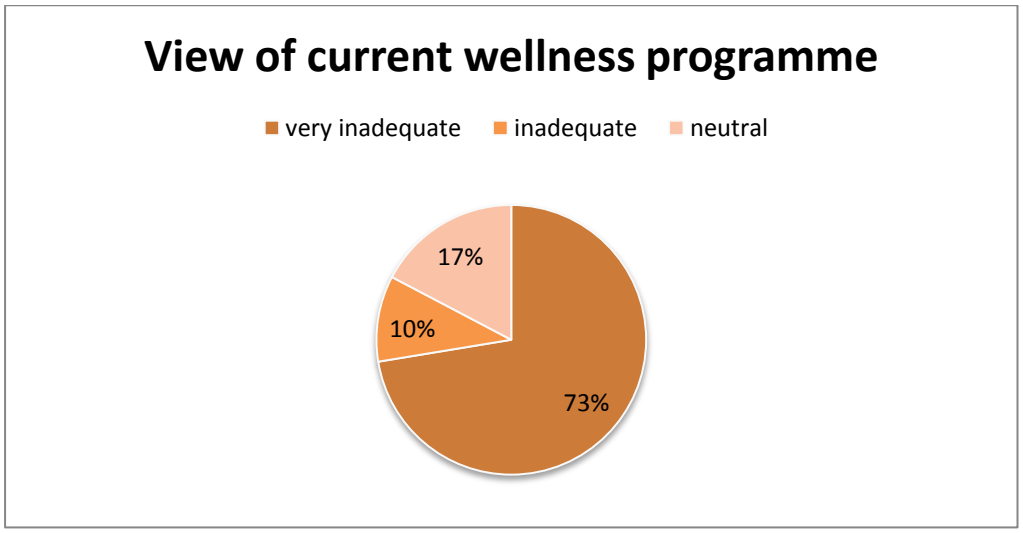
In the first question, the respondents were asked to rate the current wellness programme as previously described. According to the findings, 72.4% of the respondents viewed the current FSRA wellness programme as very inadequate, 10% viewed the current wellness programme as just inadequate while 17.3 % of the respondents were neutral in their perception of current wellness programme.

Table 1.1: Respondents' View of the Current Wellness Programme

Rank	Frequency	Percentage	Accumulative frequency
Very inadequate	21	72.4	72.4
Inadequate	3	10.3	82.8
Neutral	5	17.3	100
Total	29	100	

It is evident from these findings that the current FSRA wellness programme was seen to be deficient, with no one rating it favourably .Table 1.1 and Figure 1.1 show these results.

Figure 1.1: Respondents' view of the current wellness programme



1.6.2 Wellness needs

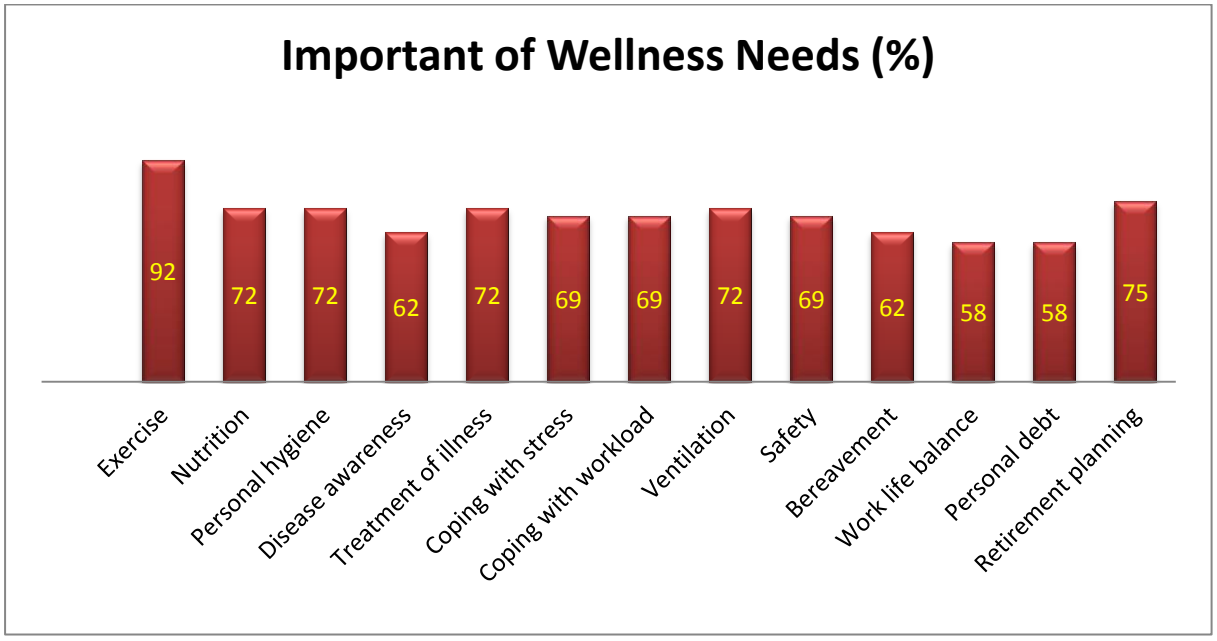
The questionnaire listed a number of possible wellness needs and required respondents to rate the level of importance of each. These wellness needs were related to: exercise, nutrition, quitting alcohol, quitting drugs, quitting smoking, personal hygiene, disease awareness and prevention, treatment of illness, healthy weight control, coping with

stress, coping with work load, adequate air circulation, safety, work social events, creating and maintaining work relationships, coping with bereavement, self-esteem, balance between work and family, personal debt management, personal finance management, retirement planning and coping with financial stress.

Respondents were expected to indicate the level of importance of each wellness needs using the Likert scale presented in preceding sections. Figure 1.2 below shows the choice of very important category in percentages (%).

For the purposes of this study, only responses from the very important category were considered because those will be the ones to be recommended to management for first preference in implementation,

Figure 1.2: Results of very important category of Wellness needs in percentages



Amongst the 23 wellness needs that were presented, there were 13 variables that were indicated to be very important amongst the respondents with score of above 50% each. These include: exercise, nutrition, personal hygiene, disease awareness and treatment

of illness, coping with stress, coping with stress, coping with workload, ventilation, safety, bereavement, workplace, personal debt, and retirement planning. 92% of the respondents rated physical exercise as a very important wellness need, followed by retirement planning with 75%, then 72% which included: nutrition, hygiene, treatment of illness, and ventilation. Furthermore, 69% of the respondents indicated that coping with stress, coping with work load, and safety was also very important. The data also indicates that 62% of the respondents felt that disease awareness and bereavement were very important wellness needs amongst FRSA employees while 58% of the employees indicated that work-life balance and personal debt marked up the top 13 very important wellness needs amongst FSRA employees.

1.6.3 Preferred wellness interventions

Figure 1.3: Results of the Very important category for preferred wellness interventions

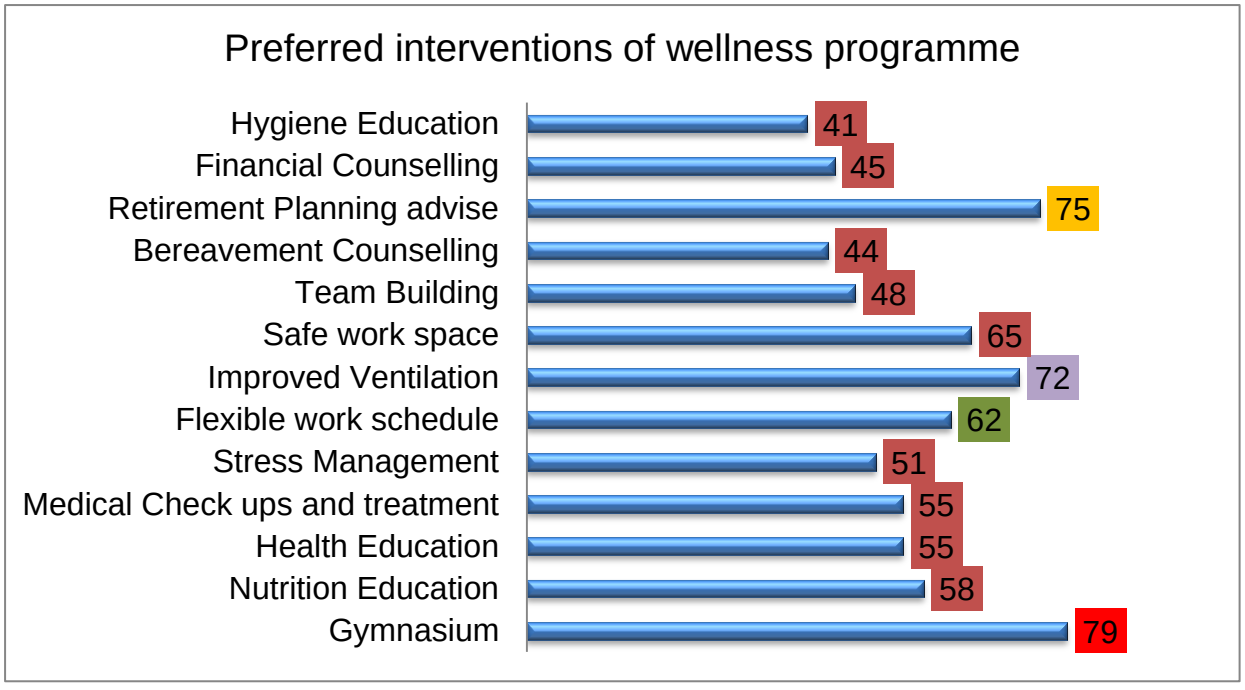


Figure 1.3 indicates that most of the respondents for the wellness programme at FSRA preferred Flexible Work Schedule (62%), Safe Work Place (65%), Improved Ventilation (72%), Retirement Planning Advice (75%), and Gymnasium (79%).

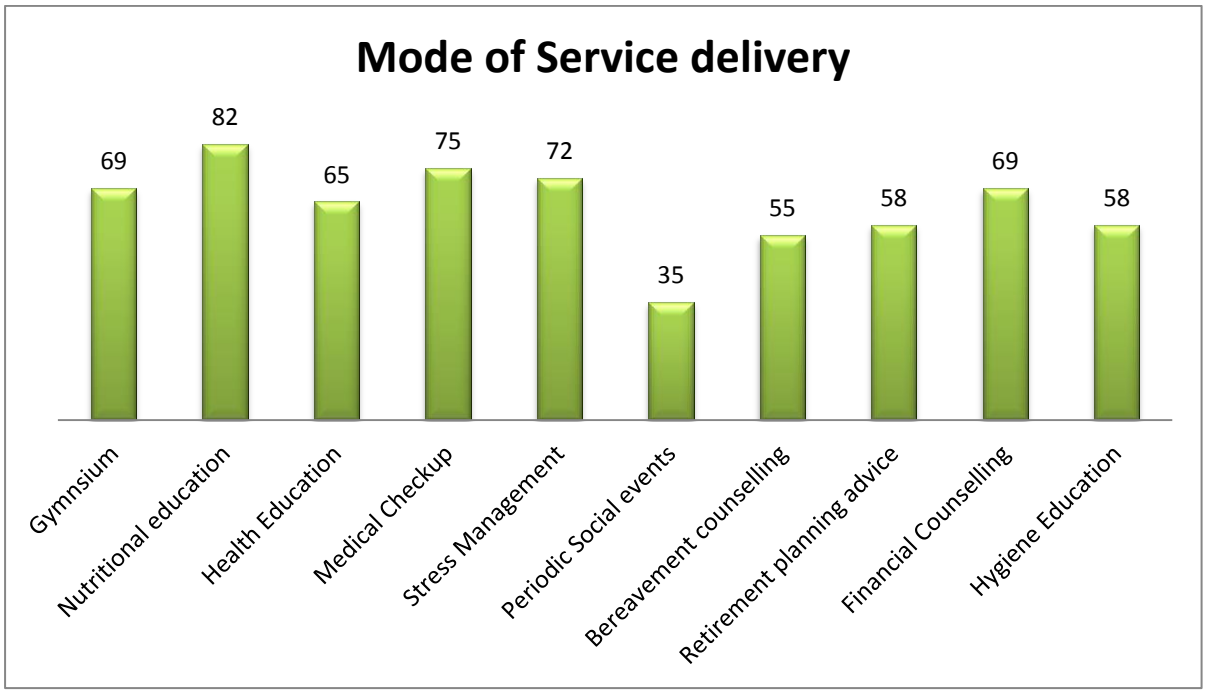
1.6.4 Mode of delivering the wellness services

Having selected the preferred wellness interventions that would correspond to their wellness needs of choice as indicated in section 1.6.1, respondents were asked to indicate how they would wish the wellness interventions to be delivered. The researcher's objective was to identify the preferred mode of delivery for the wellness programme as per the objectives of the study. The respondents were presented with two options of in-house and outsourced and they were expected to indicate the delivery mode of choice for each variable (wellness interventions).

However, the highest frequency of respondents amongst the variables indicated outsourcing as the preferred mode of delivery for most of the wellness interventions that were presented to them. Figure 1.4 shows how each variable was selected for the outsourced option. Over 82% of respondents indicated that they would prefer nutrition education outsourced, whereas 75% indicated that medical checkups was to be outsourced.

Conclusively, for all the services that can potentially be introduced as wellness interventions, the respondents indicated that it would be ideal if they could be out-sourced. The proportions of respondents highlighting the preference for outsourced services are presented in **Error! Reference source not found.**. The Figure indicates that less than 60% (or 3 in 5) of the respondents would prefer outsourced services for periodic social events (35%); bereavement counseling (55%); retirement planning advice (58%) and hygiene education (58%).

Figure 1.4: Results of preferred delivery mode for the EWP



1.6.5 Preferred time slots

After selecting the most important wellness needs, the preferred interventions and the mode of delivery; the respondents were then asked to indicate their preferred time slots for the delivery or to access the wellness interventions. The purpose of this section was to identify the preferred time slots for each variable that would work best for the employees to access the interventions.

Table 1.2 below shows the distribution of responses according to preferred time slots for each type of intervention. The time preferences were widely distributed amongst the three options namely; during lunch hour, after work hours, and on the weekend. Most common time slots preferred by the respondents were during lunch hours and after work hours. This differs for each component of the wellness programme and was mainly determined by the intervention option given. Some interventions are favourable for

weekends, some for lunch hour while others for after working hours. Respondents preferred interventions like gymnasium, and bereavement counseling to be implemented after work hours as indicated by 90%, and 50% respectively.

There were varying proportions highlighting different times for the delivery of the different interventions. Hence, 90% indicated their preference for the gymnasium after hours with only 6 % preferring the lunch hour. This could be related to the need to change before going to the gym and taking a shower thereafter, which would not be feasible during lunch time. The physical exhaustion that comes with the gym exercises may also not be conducive for job performance beyond lunch time.

Table 1.2: Preferred time slots for wellness services (%)

	Delivery/ Implementation Time		
Intervention	**During lunch**	**After work hours**	**Weekends**
Nutrition Education	84	13	3
Health Education	80	7	13
Hygiene Education	70	10	20
Retirement planning advice	63	23	14
Medical checkups and treatment	60	10	30
Stress Management	56	28	16
Bereavement counseling	40	50	10
Financial counselling	40	40	20
Periodic social events	23	31	46
Gymnasium	6	90	4

Respondents seem to prefer interventions of an educational and medical nature to be held during the lunch hour. These interventions include nutrition (84%), health (80%) and hygiene (70%) education, as well as retirement planning (63%), medical checkups and treatment (60%, **Table 1.2**). The workers can therefore attend the information or education sessions and still be able to return to their workstations and perform effectively afterwards.

The questionnaire used a 5 point Likert scale ranging 1=very important to 5=not important, to assess wellness needs. The findings are summarized in Table 1.3Table 1.3 showing the descriptive statistics associated with the needs. A mean value less

than 3.0 is therefore indicative of a need perceived as important; otherwise the value is interpreted to mean that the need was perceived not to be important. The table also shows the proportions of the respondents that highlighted either the needs as very important.

Table 1.3: Descriptive statistics of respondents perceptions of their wellness needs

	Wellness needs	*n*	Mean	SD	CV (%)	VI (%)
1.	Exercise	29	1.10	0.41	37	90.0
2.	Nutrition	29	1.24	0.51	41	76.7
3.	Safety	29	1.31	0.47	36	66.7
4.	Coping with Workload	29	1.34	0.55	41	66.7
5.	Ventilation	29	1.34	0.61	46	66.7
6.	Personal Hygiene	29	1.38	0.73	53	70.0
7.	Treatment of Illness	29	1.38	0.82	59	70.0
8.	Retirement Planning	29	1.41	0.87	61	66.7
9.	Programme View	29	1.45	0.78	54	70.0
10.	Coping with Stress	29	1.45	0.78	54	50.0
11.	Disease Awareness	29	1.52	0.87	57	60.0
12.	Weight Control	29	1.66	0.9	54	70.0
13.	Coping with Financial stress	25	1.72	1.02	59	33.3
14.	Work social events	29	2.00	0.93	46	70.0
15.	Quit Alcohol	29	2.28	1.58	69	50.0
16.	Quit Drugs	29	2.28	1.62	71	50.0
17.	Quit Smoking	29	2.34	1.63	70	50.0

VI= Very Important; **SD**=standard deviation; **CV**=co-efficient of variation

Table 1.3 shows that amongst the top 10 wellness needs which were rated as very important (Mean<1.50) by at least 2 in 3 (66.7%) of the respondents were exercise, nutrition, safety, coping with workload and stress, personal hygiene & treatment of illness, ventilation as well as retirement planning.

The analysis applied to information on the wellness needs as presented in Table 1.3 was also applied to information on the interventions, and the findings are summarized in Table 1.4.

Table 1.4: Descriptive statistics of respondents perceptions of their wellness interventions

Interventions	Mean	SD	CV (%)	VI (%)
1. Gymnasium	1.24	0.51	41	79.3
2. Nutrition Education	1.41	0.50	35	56.7
3. Improved Ventilation	1.45	0.83	57	70.0
4. Safe Work Space	1.45	0.69	47	66.6
5. Medical Check-ups and treatment	1.48	0.57	39	53.3
6. Flexible Work schedule	1.52	0.74	49	60.0
7. Health Education	1.55	0.51	33	43.3
8. Employee Motivation	1.55	0.74	47	56.7
9. Retirement Planning	1.55	087	56	60.0
10. Team Building	1.59	0.63	40	46.7
11. Stress Management	1.62	0.78	48	50.0
12. Safety Guidelines	1.66	0.72	44	43.3
13. Bereavement Counselling	1.83	0.89	49	43.3
14. Weight Control	1.90	1.11	59	46.7
15. Hygiene Education	1.90	0.90	47	36.7
16. Financial Counselling	1.90	1.01	53	43.3
17. Periodic Social Events	2.00	1.04	52	36.7
18. Drug Abuse Intervention	2.29	1.41	62	40.0
19. Financial Education	2.45	1.45	59	30.0
20. Smoking Cessation	2.69	1.47	55	30.0
21. Alcohol Abuse Intervention	2.76	1.57	57	33.3

VI= Very Important; **SD**=standard deviation; **CV**=co-efficient of variation

The information presented in the table indicates that the gymnasium, nutrition education; safe work space as well as medical check-ups and treatment are the top 5 wellness interventions rated generally as very important (Mean<1.50, very important).

1.6.6 Key interventions

The Pearson Correlation coefficient was used to test for relationships between the top 5 high rating needs and their theoretically related interventions at a significance level of 0.05. The outcome of the analysis shows negligible to low associations between the needs and interventions (Table 1.5).

Table 1.5: Correlation between high rated wellness needs and corresponding interventions of the wellness programme

Wellness Needs	Correlations	Wellness Interventions				
		Gymnasium	Nutrition Education	Hygiene Education	Medical Checkups and treatment	Retirement Planning Advice
Exercise	Pearson Correlation p-value N	-0.129 0.514 28				
Nutrition	Pearson Correlation p-value N		0 0.10 28			
Personal Hygiene	Pearson Correlation p-value N			-0.10 0.613 28		
Treatment of Illness	Pearson Correlation p-value N				-0.24 0.218 28	
Retirement Planning	Pearson Correlation p-value N					0.055 0.782 28

NB. All correlational values statistically significant at P<0.05 using Pearson Correlation (2 tailed)

The negligible to low associations between the needs and theoretically related interventions indicate that the respondents who rated the 5 top wellness needs as very important did not rate the corresponding preferred interventions as very important. This suggests that even though the respondents viewed the top five wellness needs as very important they also seemed to indicate that the suggested interventions were not what they would prefer as interventions to address the need. For example, in the case of the need for Exercise, the Pearson correlation test shows a p-value > 0.5 (0.514) which indicates there is no significant correlation between the need for Exercise and the Gymnasium. This suggests that Gymnasium is not necessarily an intervention the respondents would prefer to address their need for Exercise. Even though most of the respondents (79%) would like to have a Gymnasium, they do not necessarily see it as a solution to their need for Exercise, and seem to be looking for a different type of exercise intervention. Given the limited number of interventions that could be included in the survey, the exact form that this exercise should take, is not known.

In the case of Nutrition as another high rated need, again the Pearson Correlation test revealed that there was no relationship between Nutrition and Nutrition Education as the test gave a p-value (1)> 0.05. This suggests that the respondents do not view Nutrition Education as a preferred intervention for their Nutrition need. On the same note, respondents who rated Personal Hygiene as a very important need did not rate Hygiene Education as a very important intervention to address their Personal Hygiene needs. This is indicated by the Pearson Correlation test which revealed that at 0.05 level of significance the p-value is 0.613 which is >0.05 thus concluding that there is no evidence of a relationship between Personal Hygiene and Hygiene Education. It seems people may be already educated or have information nutrition and hence may be eating healthy. This may be tracked through the canteen to see if employees are now buying health food or demanding that the canteen provides healthy meals. The study did not go to the extent of looking into other nutrition interventions options beside Nutrition Education.

When testing the relationship between Treatment of Illness and Medical check-ups, the correlation test again gave a p-value (0.218) >0.05 to suggest that there is no significant relationship between the need and the intervention even in this case. This result concludes that the respondents did not favour Medical Check-ups and Treatment as a preferred intervention for their Treatment of Illness need. This may suggest that employees want to see their private doctors rather than a company appointed one when ill, but are happy for a company doctor to do the basic wellness check.

Lastly, in the case of Retirement Planning need and Retirement Planning Advice the correlation results showed that there is no significant relationship between the need and the interventions. The correlation test gave 0.782 as a p-value that is greater than 0.05 and hence validating the fact that the respondents do not consider Retirement Planning Advice as an intervention for their Retirement Planning need. It seems employees do acknowledge the need of Retirement Planning but may prefer another intervention rather than Retirement Planning Advice. This suggest that the company should look into other options available in the market to address the need for Retirement Planning rather than the one suggested in this survey

1.7 Discussion and conclusions

1.7.1 The FSRA employee wellness programme

This research used a needs analysis survey to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. Questionnaires with closed ended questions were used and the respondents rated the wellness needs according to their perceived importance from a provided list of options. The highly rated wellness needs were then associated with preferred or highly rated interventions and delivery modes.

In light of the findings on the wellness needs of employees, the top 10 wellness needs for the employees which were rated as very important (Mean<1.50) by at least 2 out of 3 (66.7%) of the respondents were exercise, nutrition, safety, coping with workload and

stress, personal hygiene & treatment of illness, ventilation as well as retirement planning. These findings are in line with the common wellness needs in the work place (Benavides & David; 2010, Goetzel & Ozminkowski; 2008, Neydeck *et al*, 2008), which includes components such as: physical fitness, stress management, psychological, financial and emotional counseling, nutrition and dietary needs, alcohol and substance dependency. The respondents also indicated that their top five wellness needs (based on the means that were less than 1.50) were gymnasium, nutrition education; safe work space as well as medical check-ups and treatment. This finding is in agreement with Ballard (2009) who stated that before a wellness programme is implemented a needs assessment must be done to establish the needs of the employees and also to have a buy-in of the employees.

The Pearson correlation test result shows that all the top 5 wellness needs do not correlate with the theoretically related interventions. The respondents who rated the needs as very important did not rate the corresponding interventions as very important. This may suggest that there may be other interventions that can be preferred by the respondents for their most rated wellness needs which were not provided or covered in the options given in this survey and this study did not go to the extent of establishing such facts. This is important in the interpretation of the study findings, the conclusion reached and the recommendations as well as the adoption of such recommendation. The results therefore highlights a need to further investigate the real preferred interventions for the most highly rated needs other than the options that were provided in the questionnaire for this survey.

Follow up research can be done in a form of focus group discussions where respondents can discuss in detail their preferred wellness interventions to their indicated wellness needs. For example, one may realise the need for exercise to deal with related health issues but they may not necessarily consider the gymnasium as the most relevant intervention (Osilla & Busum; 2011, Pillay & Terblanche; 2012). A similar case is likely even with the other four highly rated needs.

Based on the findings of this survey it can be concluded that the highlighted top wellness needs and interventions must be considered when formulating a wellness programme at the FSRA. This will be beneficial to both the employer and the employees. The potential benefits of implementing a EWP include: improvement in productivity, decreased absenteeism, increased morale, improved performance, a reduction in company contributed medical costs, a reduction in human resource development costs, improved corporate image, decreased turnover, and increased staff satisfaction (Conrad & Walsh, 1992:98, Rosen, 1999:1, Siegal & Prelip, 2010). Hence the needs rated as very important are indeed important and need to be addressed. Also, there were a significant proportion of employees rating several interventions as very important which suggests that if these interventions were adopted, they would find value amongst the respondent employees.

1.7.2 Model of delivery and time slots of the wellness programme

Concerning the delivery of the wellness programme, most of the employees indicated that outsourcing certain services was better than having them in house. The highest ranking of the services for out sourcing were nutrition education and medical checkups that ranked between 82% and 75% respectively.

The respondents indicated that they want almost all the chosen interventions to be outsourced. The highest frequency of respondents indicated outsourcing as the preferred mode of delivery for most of the wellness interventions that were presented to them. Figure 1.4 shows how each variable was selected for the outsourced option. Over 82% of respondents indicated that they would prefer nutrition education outsourced, whereas 75% indicated that medical checkups was to be outsourced. Based on this finding outsourcing is the most preferred method of implementing the wellness programme for FSRA. Tu and Mayrell (2010) support this finding when they stated that some elements or components of the wellness programme must be provided with the

help of recognized professionals such as nutritionists, medical personal, psychologist and professional financial planners or counsellors.

Participants were also requested to indicate the most suitable time for the delivery of the wellness interventions. The most preferred time for gymnasium sessions (90%) was indicated to be after hours and only 6 % of the respondents indicated they would prefer the lunch hour. This is thought to be related to the need to change before going to the gym and taking a shower thereafter. In agreement with these results, Mujtaba and Cavico (2013) stated that there is a need for workers and employers to explore accessing and participating in wellness activities during extended non-working hours like after work and/or on weekends. In contrast, the respondent FSRA employees seem to prefer interventions of an educational nature to be during the lunch hour.

1.8 Recommendations

- When implementing the FSRA employee wellness programme priority should be given to the top 5 wellness needs which include Exercise, Nutrition, Personal Hygiene, Treatment of Illnesses and Retirement Planning. These were rated as very important by the respondents and hence they need to be addressed in order for the wellness programme to find value.

- In order for the wellness programme to have value, FSRA should consider conducting another investigation or research to establish the real preferred interventions for the priority wellness needs. (As respondents did not prefer the interventions options provided in this survey). Follow up research must be done in a form of focus group discussions where respondents can discuss in detail their preferred wellness interventions to their indicated wellness needs. This will help to find interventions that will find value among the employees.

- The FSRA programme should consider implementing Gymnasium and Retirement Planning Advice because they were indicated as very important intervention rating 79% and 75% respectively.

- Time consuming and exhausting components like gymnasium, should be implemented after working hours, while Retirement Planning Advice should be conducted during lunch hour.

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Section 2: Literature review

2.1 Introduction

The concept of wellness began after the end of World War II largely because society's health needs changed. Advances in medicine and technology meant vaccines and antibiotics reduced the threat of infectious diseases which until that time had been the leading cause of dead. Instead, chronic and lifestyle illness (heart disease, diabetes, cancer etc.) associated with numerous stressors in life and the workplace became the primary health concern (Corbin & Pangrazi, 2001). This introduced an expanded concept of health and wellness as encompassing all aspects of the person (mind, body and spirit) (Panelli & Tipa, 2007).

Since its time of discovery, wellness as concept of health and well-being has been defined differently by several advocates who have attempted to define and filter out major concepts around the meaning of wellness as a social concern (Osilla & van Busum 2012). In most cases it has been argued that wellness is subjective, inherently has a value judgment about what it is and what it is not, and that an accurate definition and measurement of the construct is difficult (Osilla & van Busum; 2012, Jonas, 2005). By this notion, it can be stated that, these advocates have conceptualized wellness on a variety and not as an end state (Jonas, 2005, Myers et al., 2005).

World Health Organization (WHO) was the first to define wellness, over 50 years ago, as "a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity", this marked the beginning of the conceptualization of wellness (WHO as cited in SDHS, 2007). WHO further clarified the definition, noting that to reach a state of health an individual or a group must be able to realize aspirations and satisfy needs and to change or cope with the environment (Panelli & Tipa; 2007, Myers *et al* 2005, Swaziland Wellness Centre, 2011). Furthermore, Dunn (1977) as cited by Myers *et al* (2005) emphasizing the varying degrees of wellness and its interrelated, ever-changing aspects. Myers *et al* (2005) detailed the interconnected

nature of wellness of the mind, body, and environment, which exists as a dynamic equilibrium as one tries to balance his or her life. The notion of wellness corresponds and interrelates to well-being, quality of life, life satisfaction and happiness, therefore; Wellness reflects how one feels about life as well as one's ability to function effectively, a positive total outlook on life is essential to wellness and each of the wellness dimensions (Naydeck *et al*; 2008, Anshel 2010). A well person is satisfied in his or her work, is spiritually fulfilled, enjoys leisure time, is physically fit, is socially involved and has positive mental outlook (Anshel 2010, Baicker 2010). The expanded view of wellness allowed the development of preventive health measures and a focus on optimal health as practitioners address the whole person and consider the causes of lifestyle illnesses rather than their symptoms (Isnar, 2011).

Wellness can also be viewed from the central areas of having a strong sense of identity, a reality-oriented perspective, a clear purpose in life, the recognition of a unifying force in one's life, the ability to manage one's affairs creatively and maintain a hopeful view, and the capability of inspired, open relationships (Kindig; 2007, Myers *et al*., 2005, Panelli & Tipa, 2007).

Towards the end of the last millennium, wellness began to be conceptualized from a systems approach where all subsystems have their own elements and are an essential part of the larger system (Adams, *et al*, 1997; Sackney *et al*, 2000, Myers *et al,* 2005). In this case, the focus is being denoted to be "health" and the subsystems that support the core element may include: physical, cultural, psychological, environmental, emotional, social, intellectual, and spiritual dimensions (Myers *et al,* 2005).

Wellness has been recognized and developed as the positive component of optimal health as evidenced by a sense of well-being reflected in optimal functioning, a good quality of life, meaningful work and a contribution to society (Kirsten *et al;* 2009). Wellness allows the expansion of one's potential to live and work effectively and to make a significant contribution to society (Myers *et al,* 2005).

2.2 EMPLOYEE WELLNESS PROGRAMME

Increasingly, employers are offering employee wellness programmes in an effort to make the work environment a better place. They intend to promote the overall health of employees at the workplace in various aspects such as: physical, intellectual, social, occupational, emotional, and financial wellbeing (Ballard, 2009:367).

In broader terms, an employee wellness programme (EWP) is a strategic employer-sponsored programme that is designed to support employees and their families as they adopt and sustain behaviours that reduce health risk, improve quality of life, enhance personal effectiveness, and benefit the organization's bottom line (Berry *et al*, 2010:4; Benavides & David, 2010: 294; Goetzel & Ozminkowski, 2008:304; Kirk & Brown 2003:138).

The objective of a EWP can be seen to alter individuals' unhealthy behaviours that occur at home and at the workplace, which are a risk to the employee's health and may subsequently affect work performance and hence reduce productivity (Conrad & Walsh, 1992:96, Pillay & Terblanche, 2012:230).

Benavides & David (2010) clarified that an employee wellness program is different from the traditional Employee Assistance Program (EAP) in that the employee assistant program target certain individual with poor work performances resulting from non-work related problems such as alcohol and substance abuse etc. The essence of EAPs is to target those employees who are termed to be non-productive and thus most EAPs were stigmatized (Benavides & David, 2010). The distinguishing factor between EAPs and EWPs is that the former is reactive to a problem and it is individualized as opposed to the latter which is proactive, preventive and systematic and designed for all employees (Berry *et al,* 2010).

In general, employers are responding with a growing willingness to invest in wellness initiatives that can reduce medical costs, decrease absenteeism, and increase productivity (Landauer, 2007). Over the last few decades, employers have come to appreciate that their funding of “consciousness raising” efforts devoted to promoting employee health is a wise investment. Many see wellness as fundamental to a successful workplace and positive corporate culture (Landauer, 2007).

While EWPs also target the full population regardless of health status (in this case, employees and, perhaps, their dependents), they focus on promoting healthy lifestyles, maintaining or improving health, and preventing or delaying the onset of disease through lifestyle management (Pillay & Terblanche, 2012).

2.3 Benefits of Employee Wellness Programmes

Implementing an Employee Wellness Program can be beneficial for a company because a healthier work force can reduce insurance costs, improve employee productivity and can help reinforce employee loyalty (Berry *et al* 2010, Kirk & Brown 2003).

According to a study conducted by Optum Health in 2011 in the USA, 82 percent of employees stated that working at companies that place importance on employee health by having health and wellness programs would encourage them to stay longer at the company (Osilla & Van Busum, 2012).

The benefits of implementing a EWP include: improvement in productivity, decreased absenteeism, increased morale, improved performance, a reduction in company contributed medical costs, a reduction in human resource development costs, improved corporate image, decreased turnover, and increased staff satisfaction (Conrad & Walsh, 1992:98, Rosen, 1999:1).

Another benefit for having EWP is that wellness programs also alleviate common work related problems and lead to significant improvement in work performance indicators, reductions in absenteeism, grievances, disciplinary actions, work related accidents staff turnover, tardiness (Arthur, 2000:555). Atkinson (2000:42) added that some of the benefits of wellness programs include improved employee health, reduced care cost, and improved morale. There are also monetary benefits to a company when they implement an Employee Wellness Program. Johnson and Johnson estimate that their health and wellness program had a return on investment (ROI) of 2 health care costs of $2.71 for every dollar spent between 2002 and 2008 (McGregor & Murnane, 2010).

On the individual level, wellness programs can produce healthier employees because wellness programs take a proactive approach by recognizing signs of employee stress or maladaptive behaviours (Hernandez 2000:10). Hernandez (2000) further elaborated that the wellness program looks for early warning signs for a problem in hope that the program can prevent any problem from getting worse thus it enhances awareness, assist employees with lifestyle changes, and creating an environment that is supportive of healthy lifestyles. Studies have shown that existing social support from friends, supervisors, co-workers, and family members are effective for encouraging employees to seek help through employee wellness program (Delaney *et al* 1998:407, Swarbrick, 2006).

Studies have shown that through the implementation of employee wellness programs, both employers and employee become significant beneficiaries (Atkinson 2000:42). He further highlighted that by providing employee wellness programs, companies can ultimately save money on workers' compensation claims. To qualify this argument Atkinson (2000) revealed that studies has shown that in the USA 80% of all workers' compensation claims result from stress or trauma in employee's work lives or personal lives; 15% of all injured workers generate 85% of all workers' compensation costs; 9% of these injured workers suffer from back problems; and up to 65% of all back injuries

are related to psychological and/or mental stress. By this evidence Atkinson (2000), suggest that by providing employee wellness programs, companies can ultimately save money on workers' compensation claims.

To further highlight the importance of having a EWP Goetzel & Ozminkowski (2008) used an example of one company which did not have a wellness program and found that employees who are emotionally troubled are sick, late, and absent almost three times more than non-trouble employees and lost work time can cost a company up to a 25% loss in productivity.

To further elaborate on the benefits of having EWP, Goetzel & Ozminkowski (2008) grouped and summarized employee wellness benefits according to categories as follows:

Organizational benefits:

- Reduced absenteeism
- Reduced presenteeism- being at work but not being on the job
- Reduced workplace incidents
- Reduced industrial relations disputes
- Increased performance and productivity
- Quality work outputs
- Improved employee engagement
- Improved staff recruitment and retention

Financial benefits

- Reduced health care cost
- Improved personal financial planning and management
- Positive attitude towards retirement planning

Psychosocial benefits

- Improved rapport and enjoyment

- Positive impact on workplace culture
- Stress reduction

Physical benefits

- Clinical health improvement
- Improved nutritional practice
- Improved physical fitness
- Desired weight management
- Reduced alcohol consumption

2.4 COMPONENTS OF EWP

An employee wellness programme can have up to eight fundamental elements namely: physical, emotional, social, intellectual, spiritual, occupational, environmental, and multicultural (Swarbrick, 2006:1). These dimensions typically address various wellness needs such as: physical fitness, stress management, psychological, financial and emotional counselling, nutrition and dietary needs, alcohol and substance dependency programmes (Benavides & David, 2010: 294, Goetzel & Ozminkowski, 2008:304, Pillay & Terblanche 2012:230).

Many organizations implement only selected elements of the EWP as determined by the needs of the employees (Finkelstein; 2010, Goetzel & Shechter, 2007). This information can be ascertained through an assessment that should be done before the implementation of the EWP. The assessment should be able to tell the wellness needs of the employees and the relevant interventions (Finkelstein; 2010, French & Harnack, 2010). Given the various elements a wellness programme could include, this research was specifically focusing on determining the employee needs and preferences in an EWP in relation to the following dimensions: physical, environmental (the workplace), social, and financial dimensions (Swarbrick, 2006:1, Goetzel & Ozminkowski, 2008).

2.4.1 Physical Wellness

In general, physical wellness includes physical activity, nutrition, and self-care, and involves preventative and proactive actions that take care of one's physical body. The term "physical activity" describes many forms of movement, including activities that involve the large skeletal muscles (Pillay & Terblanche, 2012).

Physical wellness encompasses maintenance of cardiovascular fitness, flexibility, and strength. Actions to improve physical wellness include maintaining a healthy diet and becoming in tune with how the body responds to various events, stress, and feelings by monitoring internal and external physical signs (Goetzel & Ozminkowski, 2008). This includes seeking medical care when appropriate and taking action to prevent and avoid harmful behaviours (such as excessive smoking and excess alcohol consumption) and detect illnesses (Myers et al 2005).

The physical dimension also recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition while discouraging the excessive use of tobacco, drugs and excessive alcohol consumption. Optimal wellness is met through the combination of good exercise and eating habits (Siegel & Prelip, 2010). As employees travel the wellness path, they strive to spend time building physical strength, flexibility and endurance while also taking safety precautions so they may travel the path successfully, including medical self-care and appropriate use of a medical system. The physical dimension of wellness entails personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed (Volpp & Asch, 2011).

Common physical wellness needs for employees that should be considered by wellness initiatives include: Exercise, nutrition, quit smoking, quit alcohol and drug abuse, personal hygiene, disease awareness and prevention, treatment of illness, healthy weight control, copying with stress and coping with work overload (Naydeck *et al*, 2008, Goetzel & Ozminkowski, 2008). These factors contribute to an employee's ability to lead

a healthy lifestyle, which in turn, leads to the employee's ability to perform more productive without much risk for injury (Gilliam 1999:14, Ballard, 2009, Racette & Deusinger, 2009).

2.4.2 Environmental wellness

Safety and health involve every level of the organization, instilling a safe culture that reduces accidents for workers and improves the bottom line for managers. Making safety and health a part of the organization and a way of life means everyone wins (Nyman & Barleen, 2010).

The work space is where most employees spend their time and hence it must ensure their safety and wellbeing. The common Environment wellness needs include safety, improved air circulation, clean offices and removal of potential causes of injury. Simple obstacles like computer cables that are not well assembled can cause injuries to those using them or using the workspace. A physical work environment supports employee engagement in healthy lifestyle behaviours and emphasizes safety (Nyman & Barleen, 2010). Work place environment needs may include things like air quality, appropriate noise levels, protection from health and safety hazards, lighting quality work tools and equipment, and healthy relationships with supervisors and co-workers (Nyman & Barleen; 2010, Osilla & Van Busum, 2012).

Sundin *et al* (2008) further emphasized the need to consider the safety of food and water supply, and freedom from such things as infectious diseases, violence in a society, ultraviolet radiation, air and water pollution, and second hand tobacco smoke as essential elements that can degenerate the wellbeing of an employee in the work place. Safety and health work environment can really make a difference in the workplace.

2.4.3 Social Wellness

According to the Commission on Social Determinants of Health (2001), Social wellness encompasses the degree and quality of interactions with others, the community, and nature. It includes the extent to which a person works towards supporting the community and environment in everyday actions including volunteer work (Helliwell, 2005, Swarbrick, 2006, Hochart & Lang; 2011).

Included in the definition of social wellness is getting along with others and being comfortable and willing to express one's feelings, needs, and opinions; supportive, fulfilling relationships (including sexual relations), and intimacy; and interaction with the social environment and contribution to one's community (Pratt *et al*; 2007, Baicker & Cutler , 2010).

Baicker and Cutler (2010), also include the ability to maintain intimacy, to accept others are different, and to cultivate a support network of caring friends and/or family members. It is for this reason that researchers like Myers (2004) include peer acceptance, attachments/bonds with others, and social skills (communication, assertiveness, conflict resolution) as fundamental components of social wellness.

2.4.4 Financial Wellness

Financial wellness can be defined in many different ways, but the idea is that it measures an employee's complete financial picture. More specifically, it is the ability of each employee to manage household finances for short-term needs while saving for mid- and long-term goals (Tyrie 2013, Isnar 2011). Employees need more guidance than ever because most employees turn to Social Security, their workplace retirement plan and their home equity as their primary savings for retirement, and, unfortunately, these resources are not enough. Moreover, employees cannot achieve financial wellness in the future if they are not managing their day-to-day finances now (Helman *et*

al; 2010, Lusardi & Mithcell, 2007). In fact, 58% report that they need financial planning guidance that helps them manage their entire financial life (Tyrie, 2013).

Financial wellness is influenced by factors such as personal characteristics (age or marital status etc.), financial literacy, financial behaviour (budgeting, savings and investment), financial situation (salary, home ownership, and benefits) and financial stressors like personal bankruptcy (Tyrie, 2013, Prawitz *et al;* 2006).

Financial difficulties can have adverse effects of a person's well- being, leading to social and emotional stress that can eventually lead to poor work performance. The cost of companies dealing with employees who are overly concerned about money woes is substantial, 58% of employers in the USA states that financial "illness" plays a role in employee absenteeism and 78% saying that concerns over financial problems while at work can have a negative impact on employee productivity (Tyrie; 2013, Braunstein & Welch; 2002, Dowling *et al*; 2009).

The common financial wellness needs for employees include: not having enough emergency savings for unexpected expenses, not being able to meet monthly expenses, not being able to keep up with debts, losing a home and not being able to plan for retirement (Aldana & Merrill; 2005, Lusard & Mithcell; 2007, Prawitz *et al;* 2006).

2.5 Interventions for a Wellness Programme

Depending on the nature of the institution and prevailing social health challenge, some of the following interventions can be used to promote wellness in the workplace. Some of which include; stress management, smoking cessation, weight management, back care, health screenings and treatment of diseases, nutrition education, workplace safety, prenatal and well-baby care, and first aid classes, work/life balance policies, flexi-time, exercise/fitness groups, discounts to local fitness facilities, healthful food choices at work meetings, events, and training programmes, family friendly policies and

facilities (such as bicycle racks, showers, gym equipment) (Fronstin; 1996, Pratt *et al*, 2007, Jinhee *et al*; 2008, Volpp & Troxel; 2009, Cahill & Perera; 2011).

The benefits that come along the use of wellness interventions include some of the following: increase physical activity in the workplace, providing health-education materials and raising awareness of the importance of regular physical activity (Kravits *et al*; 2010). Tools include pamphlets and posters in busy areas, individual counseling with health care professionals, or on-site group activities led by trained personnel, and individual fitness coaching that would eventually result to motivated employees and high levels of productivity (Baicker *et al*., 2010, Goetzel & Shechter 2007). In particular terms, Hancock (2011) states that, tackling the three major risk factors of chronic non-communicable diseases – poor diet (including misuse of alcohol), tobacco use and lack of physical activity – is essential for ensuring long-term health and eliminating these risk factors could prevent the majority of premature deaths. Among employees- 80 per cent of premature deaths from these diseases could be prevented, and addressing these risk factors can also have benefits for other conditions that can affect productivity and absenteeism, notably musculoskeletal conditions and mental ill-health (WHO; 2008, Volpp; 2009).

Below is the discussion of the wellness interventions, using the wellness components which are the focus of this study.

2.5.1 Physical interventions

Program delivery methods should be readily accessible and appropriate for the target population(s). Topics may include gymnasium, smoking cessation, weight management, nutrition education, hygiene education, regular medical check-ups and treatment, stress, and mental/emotional well-being or other issues consistent with the needs of the population (Barham & West; 2011, Osilla & Van Busum; 2012). In addition to the above stated interventions, some wellness advocates have identified common components of

the physical wellness programmes in the workplace and they are implemented (Barham & West; 2011, Henke & Goetzel 2011), these include weight loss, stress management, fitness, nutrition and smoking cessation and they are discussed below.

2.5.1.1 Weight Control

Employees who participate in these programmes in a variety of workplace settings have been shown to lose and control their own weight as desired by healthy practices, reduce their percentage of body fat as a result of avoiding harmful illnesses such obesity related illnesses that would frustrate the smooth flow of the organization's operations (Osilla & Busum; 2011, Siegal & Prelip 2010).

More to this, Hancock (2011) elaborates that options to control obesity include employees taking responsibility to create weight-loss support groups and competitions, and management including healthy employee weight as a goal in the company's mission statement. Body measurements such as waist circumference, body fat percentage and Body Mass Index (BMI) should be included as part of comprehensive employee health screening, with referrals for medical follow-up outside or within the workplace where necessary (Mello & Rosenthal 2008).

2.5.1.2 Smoking Cessation

Smoking cessation is another important intervention that can lead to high productive levels in an organization. Hancock (2011) observed that harmful products like tobacco use in the workplace affected not only the employees who smoked, but everyone else in the company through the harmful inhalation of second-hand smoke ('passive smoking'), hence one of the best possible way of promoting smoking cessation would be to impose a total ban because this would reduce productivity in both the long term (through illness) and short term (through employees taking smoking breaks). Hence precautionary measures like creating a smoke-free environment would be an essential dimension of a fully healthy workplace (Hancock; 2011, Leeks & Hopkins; 2010, Hochart & Lang; 2011)

Furthermore, this intervention could be delivered by physicians, nursing staff and psychologists, smoking cessation counselors or other hospital staff. The intervention could also include advice, more intensive group or individual behavioral therapy, or smoking cessation pharmacotherapy, with or without continued contact after hospital discharge and pharmaceutical interventions and incentive schemes tailored to the individual workplace setting (Hancock, 2011, Leeks & Hopkins 2010). Using a one-size-fits-all approach or focusing on only one smoking-cessation tool will bring fewer benefits than a comprehensive programme incorporating employee ownership (Croghan 2005; Hennrikus, 2005 as cited by Rigotti, *et al*., 2008; Hancock 2011).

On the other hand, it can be noted that employees may already be aware of the dangers of tobacco use, but may not be aware of all of the resources to help them quit (Milani & Lavie, 2009). Smoking-cessation tools can be publicized in handouts and promoted though presentations to employees (Milani & Lavie, 2009). A total ban on smoking not only in the workplace but also within a certain distance of buildings and in outdoor public areas will greatly reduce the physical environment available for smoking (this is already mandated in many countries) (Kirk & Brown; 2003). Employee peer-support groups can be formed, combined with telephone quit lines and/or online or face-to-face counselling (Hancock, 2011). However, management can affirm the effort of quit smoking by various ways such as congratulations and awarding of financial incentives such as bonuses (Hancock, 2011). Incentives would be mostly bonuses and reimbursements for programme participation, but also would include the payback of down-payments prior to participation (Baicker *et al*, 2010).

2.5.1.3 Fitness

According to Chau (2009) and Terry & Fowles (2011), there are common wellness interventions that corporate organizations can consider for their wellness program to address issues of physical fitness in the work place, they include:

- Providing time during the work day for stretching and walking around.

- Encouraging employees to do a fitness activity during lunch and expand lunch to last an hour to allow for such activities.
- Encouraging employees to use alternate methods for transportation to work, such as walking, biking, or running.
- Providing a place to shower and change for fitness activities.
- Organizing weekly/monthly fitness activities for the whole company to participate in.
- Offering free/reduced cost gym memberships and/or subsidize the cost of sports or fitness equipment.
- Integrating fitness information and activities into the culture of the company.
- Promoting fitness throughout the work environment by displaying posters, emailing information, and posting it in common areas.
- Arranging for fitness seminars and the posting of fitness tips on company websites.

2.5.1.4 Nutrition

By definition, nutrition education is any combination of educational strategies designed to facilitate voluntary adoption of food choices and other food- and nutrition related behaviours conducive to health and well-being (Terry & Fowles, 2011, Contento, 2007).The overall goal for nutrition for the company is to promote the integration of healthy eating habits while at work (Chau; 2009, Terry & Fowles; 2011). Possible interventions for nutrition according to Chau (2009) and Terry & Fowles (2011) include:

- Providing healthy snack options in vending machines and/or in the kitchen for all employees.
- Integrating nutrition information and education with the help of credentialed nutrition professionals.
- Ensuring healthy snacks and foods are served in meetings.
- Provide time for employees to meet with nutritionists during work hours.

- Promote nutrition awareness throughout the work environment by displaying posters, emailing information, and posting it in common areas.
- Arrange for healthy eating seminars, posting nutrition tips on company websites, and providing nutrient analyses of meals and snacks served at the workplace.

Nutrition education readily provides nutrition information through means like handing out copies of a national food guide, labeling in the canteen, or having a dietician give a talk at the workplace, and promotion of employee health education together with changing the physical workplace environment (through provision of healthier options in cafeterias and vending machines) could lead to moderate improvements in employee diet (Hancock, 2011, MacKinnon & Elliot, 2010).

Furthermore, Hancock (2011) states that other interventional programmes would be the consideration of other initiatives such as lunchtime weight-loss groups or individual diet counselling for high-risk employees. In addition to providing health education, employers should facilitate supportive physical and social environments through providing healthy food options in company vending machines and cafeterias, and at catered company events (Hancock, 2011). These food varieties can include specifications about the contents of the available food staffs such as the amount of sugar and salts, fats, and many more. Employees can also be educated the effects of consuming such products (Hancock; 2011).

2.5.1.5 Work/Life Balance

Chau (2009) and Terry & Fowles (2011) further stated that the overall goal of work/life balance for the company is to promote the integration of work/life balance while at work. Amongst many other interventions, work-life balanced can also be achieved through simple activities (Laundauer; 2007, Schmidt 2012, Baicker 2010, Friedman & Greenhaus, 2000) and they include:

- Encouraging employees to arrive and leave at reasonable hours.
- Allowing employees to bring friendly, well-behaved pets to work.

- Encouraging employees to take breaks away from their computers during the day.
- Helping employees with errands, by allowing time during the day to attend medical appointments, go to the bank without penalty and within reason.
- Allowing employees to telecommute when necessary.
- Allowing employees to have flex time hours so they can attend personal events.
- Organizing time for employees to engage with each other in non-working situations, through happy hours, retreats, team lunches, and other team building activities.
- Promoting work/life balance awareness throughout the work environment by displaying posters, emailing information, and posting it in common areas.
- Arranging for work/life balance seminars and posting tips on company websites.

2.5.1.6 Stress Management

The overall goal of stress management for the company is to promote the integration of stress management while at work (WHO 2008, Hallin *et al*, 2007, Kravits *et al* 2007, Pisanti *et al*, 2011). This involves: helping employees to identify sources of stress, providing information about healthy ways to manage stress, encouraging the employee to say "no" to added responsibilities without fear of repercussions if the employee feels overwhelmed, encouraging employees to express feelings about stressors through confidential mechanisms and share how the company is addressing these concerns broadly and providing education and workshops about time management (WHO 2008, Hallin *et al*, 2007, Kravits *et al,* 2007, Pisanti *et al,* 2011).

2.5.2 Environmental wellness interventions

Environment refers to the workspace were production activities are conducted in the workplace and this environment should help an employee to make the most of his or her life (Orly*et al,* 2011). Employees are constantly exposed to various psychological,

physical health and safety hazards in the workplace and corporate institutions have introduced intervention to reduce fatigue and injuries in the workplace (Myers *et al*, 2005). Most employers who have paid attention to the environmental wellness in the workplace have reported a reduction in absenteeism related to unhealthy work environment; instead, increase in production and employee morale has been noted as a result of environmental and general employee wellness programmes in the workplace (Kirsten *et al*; 2009, Hancock; 2011). According to Orly *et al* (2011), characteristics of a healthy work environment include that they:

- Share an understanding that a healthy work environment not only benefits employees through improved health and wellness but also benefits customers, shareholders and communities.
- Take a comprehensive approach to promoting health and wellness
- Encourage workers to take responsibility of their own health, safety and wellness and contribute to creating a healthy work environment
- Provide information and resources to assist their workers to make healthy lifestyle choices and to achieve and maintain good health
- Promote work-life balance and make work a healthy life experience
- Create a healthy physical, social and psychological work environment as a core business goal.

The basic interventions that were introduced by varies corporations to achieve environmental wellness at work vary according to the needs of the employees and the ability of the employer to provide those intervention (Orly *et al* 2011). Some employers have a well-established wellness programme while others provide specific wellness interventions to address certain health and wellness challenges that are prevailing at that given moment (Orly *et al* 2011). Kirsten *et al* (2011) suggested the following interventions to achieve a healthy work environment:

- Promotion of two-way and open communication in the workplace

- Flexible work schedules
- Supervisors support employees
- Have safety guidelines and policies
- Work relationships must be based on trust
- Providing necessary tools to successfully complete give tasks
- Ensuring a well-ventilated workspace
- Regular cleaning of the workspace to avoid infection
- Adequate lighting
- Employees must have control over work load and work space

2.5.3 Social wellness interventions

More employers have begun to notice the impact of social ill health amongst employees with subsequently affect productivity (Berry *et al;* 2010). Most of the social challenges are not work related but have negative effects on the work life of the employee resulting in absenteeism, low productivity, low morale and poor work relations (Berry *et al;* 2010). The course of social ill health can be family dispute, abuse, alcohol or financially related (Benavides & David; 2010, Goetzel & Ozminkowski, 2008).

Over the past decade, employers have developed responses to this challenges and they range from counseling and psychotherapy, alcohol abuse intervention programmes, team building, work-life balance advisory programme, stress management, inviting relationship expects to speak to employees, conflict resolution programmes, parenting programmes and some have even introduced kindergarten corners for those who have it look after their children for a few days (Benavides & David, 2010). Not all employers will provide these services to employees even those who do provide such services have had challenges in handling the situations.

2.5.4 Financial Wellness interventions

Worksite financial wellness includes all the strategies employed at the worksite with the goal of promoting healthy financial lifestyle, in particular fixing financial hardships and stressors (Baicker 2010, Pwc, 2010). Examples of financial wellness programming include: financial education materials, debt relief programs and policies that promote healthy financial behavior (Lusardi & Mithcell, 2007). Financially healthy employees are good for business and compared to financially unhealthy workers, healthy ones have lower health care costs, better morale, and better productivity (Aldana & Merrill; 2005, Dowling *et al;* 2009). Other financial related wellness interventions include; employer sponsored personal financial seminars, inviting speakers on financial planning and budgeting and providing latest information on interest rates for employee consideration when planning for a loan (Lusardi & Mithcell, 2007).

2.6 Delivery options of the wellness programme

Delivery methods may include telephone-based coaching; web-based and mobile coaching tools; on-site one-on-one coaching, group classes, or activities; printed educational materials; individual or team challenges and population-wide campaigns (MacKinnon & Elliot, 2010). Employers should consider qualified third parties to deliver such programs and services. Since some of these delivery methods may not be feasible for small and midsized employers, they may consider leveraging targeted mailings and reminders of preventive services and interventions covered by their health (Hochart & Lang; 2011, Racette & Deusinger, 2009).

According to Rosen (1999:126-156), modes of delivery that can be considered by a company when starting a EWP include an in-house EWP option, outsourcing the delivery of a EWP, cost sharing for EWP between employer and employees, and the time slots of which the EWP services can be delivered such as during working hours, after work, lunch hour or weekends.

According to Mujtaba & Cavico, (2013), over the past decade in the USA there were some noted challenges with the implementation of corporate wellness programmes in modern American workplace. Most employees are not willing to lose production to activities that are not a core business of the company. This has led to some companies not supporting the implementation of the social or health activities during working hours. Many employers volunteered to have the social and health activities during their spare time as long as the employer will sponsor it. Spare time that was available to employees included their tea or lunch hour. For some medical or health activities there lunch hour was not enough for the wellness vendors or specialist to provide a service to their clients. This prompted the workers to explore accessing the activities during extended non-working hours like after work and or on weekends. This has yielded some results in promotion of the health and wellbeing of the workforce (Mujtaba & Cavico, 2013).

In house service provision of the EWP refers to a situation in which a company its own services for its employees without any external assistance. The availability of skilled personnel and facilities contribute to the success of a wellness programme in the workplace done in-house (Arthur 2000: 549-559, Terry & Fowles; 2011). On the other hand, outsourcing is the transfer of the provision of services previously performed by in-house personnel to an external organization, usually under a contract with agreed standards, costs, and conditions (Ballard, 2009:367-384). Organizations need to assess their capacity to provide the EWP components in-house versus having a service provider who is qualified to efficiently provide these services to employees (Arthur, 2000: 549-559, Atkinson, 2000:42-48).

Some companies have used a cost-sharing method as another way of EWP service delivery (Manning *et al* 1987:5-7). Cost-sharing reduces utilization by promoting the use of more cost-effective, appropriate care and by discouraging the use of unnecessary services (Manning *et al* 1987:5).

Furthermore, time slots for the EWP refer to schedule for accessing the wellness programme by the employees. Organizations that have seen success in their EWP are

those who dedicate time in a week or monthly for employees to access EWP services whether as provide by the employer (Arthur, 2000: 549-559). These may include wellness days, sports day and or family days that are sponsored by the company (Arthur, 2000: 549-559).

Employee wellness programs can be designed for organizations of all sizes and cultures (Racett & Deusinger, 2009). A programme can be internally developed and operated, or completely outsourced to a specialty vendor or provided through a health plan. The program may start with Health Risk Appraisals (HRAs) and/or biometric health screenings, followed by initiatives in disease prevention, risk reduction, and lifestyle modification. Ideally, chronic disease management and demand management programs should be integrated with wellness initiatives (Racett & Deusinger, 2009).

Employers can choose from many types of wellness vendors. All major health plans offer some basic wellness initiatives such as health risk assessments and online tools for education and behavior change support (Parasuraman & Greenhaus, 2002, Tu & Mayrell, 2011). Full-service, specialty health management vendors can offer integrated behavior change and outreach programmes, health risk assessments, sophisticated Web and educational tools, onsite capabilities for health fairs/screenings, and customized programs (Terry & Fowles; 2011, Tu & Mayrell 2011). The types and levels of services available vary widely among vendors; some vendors simply provide health education content for newsletters and Webcasts while other vendors specialize in smoking cessation or weight management programs. Local health systems and hospitals often offer community wellness programs (Terry & Fowles; 2011, Tu & Mayrell 2011).

2.7 Conclusion

The conceptualization of wellness demands a broader understanding of the health perspective. It is interwoven with various key dimensions that include physical, emotional and psychological, social, intellectual, spiritual, occupational, and

environmental attributes. From the holistic perspective wellness stands for a positive state of being and embraces a body-mind-spirit concept. The holistic perspective of wellness dictates that is a series of wellbeing and health which is the absence of diseases which is the involvement of individual's self-awareness.

However, the delivery of the wellness programme at the place of work demands cost effective means of implementation and the most ideal ones are in house and outsourcing. In house involves management's utility of residence expert who will depend on the needs will provide the necessary expertise while at the place of work. Whereas outsourcing involves organization's engagement of an independent expertise or another firm that would be hired specifically to delivery expected results.

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Section 3: Research Methodology

3.1 Introduction

The objective of this section is to describe in detail the research methodology used in this survey. The aim of this research was to identify and prioritise the needs of employees in terms of a wellness programme and how it should be delivered for FSRA. By means of a needs analysis survey, this research was to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. The results of this survey were used to make recommendations to management on the preferred EWP needs and delivery modes.

This research adopted a quantitative research approach and took the form of a survey and assumed a positivist approach. Questionnaires with closed ended questions were used. The survey questions used of a Likert response scale to measure the respondents' views about; their wellness needs, the relevant interventions and their preferred delivery modes. The questionnaires of the survey were distributed through emailing of the link that hosted the questionnaire. All forty-one (41) FSRA employees will be part of the survey population.

3.2 Research Aims and Objectives

The aim of this research was to identify and prioritize the needs of employees in terms of a wellness programme and how it should be delivered.

The specific objectives of the study are as follows:

i. To identify the wellness needs of employees.
ii. To identify employee preferences in terms of the type of interventions to be included in a wellness programme.
iii. To identify the preferred mode of delivery of the wellness programme.
iv. To make recommendations to management on the design of a wellness programme

3.3 Ethical considerations

In line with best ethical practices, the researcher obtained a written permission from FSRA management to conduct the research. All data collected was based was based on a voluntary participation and on condition of anonymity. The participants were informed of their rights to withdraw from the study anytime without any negative effects on them. Since this was an online questionnaire, participants were asked to click the link to the questionnaire if they consent to be part of the research. The final report for this research will be shared with the FSRA management. The proposal and questionnaire for this research was approved by the Rhodes Business School's Ethics Committee.

3.4 Research design

3.4.1 Research Paradigm

The paradigm that informed and directed this research was post-positivist approach using ontological view of critical realism (Guba & Lincoln, 1994:109). The research was seeking to identify and prioritize the needs of FSRA employees in terms of a wellness programme and how it should be delivered.

The epistemology was a modified dualist/objectivist approach to determine if the research findings fit with pre-existing knowledge. Literature was used to replicate the truth of the findings and was also subject to falsification (Guba & Lincoln, 1994:110).

3.4.2 Research Method

The research design for this study was informed by the need to evaluate the FSRA wellness program. The main problem was what could be the ideal wellness programme for FSRA employees to help address their wellness needs. This needed the employer to know answers to the following questions:

- What are the real wellness needs for the employees?

- What are the wellness interventions they would prefer?
- How would they prefer the delivery of the wellness intervention?
- What time would be ideal for them to access the different wellness interventions?

This research used a needs analysis survey to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. Questionnaires with closed ended questions were used and the responses were analyzed to make recommendations to management on the preferred EWP needs and delivery modes. The responded had to select their most important wellness needs from a provided list of options. The wellness needs with high frequency of very important were then followed up in terms of the preferred interventions and delivery modes of choice to the respondents. This meant that all the variables that had a low frequency of very important were not followed up in terms of preferred interventions and delivery modes.

3.4.3 Data collection

The objective of this section is to describe the method used for collecting data in this survey. This research used a survey method to collect primary data by distributing an electronic self-administered Likert scale questionnaire to all 41 FSRA employees. The completed they questionnaire and submitted online. This was done over a period of 10 working days (2 weeks).

3.4.3.1 Questionnaire

A questionnaire is a document containing questions and others type of items designed to solicit information appropriate for analysis (Babbie, 2011). Questionnaires are used in survey research but also in experiments, field research and other modes of observations.

Likert scale is the widely used in survey questionnaires, this method summarizes the attitudes in fairly statement and then ask respondents whether they agree or disagree

with it (Babbie, 2011). The characteristics of a Likert type include “declarative sentences that is clearly positive or negative followed by a number of response options that indicate varying degrees of agreements with or endorsement with the statement” (De Vellis, 2003 as cited by Pearse, 2011:106). Multiple questions can be asked using a Likert scale survey questionnaire and this include closed ended questions, ranking questions and scaled response questions (Babbie, 2011, McGregor & Murnane; 2010).

The structure and layout of the questionnaires must be attractive enough to encourage the respondent to complete and return it, that is, it should not be too long, must be simple, have clear instructions and it must use a language common to the respondents (Babbie, 2011, McGregor & Murnane; 2010). When the respondent needs to rank order a set of answer categories, the instructions should indicate this, and a different type of answer format should be used and should spell also spell out the order of ranking (Babbie, 2011).

There are four main methods of administrating survey questionnaires to a sample of respondents: traditional self-administered questionnaires, survey administered by interviews in face to face encounters, surveys conducted by telephone and surveys presented online (Babbie, 2011, Fricker & Rand, 2002). For the purposes of this survey research the online presented questionnaires were used. Commonly, potential respondents will receive an email asking them to go to the web link where the survey resides (Babbie, 2011). Online survey produces comparable responses to the other types but the cost of online survey is substantially less compared to the other types. However, the limitation of online studies is it requires the web and other respondents may not be interested on the web (Babbie, 2011).

The questionnaire is attached as an Annexure. The format of the questionnaire included five (5) questions consisting of two sections. The first section focused on obtaining the biographic information of the respondents and the second section had questions and items on the wellness needs, preferred interventions and preferred mode of delivery, respectively.

3.4.3.2 Validity and Reliability

Validity is the extent to which a survey question measures the property it is supposed to measure and adequately reflects the real meaning of the concept under consideration (Babbie, 2011, Hart 2010). For example, a yardstick would not produce a valid measure of the weight of an object. Your bathroom scale is more likely to produce valid readings, but if it's old and abused, the readings may be systematically inaccurate (Hart *et al*, 2010). Just as you want to be able to rely on your bathroom scale to always give the same reading if your weight is unchanged, you want your survey questions to be reliable. Reliability is the extent to which repeatedly measuring the same property produces the same result (Babbie, 2011, Hart 2010). Ideally, each survey question will mean the same thing to everyone, including those administering the survey. This takes careful design and refinement (Hart, 2010).

The content of the questionnaire was developed using literature and the researcher also piloted the questionnaire with the FSRA Human Resource department to scrutinize if the questionnaire was relevant and can get the needed data. The questionnaire was discussed with FSRA management and they delegated the HR specialist to be responsible in ensuring that all the electronic/online distribution of the questionnaires to FSRA employees in all departments. Each of the scales used in the questionnaire was checked for reliability and validity by correlating the responses to each of the question with others.

3.4.4 Data analysis

Data collected was analyzed according to the procedure proposed by Gray (2004:139). This involves the following steps :(1) Scanning and cleaning (reading data, double checking), (2) Organizing (data coding and categorizing and entered) and (3)Representing (supported by tables and graphs). Microsoft excel, and Statistical Package for the Social Sciences (SPSS 20) Computerized systems were used to analyze the data. Descriptive statistics, tables, bar graphs and charts was primarily be

used to describe the frequency of biographic variables, wellness needs, preferred wellness interventions and mode of delivery. Scaled responses (e.g., Very important, important, neutral, not important, not important at all) were converted to numerical values (1, 2, 3, 4, 5) and enter into SPSS for easier analysis.

Variables with high (at least 50%) important frequency in question one (important wellness needs) were then followed up in terms of the preferred interventions and delivery modes of choice to the respondents. This meant that all the variables that had a low frequency of very important were not followed up in terms of preferred interventions and delivery modes. Frequency distribution was used to analyze responses in all the questions to determine which wellness needs and subsequent wellness interventions and delivery modes were popular amongst respondents. This statistical information was presented in form of graphs, tables and charts.

3.5 Research Procedure

This section describes the procedures used in collecting the data, its analysis and the sampling procedure. The study site was FSRA offices.

3.5.1 Data collection

The survey questions used of a Likert response scale to measure the respondents' views about; their wellness needs, the relevant interventions and their preferred delivery modes. The questionnaires of the survey were distributed through emailing of the link that hosted the questionnaire to respondents. All forty-one (41) FSRA employees were be part of the survey population

3.5.2 Sampling

The population size was 41 people who were all earmarked to participate in the study, this included management, legal officers, accountants, specialist, finance analyst, office assistants, HR manager, registrar and other company officials. For very small population of 50 or less, the researcher needs almost the entire population in order to

achieve accuracy (Hart 2010).The link to the questionnaire was sent to all 41 employees at FSRA, 29 (72% response rate) of those who received the link returned and formed the basis of the study. All the returned questionnaires were properly completed. This was a good response rate because most web or online based surveys generate about 30-40% response rate even with populations that are young and have easy access to the web (Hart 2010, Ary *et al*, 1996; Gall *et al*, 1996).

Questionnaires were sent to the HR manager who then sent emails to all 41 FSRA employees with a statement highlighting the purpose of the study and the rights of the participants, those who consented to be part of the study followed the link which hosted the questionnaire. A week after the distribution 47 % of had returned, the HR manager was asked by the researcher to send a follow up email with the link to remind those who might have missed the first email or had it on junk or spam mail. Two weeks later the response rate rose to 72 %. Returned questionnaires were scanned, coded and entered into SPSS for analysis.

Most respondents had at least 2 years (70%) of experience with FSRA and of this 24% were over 38 years old. Amongst the respondents, 28 % were between 33-37 years old while 31% were at least 28 years and the last group had an age range of 23-27 years and they formed 17% of the respondents.

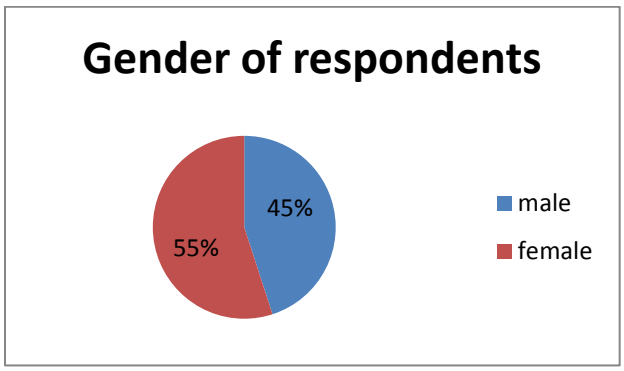
More than half (55%) of the respondents were females and of these, 41 % resides less than 10 KM from their workplace.

3.5.2.1 Biographic profile of the respondents

Gender

More than half (55%) of the respondents were females while only 13 (45%) were males. Figure 5

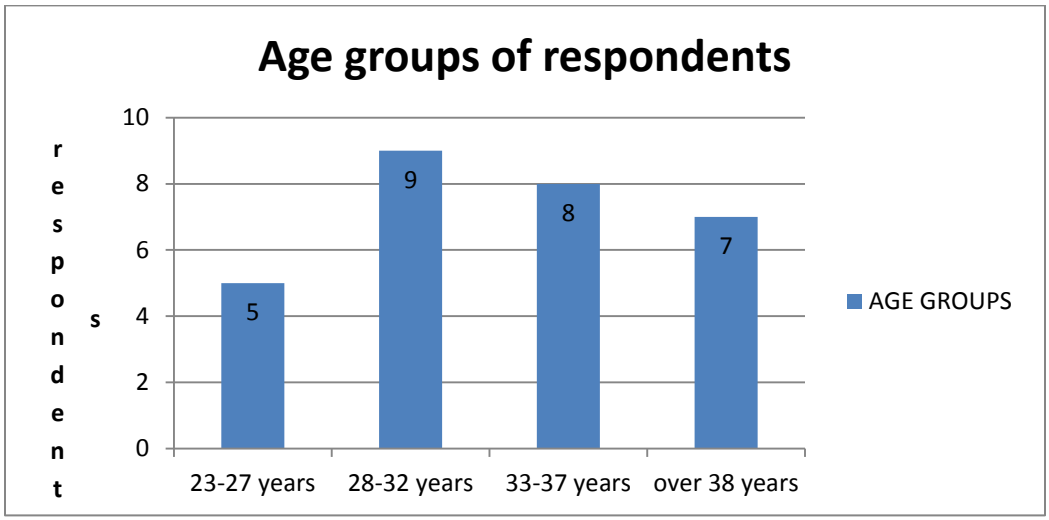
Figure 5. Gender of respondents



Age

The age group of the respondents were as follows; 5 of the respondents were between 23-27 years, 31% (9) of the respondents were aged between 28-32 years while 8 (28%) were aged between 33-37 years and the remaining 24% were aged over 38 years. Figure 6 shows these figures.

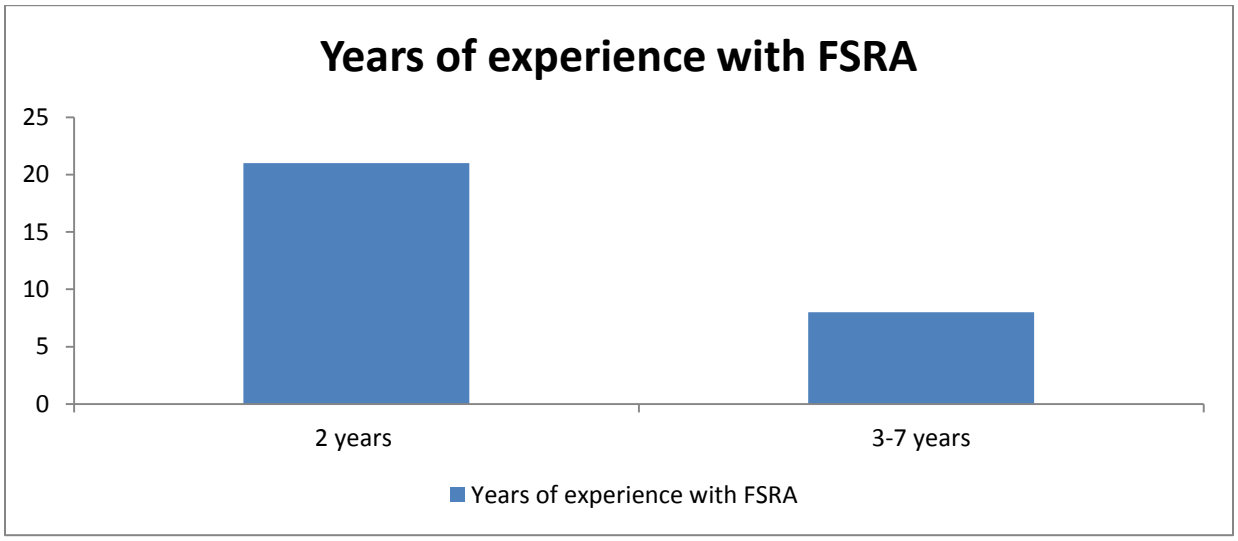
Figure 6**: Age of respondents**



Experience with FSRA

About 72% of the respondents had at least 2 years of experience with FSRA while only over 27% had more than 3 years of experience at FSRA. This provides insight that most of the respondent had 2 years using the current FSRA wellness programme that is being evaluated by this survey research. Figure 7 demonstrates this result.

Figure 7: Years of experience with FSRA



3.6 Limitations of the study

- Only one intervention option was given per wellness need when there could be possible be more than one options.
- Not all targeted people responded to the questionnaire sent to them (70% response rate)
- The questionnaires were send to the rest of the employees by the HR manager which mean that those who were not in good terms or aggrieved with her may choose not participate
- Since it was sent by HR then it may be viewed as work related.
- Not all employees may be fascinated by doing the research online; some would like to fill in the hard copy because internet may be slow at times since the band-width is not big enough.
- Most employees were in and out of the office attending workshops and field inspections leaving very limited time to complete the questionnaire

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Annexure A: Letter

Dear Respondent

You are invited to participate in an academic research study conducted by SBONISO MADLOPHA a student at Rhodes Business School.

This research seeks to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. The results of this survey will be used to make recommendations to management on the preferred EWP needs and delivery modes.

Please note the following:

- This study involves an anonymous survey. Your name will not appear on the questionnaire and the answers you give will be treated as strictly confidential. You cannot be identified in person based on the answers you give.
- Your participation in this study is very important to us. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.

If you have read and understood the information provided above and you consent to participate in the study on a voluntary basis please click the link below. https://docs.google.com/forms/d/1NyQ_7CuTO84am_etYRU9xgxR8LvnHXTfxPgFnZYy0_Y/viewform?c=0&w=1&usp=mail_form_link

Regards

Sboniso Madlopha
Student number: G12M6978
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Contact Number: +268 76049138

Annexure B: Questionnaire

EVALUATION OF AN EMPLOYEE WELLNESS PROGRAMME: THE CASE OF THE FINANCIAL SERVICES REGULATORY AUTHORITY (FSRA) OF SWAZILAND

This research seeks to assess the FSRA employees' needs in terms of an employee wellness programme, as well as the preferred EWP delivery methods. The results of this survey will be used to make recommendations to management on the preferred EWP needs and delivery modes.

SECTION 1

Biographic information

Kindly state your years of experience with FSRA (use the options below)

- ○ 2 years
- ○ 3-7 years
- ○ 8-12 years
- ○ 13-17 years
- ○ 18-22 years

1. Sex

- ○ Male
- ○ Female

2. Age range:

- ○ 18-22 years
- ○ 23-27 years
- ○ 28-32 years
- ○ 33-37 years
- ○ Over 38 years

3. Occupational/employment position

Please specify your occupation key position, e.g. Office Manager, Accountant, Human Resource Manager, etc

What is your estimated distance in kilometers from your place of residence to work?

- 0-10 KM
- 11-20 KM
- 21-30 KM
- 31-40 KM
- Over 40 KM

SECTION 2

Wellness Assessment

1. How do you view your current wellness programme at your work place?

Use the scale below for your response.

	1	2	3	4	5	
Very inadequate						Excellent

2. Rate the importance of these wellness needs to you

	Very important	Important	Neutral	Not important	Not important at all
Exercise					
Nutrition					
Quit alcohol abuse					
Quit drug abuse					
Personal hygiene					
Disease awareness and prevention					
Treatment of illness					

	Very important	Important	Neutral	Not important	Not important at all
Healthy weight control					
Coping with stress					
Coping with work load					
Adequate air circulation					
Safety					
Work social events					
Creating and maintaining work relationships					
Coping with bereavement					
Self esteem					
Balance between work and family					
Personal debt management					
Personal finance knowledge					
Retirement planning					
Coping with financial stress					
Quit smoking					

3. Kindly rate your preference of the listed interventions of the wellness programme

	Very important	Important	Neutral	Not important	Not at all important
Gymnasium					
Nutrition education					
Smoking cessation programme					

	Very important	Important	Neutral	Not important	Not at all important
Alcohol abuse intervention programme					
Drug abuse intervention programme					
Hygiene education					
Health education					
Medical check-ups and treatment					
Weight control programme					
Stress management programme					
Flexible work schedule					
Improved ventilation					
Safety guidelines					
Safe work space					
Periodic social events					
Team building					
Bereavement counseling					
Employee motivation programme					
Financial education programme					
Retirement planning advice					
Financial counseling					

4. How do you prefer the wellness interventions to be delivered?

	In house	Out sourced
Gymnasium		
Nutrition education		
Smoking cessation programme		
Alcohol abuse intervention programme		
Drug abuse intervention programme		
Hygiene education		
Health education		
Medical check-ups and treatment		
Weight control programme		
Stress management programme		
Periodic social events		
Team building		
Bereavement counseling		
Employee motivation programme		
Personal finance planning		
Financial education		
Retirement planning advice		
Financial counseling		

5. Which time slot would you prefer the listed interventions to be delivered?

	During lunch hour	After working hours	On weekends
Gymnasium			
Nutrition education			
Smoking cessation programme			
Alcohol abuse intervention programme			
Drug abuse intervention programme			
Hygiene education			
Health education			
Medical check-ups and treatment			

	During lunch hour	After working hours	On weekends
Weight control programme			
Stress management programme			
Periodic social events			
Team building			
Bereavement counseling			
Employee motivation programme			
Personal finance planning programme			
Financial education			
Retirement planning advice			
Financial counseling			

Submit

Annexure B: Permission letter

2nd Floor, Ingcamu Building, Mhlambanyatsi Road; P. O. Box 3365, Mbabane H100; Swaziland
Phone : +268 2406 8000; Fax:+268 2404 7930; E-mail: info@fsra.co.sz; Website: www.fsra.co.sz

FSRA
FINANCIAL SERVICES REGULATORY AUTHORIT

30th June 2014

Mr. Siboniso Madlopha
P.O. Box A116
Swazi Plaza
Mbabane

Dear Sir/Madam,

RE: PERMISSION TO CONDUCT A RESEARCH AT FSRA.

We have pleasure to informing you that the permission has been granted to you by FSRA Management to conduct a research on evaluation of the Employee Wellness Programme for FSRA.

Kindly note the following underneath;

1. You will be expected to ensure that you adhere to all FSRA policies, procedures, protocols and guidelines as discussed with you earlier.
2. To ensure that the Human Resources office is informed before you commence your research.
3. You will be expected to provide feedback on your findings to FSRA Management once the research has been done.

Your co-operation in this regard will be greatly appreciated.

Yours sincerely

Nonhlanhla Mahlambi
Human Resources & Corporate Services Specialist

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