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**The impact of a Corporate Wellness Programme
on employee wellness, motivation and
absenteeism**

by

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DECLARATION

I, Hannelie du Preez, declare that the dissertation “The impact of a Corporate Wellness Programme on employee wellness, motivation and absenteeism” which I hereby submit for the degree MCom Human Resources Management at the University of Pretoria, is my own work and that all the sources that I used or quoted have been indicated with complete reference and acknowledgements. This dissertation has not previously been submitted by me for a degree at this or any other tertiary institution.

HANNELIE DU PREEZ

DATE

DEDICATION

To my husband, Hardus, my children, Hans-Jurie and Gerhard, and my parents, for your continuous support, patience and understanding. Without your support, giving me the time to complete my master's degree, I would not have been able to complete my master studies.

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ABSTRACT

In today's world of work, change can be seen as a given. For companies to not only survive but to thrive, they need resilient and healthy employees. Healthy employees can deal more effectively with stress, which result from increases in work overloads, work pressure and job insecurity. They are more productive, deliver higher work output, and cope better with higher work demands.

Studies show that people, who maintain a healthy lifestyle through regular exercise and healthy eating, have much fewer weight-related medical expenses, and are thus generally in better health. Poor health, on the other hand, results in higher absence from work, lower productivity and lower morale. This has a snowball effect in organisations, because the absence of unhealthy employees exacerbates the stress and work overload of those employees who are present at work and, in turn, negatively impact their morale.

The aim of the study is to evaluate the impact of a physical wellness programme (referred to as a Corporate Wellness Programme or CWP) on employee absenteeism and motivation within a specific company. The evaluation was conducted using a mixed method approach. It was performed on the pilot study of the CWP. Hundred and thirteen people participated on a voluntary basis. The programme ran over six months (December 2008 to May 2009). A health risk assessment (HRA) includes glucose, blood pressure, cholesterol tests and a body mass index (BMI) and was conducted on all the

participants before they embarked on the programme, as well as after completing the programme. The pre- and post-tests of the health risk assessment were statistically compared to evaluate whether participation in the programme affected the physical health of the participants. After the programme, focus group discussions were held with a sample of 36 of the 113 participants to assess their experience of the programme. Absenteeism data were used as an indirect measure to determine the impact of the programme on absenteeism.

The results from the health risk assessments indicated that the systolic blood pressure and cholesterol levels were significantly lower after the programme. From the focus group discussions it appeared that participants reported less absenteeism from work due to illness. They further reported an improvement in their mood, attitude toward work, sleeping patterns, eating habits and sense of overall wellbeing during participation in the programme. Based on the results of health risk assessments, it seems if the CWP had some positive impact on employee state of wellness.

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CHAPTER 1

BACKGROUND AND INTRODUCTION

1.1 Introduction

In today's world of work, change can be seen as a given. Companies continuously have to improve their performance in order to stay abreast of competitors. High levels of absenteeism due to ill health have a detrimental effect on the organisation's ability to perform well. As only healthy employees can perform optimally, employee health and wellness should be a high priority (Ho, 1997). Although many factors may influence the health status of employees, the effect of obesity, lifestyle factors such as tobacco use, poor nutritional habits, lack of physical exercise and the increase in stress are gaining more attention in current literature (Frone, 2008; Slack, 2006; Guo, Warden, Paeratakul & Bay, 2004). These factors also impose greater indirect costs on companies owing to its correlation with employee absenteeism and subsequent worker compensation costs and decreased work performance (Mills, Kessler, Cooper & Sullivan, 2007). Obesity has specifically been an important driver of costs associated with absenteeism, sick leave, disability, injuries and health care claims (Anderson, Quinn, Glanz, Ramirez, Kahwati, Johnson, Buchanan, Archer, Chattopadhyay, Kalra & Katz, 2009).

In terms of obesity, research shows that normal weight employees (with a body mass index of less than 30) are absent for 14 days fewer per year than obese employees and they (obese people) also tend to be absent for longer periods when not regularly active in sport (Jans, Van

den Heavel, Hildebrandt & Bongers in Adams, 2009). Fong and Franks (2008) state that overweight and obese employees are absent more often and have more occupational injuries than their normal weight colleagues. Consequently, the absenteeism of overweight and obese employees has an impact on company productivity because they are not at work for the same amount of time as their normal weight colleagues.

Although the USA is regarded as the most obese nation, obesity is fast increasing all over the world, including in South Africa. The levels of obesity in South Africa equalled that of the USA in 2004 with three in five adult men and over one in two adult women being overweight (Roberts, 2004). The effects of obesity on company productivity and organisational health should currently be a major concern to organisations in South Africa. Other lifestyle factors such as physical health, stress and organisational factors should also be considered risk factors for company productivity (McVivar, 2003; Colligan & Higgens, 2005).

The culture of an organisation can have a direct impact on employees' health and on the organisation's health. Literature shows that healthy employees play an important role in creating healthy organisational cultures (Attridge, 2005; McVivar, 2003). By implementing wellness programmes organisations can deal effectively with productivity demands (Mulvihill, 2005). In doing so, companies are moving in the right direction by focusing more on improving health than on managing absenteeism through policies and procedures.

A focus on employee wellness benefits both the employee and the organisation. Numerous studies have shown the benefit of health promotion programmes not only to increase participant health, but also to decrease cost to company through fewer instances of

absenteeism (Anderson Aldana & Jacobson, (2001); Anderson *et al.*, 2009 Mills *et al.*, 2007). Most of these studies were conducted within the USA and fewer elsewhere in the world. Most of them used health risk assessments to determine the improvement in participants' health. These studies measured glucose and cholesterol levels, blood pressure and body mass index (BMI) to determine the effectiveness of health promotion programmes.

This study aims to evaluate the impact of a Corporate Wellness Programme on the improvement of participants' physical wellness and motivation. It further aims to evaluate the effect on the absenteeism rates within a particular organisation, namely Momentum. This organisation has never before taken such an initiative. The results of this study is not only useful in evaluating the specific programme for its effectiveness, but also in informing other companies in South Africa of how such programmes may affect their employees, as well as how such programmes could be developed and managed. In South Africa many wellness programmes focus on HIV/Aids awareness and prevention, little data exist on the impact of general physical wellness programmes on employees.

This chapter covers the scope of the study. The research problem is stated and the importance of the study is highlighted. The research problem is identified and refined into specific objectives. The study's importance as well as the assumptions that are considered is explained.

1.2 Problem statement

Absenteeism is widely considered to be a growing problem. Absenteeism does not only affect productivity due to lost workdays but also has a financial implication for companies. Bennet (2002) stated that the estimated work days lost due to absenteeism amounted to about 192 million working days for the year 2000 in the United States of America. Ho (1997, p. 181) stated that "... poor health and injury account for nearly 60 percent of all loss hours from work".

Bennet (2002) highlighted that the true cost of absenteeism can be extremely high as indirect costs are usually not included in calculations. Mills *et al.* (2007, p. 45) site that "[i]n addition to the relationship between employee health risk and direct costs, there is a significant amount of evidence linking health risk and indirect business costs in the form of absenteeism, worker's compensation costs, and decreased work performance (presenteeism)". Ho in Bennet (2002, p. 430) argues that "...the economic impact of employee absenteeism derives mainly from the costs of decreased productivity because of absence from work, less experienced replacements and the additional expense of hiring substitute labour." The lower the productivity levels, the lower the performance result of the employees will be. Companies are dependent on employee productivity as company performance is determined by employee performance. For employees to be productive it is important that they be at work (present) and that they are engaged (motivated) in their work.

Strategies to improve employees' physical wellness also seem to address the social and psychological causes for absenteeism and this has a positive impact on employee absenteeism. Lynch, Golaszeski, Clearie, Snow and Vickery, (1990) found through their

research that short-term absenteeism decreased drastically as a result of exercise. It would seem that employees who experience ill health have better work attendance when they are physically fit.

Another cause of absenteeism seems to be obesity (Frone, 2008). The relationship between obesity and cardiovascular disease, hypertension, dyslipidemia, type 2 diabetes, stroke, osteoarthritis and some cancers has been established (Anderson *et al.*, 2009, p. 341). Occupational stress is also directly linked to certain physical symptoms and diseases. Ho (1997, p. 179) states that "...heart disease, ulcers, some forms of cancer, back problems, depression and an increased frequency of major ailments such as colds and flu have been associated with stress".

Interventions that focus on increased physical activity and proper nutrition should theoretically decrease high risk factors such as obesity and stress and lead to better overall employee health and wellbeing. Ho (1997, p. 179) states that "...physical fitness can lead to significant reductions in job stress. Regular physical activity has been shown to reduce muscle tension, anxiety, blood pressure, heart rate and the incidence of heart attacks – all stress related symptoms". Similarly, education and guidance regarding nutrition have been shown to bring about meaningful change in the daily intake of the core components of a healthy diet (Anderson *et al.*, 2009, p. 342). By reducing stress and correcting nutrition, obesity should decrease and overall health and wellness should increase. In turn, employees who are physically healthier seem to have more energy to do their work (Mulvihill, 2005). In order to address absenteeism and to improve employee motivation, organisations need to implement

wellness programmes that will enhance employees' physical wellness, resulting in less employee absence and feeling more energised to do their work effectively.

1.3 The purpose of the study

This study focuses on a specific employee wellness programme in a large South African organisation, namely Momentum. The purpose of this study is to evaluate the CWP order to determine whether this programme is effective in decreasing absenteeism and physical high risk factors such as blood sugar levels, hypertension and BMI as well as increased employee motivation.

The question that can be derived from this purpose and which will serve as the broad research question for this study, is: Is the CWP an effective intervention to lower absenteeism levels and to improve motivational levels, high risk indicators and employees' overall experience of wellbeing?

1.4 Summary of the methodology

A mixed method design was used in this study. Quantitative methods used include a health risk assessment that consists of pre and post health risk measures. They consist of a blood glucose test, a blood pressure measurement, a BMI and measurement of cholesterol levels. These assessments were done at the beginning of the programme and after six months. Participants also completed an evaluation questionnaire on the perceived effectiveness of the wellness programme. Absenteeism data were gathered from the payroll office for two periods, namely December 2008 to May 2008 and December 2009 to May 2010. The qualitative

method that was used involved focus group discussions with a sample of the participants. The latter aimed to gather qualitative information on how the participants experienced the programme and their own health and wellbeing during their participation.

1.5 Significance of this study

In South Africa, limited studies have been undertaken to investigate the impact of CWPs on employees and companies. A lot of time has been devoted to the development of HIV/Aids interventions as well as employee safety programmes, yet programmes focussing on employees' general health and wellbeing have been neglected (Thogersen-Ntoumani & Fox, 2005). Investing in an organisational wellness programme can contribute directly to the proactive reduction of absenteeism by facilitating the creation of a healthy environment, as opposed to reactively attempting to manage absenteeism through policies and procedures (Hillier, Fewell, Cann & Shephard, 2005).

It is evident that the economic burden of factors such as employees' poor health and obesity owing to poor lifestyle choices will soon catch up with South African organisations. Many companies, such as the one on which this study focuses, may need to implement employee wellness programmes in future. This study will indicate not only the measures taken by Momentum to design and implement the programme, but also the potential effect of such a programme on employees. This study will also provide a basis for similar programmes within the South African context. By investigating the research suggestions resulting from it this study will create a platform for more research.

In practice, the results of this study will provide management with supporting data on the impact of the CWP's in a South African context. This information can be used as part of the marketing strategies for future programmes. It may furthermore give managers an understanding of the value of corporate wellness and associated programmes and thereby empower them to take decisions in this regard.

1.6 Definitions of terminology

For the purpose of this study it is necessary to understand the following terminology.

1.6.1 Employee wellness¹

“An attitude characterised by a strong sense of personal responsibility that is also characterised by the intentional choice of healthier life and balance of physical, mental, emotional and spiritual health” (Thompson, 1997, p. 83).

1.6.2 Physical wellness

Being physically well is having a good understanding of food and nutrition and applying it. Physical wellness encourages regular physical activity and a healthy diet. People are also aware of detrimental behaviours such as smoking, drug and alcohol abuse and avoid these detrimental behaviours (Travis & Ryan, 2004).

1.6.3 Absenteeism

Absenteeism is defined as not being present at work due to illness or injury (Johnson, Groghan & Crawford, 2003; Davey, Cummings, Newburn & Lo, 2009).

¹ For the purpose of this study when referring to employee wellness it implies physical wellness as defined in 1.6.2

1.6.4 Employee wellness programmes

“[L]ong term organisational activities designed to promote the adoption of organisational practices and personal behaviour conducive to maintaining or improving employees’ physiological, mental and social wellbeing” (Wolf in Thompson 1997, p. 83).

1.6.5 Presenteeism

This entails being at work but not being as productive as usual due to emotional and/or physical problems and/or symptoms (Hargrave, Hiatt, Alexander & Shaffer, 2008, p.284).

1.6.6 Motivation

Linder (1998, p. 2) defines motivation as a “psychological process that gives behaviour purpose and direction”. He further states that “motivation is the will to achieve – it is an inner force that drives individuals to accomplish personal goals” (Liner, 1998, p. 2). Motivation has been defined as an “internal state that activates, guides and maintains behaviour”. Green in Palmer (2005:185) defines motivation as an “....internal state that activates, guides and maintains behaviour”.

1.6.7 Corporate culture

A blend of the values, beliefs, taboos, symbols, rituals and myths all companies develop over time (Hawes, 2008).

1.6.8 Obesity

BMI (Weight / Height m²) is used as an indicator of general excess in total body fat. If someone's BMI is ≥ 30 the person is seen as being obese (Mendez, Cooper, Luke, Wilks, Bennet & Forrester, 2004).

1.7 Structure of the dissertation

The dissertation is divided into six chapters.

Chapter 1 – General introduction

This chapter explained the problem and background information regarding employee wellness and the supposed relation of employee wellness to employee motivation and absenteeism.

Chapter 2 – Literature study: employee wellness

In this chapter the literature study gives a review on employee wellness within the workplace.

Chapter 3 – The Corporate Wellness Programme

This chapter gives an explanation of the developmental processes of CWPs and a description of the CWP pertaining to this study.

Chapter 4 – Research design and methodology

A discussion on the research design and methodology takes place in this chapter. It covers the sample, sampling strategy, the data collection procedure and the measurement instruments.

Chapter 5 – Results and discussion

This chapter gives a presentation of the results.

Chapter 6 – Conclusion, limitations and recommendations

In Chapter 6 the results are discussed in the light of the literature and practice. Limitations and recommendations for further research which emanate from this study is also highlighted.

CHAPTER 2

THE IMPACT OF EMPLOYEE WELLNESS ON ABSENTEEISM AND MOTIVATION

2.1 Introduction

In order to stay ahead of their competitors, companies continuously need to improve their performance. As this requires full staff engagement, companies cannot afford high levels of *unnecessary* absenteeism. In addition to its negative impact on performance, absenteeism also has direct financial implications – companies have to hire substitute labour to fulfil the role of the absent employee (thus doubling the cost to company). Hiring less experienced labour also has an indirect cost in that the temporary staff member cannot function optimally to the full benefit of the company.

It is imperative for companies to understand the factors that contribute to increased levels of absenteeism. In today's business environment, where change is constant, the resulting stress and uncertainty are definitely factors that lead to absenteeism. It is therefore vital that staff members should be enabled to deal effectively with change not only on an emotional and cognitive level, but also on a physical level. In an ever-changing world, companies need to ensure that employees can perform to the best of their abilities.

Studies have shown that employees who are physically healthy are more resilient and deal more effectively with stress-producing factors such as work overloads, work pressure and job

insecurity (Thogersen-Ntoumani & Fox, 2005; Attridge, 2005; Slack 2006). A case study by Vahetra, Kivimaki, Pentii and Theorell (2000) concluded that stress-producing factors in the work environment such as job control, job demands and social support have a strong impact on absenteeism in the workplace. They concluded by stating the following: “Favourable transitions in job demands, job control and social support at work, seem to reduce the risk of sickness among employees” (Vahetra, Kivimaki, Pentii & Theorell 2000, p. 492).

2.2 Employee wellness

A literature survey yields many different definitions of wellness. Reese (2001, p. 45) refers to wellness as a self-awareness process of health and altering behaviour towards a healthier physical, mental, emotional, psychological, occupational and spiritual state. Wicken (2000, p. 95) defines wellness as “...an active process of becoming aware of and making choices toward a more successful existence”. In more concrete terms, wellness is defined as an individual’s ability to bounce back and to face day-to-day challenges. All of the definitions speak of wellness as being focused on an individual actively deciding to move towards optimal health by choosing to live a healthy, balanced life which should ultimately result in an integration of body, mind and spirit.

One can presume that an employee who is well is a healthy employee. Vuori (1998, p. 95) describes health as “...a state of complete physical, social and mental wellbeing and not merely the absence of disease and infirmity”. Health can be defined as the physical, social and psychological dimensions of a person’s condition on a continuum with positive and negative poles (Travis & Ryan, 2004). Vuori (1998, p. 96) more specifically describes positive health as

“the capacity to enjoy life and withstand challenges”. Travis and Ryan (2004) further add that health is not only the absence of disease, but also a person’s capacity to be well.

For the purpose of this study, health refers to the physical wellness of a person and wellness refers to the holistic (physical, psychological and emotional) wellness of an individual. Holistic wellness is “the integration of body, mind, and spirit – the appreciation that everything you do, and think, and feel, and believe has an impact on your state of health” (Travis & Ryan, 2004, p. xvi).

There are many factors in the workplace that affects employee health and wellness (Kristensen, Juhl, Eskildsen, Nielsen, Frederickson, 2010; McHugh 2001). The world of work has changed from constant and stable to a more turbulent environment where change is more the rule than the exception (Ginn & Henry, 2003). Many businesses restructure, merge and downsize to survive in today’s challenging economic times. These changes result in huge stress factors for employees and employees are forced to adapt to change in order to stay economically active and to earn a living. Hillier, *et al.* (2005, p. 419) state the following “...[the] literature is very clear about work-related stress. Many factors causing stress in the workplace such as excessive demands and workloads, lack of control and poor work relationships”. Cooper, Liukkonen and Cartwright in Hillier *et al.* (2005) indicate that the negative symptoms suffered by individuals due to workplace stress include the following: heart disease, mental illness, alcohol misuse, smoking, lack of exercise and carelessness. Organisational symptoms are high rates of absenteeism, low morale and high staff turnover, to name but a few. It seems

that stress produces a range of symptoms and negative results for individuals and organisations.

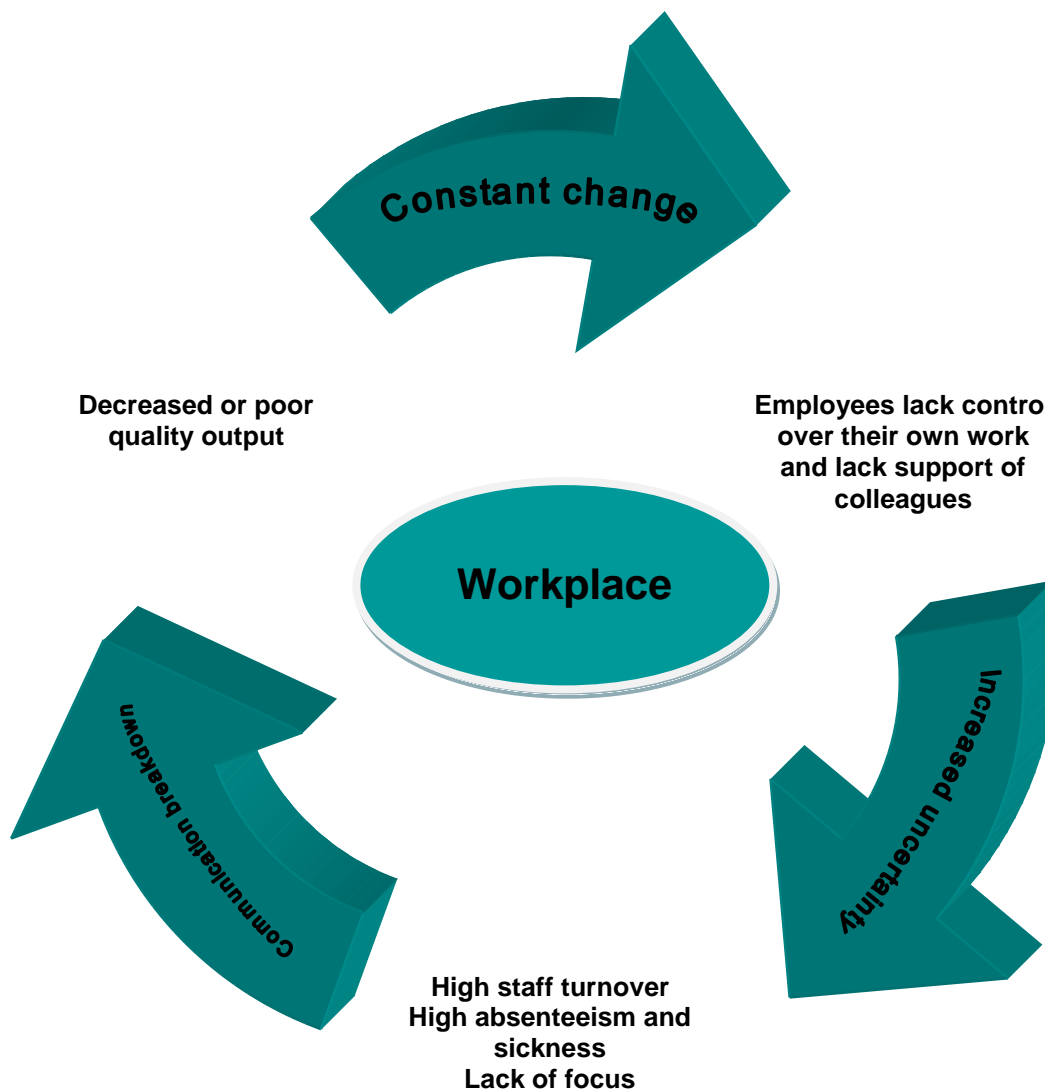
It has become vital for companies to support employees when they go through change to prevent productivity loss and a drop in morale. Research also shows that people who are exposed to continuous and excessive stress experience a decline in cognitive processes and has an impact on their problem-solving abilities (Seligman, 1992).

It is clear that workplace stress is a reality in today's world of work. The literature seems to imply that employees who are exposed to excessive, continuous and unmanaged stress are more likely to suffer from poor health. Although a certain amount of stress is important to health and performance, because it results in motivation and good performance, too much stress is counterproductive for high performance and ultimately affects profitability (Hillier *et al.*, 2005).

The literature shows that organisational change is one of the major causes of creating and maintaining stress at work. Hillier *et al.* (2005) state that many organisations are more concerned about the impact of change on organisational performance (profits) than on the needs of the individual. They further state that change should not be viewed in isolation, as change in one part of the organisation will impact other parts of the organisation and, if not managed well, will have an impact on the wellness of people who struggle to find a new place in the new environment. Constant change without a destination and purpose results in overwhelming feelings of lack of control and employees may feel isolated from their

colleagues. This creates more uncertainty and makes it challenging to retain staff. When absenteeism and sickness increase, communication breaks down as a result. This is typically followed by a decrease in and poor quality of performance (see figure 1).

Figure 1: Factors affecting wellness in the workplace (Hillier *et al.*, 2005, p. 421)



Organisations experience the impact of high staff turnover, absenteeism, sickness and lack of focus in overall organisational performance. It is therefore important to realise that a business does not only suffer because of the drop in employee performance, but it may also suffer from loss of potential revenue due to poor business performance.

Some organisations have realised that if they want to excel in business performance, they will have to address the factors (as discussed earlier in this section) that contribute to negative individual and organisational performance. These factors start with the individual employee. Research shows that healthier employees are happier and more productive and less absent from work (McGillivray, 2005). Unhealthy employees are more absent than healthy employees. Understanding the factors at work that have an impact on employee health resulting in absenteeism will help to proactively manage it through wellness. Most organisations seem to begin to understand the link between employee wellness, productivity and company performance (Hillier *et al.*, 2005; McGillivray, 2005; Thogersen-Ntoumani & Fox, 2005). In the next section absenteeism will be discussed in general to give the reader a broad understanding of it. Absenteeism will also be discussed in the context of work stress, obesity and other factors that play a role in absenteeism.

Physical activity is a factor that has a direct impact on a persons' wellbeing and health. Vuori (1998) is of the opinion that physical activity is linked to lower mortality rates. He further suggested that high and moderate levels of physical activity hold benefits for people because they undergo beneficial physiological and psychological changes when they are physically active. This also applies to people in the workplace. Marshall (2004) reports that people who take part in workplace physical activity programmes are absent less often, have higher job satisfaction and have less job stress. It therefore seems fair to conclude that ill health results in absenteeism and absenteeism results in financial loss for companies. It goes without saying that healthy employees are an asset to organisations. Healthy employees save their company's time and money, and are more productive (Anderson & Kaczmarek, 2004). The healthier people are, the better they feel, the better they deal with stress, and the more resilient and involved they are in their work (Dunkin, 2008).

Research shows that physical activity entails many benefits including considerable impact on people's immune systems (Vuori, 1998). Vuori (1998, p. 97) lists the health benefits people gain when they are physically active (see Table 2.1).

Table 2.1: The physical and psychological benefits of exercise (Vuori, 1998, p. 97)

<i>Functions enhanced by regular physical activity</i>	<i>Impact on health</i>
<p>Cardiovascular function</p> <ul style="list-style-type: none"> • Cardiac performance • Blood pressure regulation • Electrical stability of heart muscle 	<ul style="list-style-type: none"> • Minimises the effects of age and chronic disease • Reduces blood pressure in mild hypertension • Reduces risk of cardiac arrhythmias and possibility of sudden death
<p>Skeletal muscle</p> <ul style="list-style-type: none"> • Metabolic capacity • Nutrient blood supply • Muscle strength 	<ul style="list-style-type: none"> • Decreases the effect of age and chronic disease on reserve capacity for exercise • Increases endurance and reduces fatigue • Reduces risk of injury • Alleviates the effects of muscle disease
<p>Tendons and connective tissue</p> <ul style="list-style-type: none"> • Strength • Supportive function • Increased joint stability 	<ul style="list-style-type: none"> • Reduces risk of injury especially with age • Reduces muscle disease
<p>The skeleton</p> <ul style="list-style-type: none"> • Maintenance of bone mass • Adjustment of structure to load 	<ul style="list-style-type: none"> • Prevents osteoporosis and fractures
<p>Joints</p> <ul style="list-style-type: none"> • Lubrication • Range of movement • Maintenance of flexibility 	<ul style="list-style-type: none"> • Avoids limitation of movement • Limits effects of degenerative arthritis
<p>Metabolic functions</p> <ul style="list-style-type: none"> • Body weight control • Regulation of energy balance • Insulin sensitivity and carbohydrates tolerance • Lipid and lipoprotein metabolism • Inhibition of blood clotting processes 	<ul style="list-style-type: none"> • Prevents obesity and excessive weight gain • Improves carbohydrate tolerance • Prevents coronary heart disease • Counters acute precipitants of "heart attack"
<p>Psychological function</p> <ul style="list-style-type: none"> • Mood • Self-esteem • Psychomotor development • Memory • Stress reduction 	<ul style="list-style-type: none"> • Reduces mild anxiety and depression • Influences mood favourably • Can improve memory in elderly people • Can ameliorate stress-related conditions

The healthier people are, the better they feel and the better they deal with stress, which, in turn, makes them more resilient and involved in their work resulting in higher work output (Dunkin, 2008). Vuori (1998, p. 100) adds that "...physical activity appears to improve health related quality of life by enhancing psychological wellbeing (e.g. self-concept, self-esteem, mood and affect)". Research has shown that there is a direct correlation between health, productivity and absenteeism (Robin, 2003).

Companies want their employees to be happy and healthy, because engaged and productive employees give businesses a competitive edge – the key to a productive economy. Companies realised long ago that healthier employees work more efficiently. This realisation resulted in the formation of social clubs and organised social functions. The focus shifted from functions to employee fitness and progressed to motivational talks, team building and employee assistance programmes. McHugh (2001) mentions that staff's absence from work is an indication of a lack of organisational wellness.

2.3 Absenteeism

Absenteeism is costly to organisations and every type of organisation is affected by it. By reducing absenteeism effectively organisations can ensure enormous savings. It is according to Dunn and Wilkinson (2002, p. 229) the largest single source of lost productivity in business and industry. Hargrave *et al.* (2008) confirm this by stating that absenteeism due to physical and mental disorders causes major productivity losses to organisations. To be able to address absenteeism effectively, it is important to have a clear understanding of absenteeism, the predictors and cost of absenteeism and how to address absenteeism.

2.3.1 Absenteeism defined

There are many definitions of absenteeism. Van der Merwe and Miller (1998:3) define absenteeism as “....an unplanned, disruptive incident and can be seen as non-attendance when an employee is scheduled for work”. Johnson *et al.* (2003) view it as not being present at work as a result of an illness or injury. Cascio (2003) states that absenteeism is when an employee does not report for work as planned. Cascio (2003) is very clear in his view that any absenteeism costs money – the employee is not available to do his or her work and that absence costs money.

The literature highlights that there are different perspectives on employee absenteeism (Rhodes & Steers, 1990; Johnson *et al.*, 2003; Du Plessis, Visser & Fourie, 2003). A manager views absenteeism as staff not being present to do their work and this is seen as a problem to be solved. For employees absenteeism can have very different meanings. For example, an employee could consider it his or her right to be absent, or the employee could feel resentment for not being treated fairly in a job situation and therefore stay away from work as a way to disrupt the organisation in the same way that he or she feels disrupted.

A fairly general observation is that absenteeism involves that the worker is not present at work and according to Sagie in Nielsen (2008) absence from work can be described as planned (voluntary) or unplanned (involuntary). Sagie in Nielsen (2008, p.1331) describes planned (voluntary) absenteeism as “...uncertified sickness and shirk that is

under the direct control of the employee and is often based on personal aims”. Nielsen further stated that involuntary leave is due to unforeseen events or circumstances like certified sickness, funeral attendance and so forth (Johnson *et al.*, 2003; Davey, Cummings, Newburn & Lo, 2009.) Absenteeism can also be classified as white, grey and black absenteeism. White absenteeism is seen as valid absenteeism (i.e. the employee is ill and has been booked off by a medical practitioner) grey absenteeism has a psychological or psychosomatic cause and is difficult to validate. Black absenteeism is when someone is not ill and reports him or herself as ill (Sanders, 2003). Absenteeism (voluntary and involuntary) can also be seen as the number of days or hours an employee misses work due to illness or doctors’ visits (Rost, Smith & Dickenson, 2004).

Kristensen in Johnson *et al.* (2003) argue that being able to work is determined by the employees’ own perception of work ability. Most employees will be absent from work, if they perceive themselves as not being able to work (voluntary or involuntary). When the term “absenteeism” is used, it is generally accepted to refer to the fact that the employee is not physically present at work. However, an employee can be present at work but not be as productive as required by the task. This is seen as presenteeism. Hargrave *et al.* (2008, p.284) describe presenteeism as “...being on the job but having impaired functioning due to mental or physical symptoms”. Being present but not productive can also be viewed as a form of absenteeism.

Research done by MacGregor, Cunningham and Caverley (2008) found that employees may attend work while sick because they felt compelled to go to work, they felt insecure about their job or they have too many work demands. They have also linked self-efficacy, lack of trust and social support to presenteeism. They stated that employees will come to work while sick because they do not see absenteeism as an option or absenteeism is perceived as more costly. When looking at absenteeism only this might not be an accurate measurement to determine the reason for the absenteeism because people have different reasons for going to work while ill.

McHugh (2001, p.45) agrees with these descriptions of absenteeism, and brings another dimension to the table by saying that “employee absenteeism is a function of employee’s motivation and their ability to attend”. Most authors refer to absenteeism as not being present at work due to foreseen or unforeseen events. Not many of them make the link of absenteeism/presenteeism with employees’ perception of their ability to work as well as their motivation to work Nielsen, 2008; MacGregor, Cunningham & Caverley, 2008). It is important to think of absenteeism in a holistic way. Based on the latter discussion absenteeism can be seen as: voluntary absenteeism, involuntary absenteeism, and presenteeism. In addition to distinguishing between presenteeism and absenteeism it is important to view absenteeism in today’s context of work.

Kristensen, Juhl, Eskildsen, Nielsen, Frederiksen and Bisgaard (2006) argued that absenteeism cannot only be viewed as non-appearance for scheduled work. With the rapid changes in the world of work, the way absence is measured will be important.

More employees work in virtual offices or from their homes and make use of advanced telecommunicating methods to ensure effective interaction with their colleagues at different places across the world. It is therefore not as easy as it was in the past to measure absenteeism and using non-appearance as an indicator will not be a reliable measurement going forward. It will become more and more difficult for organisations to measure the frequency of employee absence. Absenteeism is already a diverse and complex phenomenon as the causes of absenteeism are found to be the result of many contributing factors (Johns, 2003).

2.3.2 A model of absenteeism

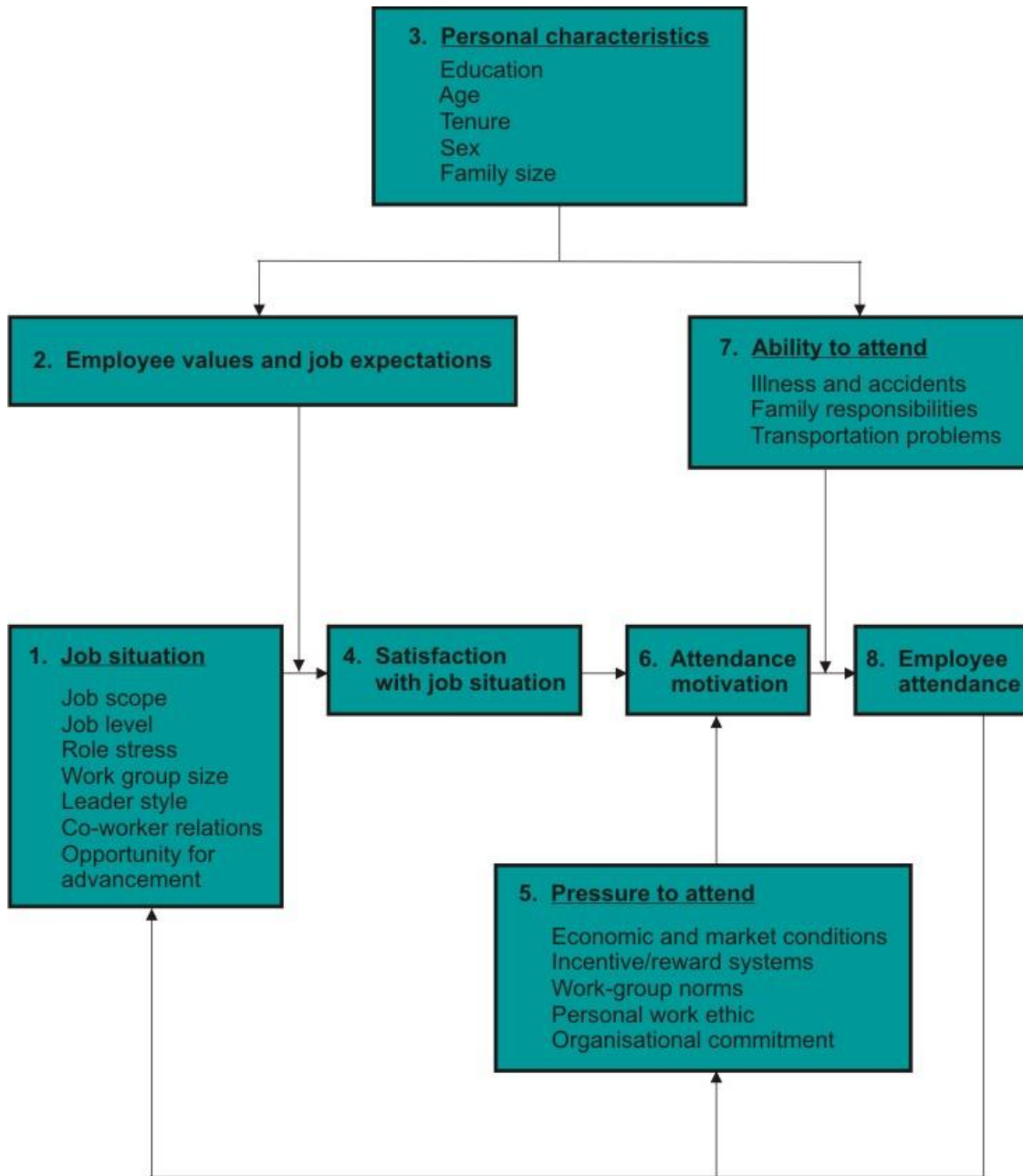
Understanding the theories of why people miss work is important before organisations start spending money on wellness programmes. Various models have been developed to explain absenteeism. Barmby, Orme and Treble (1991) state that absenteeism depends on personal and job characteristics. Most of these models include the effect of occupational characteristics, personal attitudes and family conditions. Some authors refer to absenteeism as being dependant on variables such as being satisfaction with their job, involvement in their job, commitment to the organisation, their own health status and the role of alcohol (Brooke & Price, 1989, Rhodes & Steers, 1990). The authors further refer to health status as a consequence of role ambiguity, role conflict and role overload and not as a consequence of illness.

Brown (1994) argues that an absenteeism model only based on personal and job characteristics are unrealistic and problematic. According to Brown (1994) empirical

research has analysed the influence of health on absenteeism and found that ill health correlates with higher absenteeism. Barmby, Sessions and Tremble in Brown (1994) therefore decided to incorporate a sickness index to ensure that the absenteeism framework is more realistic.

Rhodes and Steers (1990) provide a framework of the various factors that have an impact/influence on attendance (see figure 2). The authors propose that the attendance of employees (Box 8) is mostly determined by two variables: (a) employee's attendance motivation (Box 6) and (b) an employee's ability to attend (Box 7) (Rhodes & Steers, 1990, p.45). It is further suggested by the authors that the employee's motivation to attend is influenced by two factors (a) satisfaction with the job situation (Box 4), and (b) pressures to attend (Box 5). The job situation refers not only to the nature of the tasks but to the general working environment.

Figure 2: Framework of various factors that have an impact on attendance



Source: Rhodes & Steers (1990, p. 46)

Rhodes and Steers (1990) list job scope, job level, role stress, size of the work group, style of the leader, co-worker relations and the opportunity for advancement as factors that could lead to increased job fulfilment (Box 1). Rhodes and Steers (1990) explain that poor management style can lead to antagonism resulting in poor work attendance. In terms of co-worker relations Johns (2003) and Du Plessis, Visser and Fourie (2003) found that the attendance culture of one group has an impact on the attendance culture of another group and can become the absenteeism norm in the organisation.

The model further suggests that employee values and expectations will also impact on employee absenteeism (Box 2). Rhodes and Steers (1990) amplified the impact of the employees' emotional expectation (psychological contract) with the company and their willingness to attend work. Tylczak (1990) sees employee specifics (Box 3), such as gender roles, hobbies, interests and employee background as factors that influence work attendance. Erickson, Nichols and Ritter (2000) expand on employee specifics and includes lifestyle choices as part of employee specific factors that have an impact on absenteeism. The author includes factors such as smoking, drinking and using certain substances that could influence absenteeism.

The model further suggests that there are also specific pressures like the economic conditions, personal work ethics, reward/recognition systems to attend work (Box 5) that might influence employees to attend work. The model also refers to factors that limit employees' ability to work, namely genuine illness, family responsibilities and transportation problems (Box 7).

In the literature, absenteeism models are mostly described from an employee behavioural framework and not from a physical wellness perspective. Many studies made the link between psychological factors and absenteeism as well as organisational factors and absenteeism (Martocchio & Jimeno, 2003; Bron, 1994; Geurt, Schaufeli & Rutte, 1999). Little research is available that describes absenteeism in the context of physical wellness (Darr & Johns, 2008; Hanebuth, Meinel & Fischer, 2006).

2.3.3 Predictors of absenteeism

Various studies have shown that absenteeism is not a linear problem; more than one factor results in employee absenteeism (Johnson *et al.*, 2003; Mills, Kessler, Cooper & Sullivan, 2007). McHugh (2001) states that many reasons can contribute to absenteeism. Workplace stress is seen as one of the major determining factors that play a role in employee absenteeism (Mills *et al.*, 2007), as well as illnesses linked to obesity (Anderson *et al.*, 2009) and organisational factors such as role conflict, role ambiguity, role overload, job satisfaction and leadership (Pousette & Hanse, 2002). Johns (2003) also indicates that absenteeism is also influenced by demographics, lower back pain, organisational commitment and performance. For the purpose of this study predictors of absenteeism will be discussed in terms of workplace stress, obesity and organisational factors.

2.3.3.1 *Impact of workplace stress on employee absenteeism*

Workplace stress is not a simple psychological construct. According to Colligan and Higgins (2005) it is important to understand workplace stress in the context of stress. Zibardo, Weber and Johnson (2003) define stress as a person's physical and/or mental state as a reaction to stressors that are perceived as a threat or perceived as a challenge. People experience stress if they have to behaviourally adjust to circumstances or situations. This is true for general as well as workplace stress (Montgomery, Blodgett & Barness, 1996). People who are exposed to perceived threats or challenges respond with either a flight or fight reaction. Stress in itself is not bad; some stress responses can be of some benefit to individuals. Stress that has a positive impact on individuals is called eustress. Prolonged threats or challenges that are burdensome to individuals and cause them emotional stress and physical illnesses are called distress (Colligan & Higgins, 2005). McVicar (2003) states that the ability to deal with stress differs from person to person and is dependent on an individual's characteristics, experiences and coping mechanisms as well as circumstances. What is stressful for one individual may not be stressful for another person.

Lazarus (2000) stated that regardless of whether it is positive or negative stress the body responds the same psychological – any stress uses the body's energy and defence resources. Intense and/or prolonged stress depletes the body's ability to cope with the stress resulting in psychological and emotional symptoms.

Zimbardo, Weber and Johnson (2003, p.92) describe a three-stage pattern of physical responses as a result of prolonged stressors as follow: Stage 1 is described as the alarm reaction stage. This is a short phase during which the individual is physiological prepared to ward off the stressor. The adrenal functions are activated through the hypothalamus which communicates to the sympathetic nervous system to release the body's natural energy and defence resources. This results in an increased heart rate, increased blood flow to muscles, heart and brain, preparing the individual to fight back or flee. If individuals are exposed to continuous intense and/or prolonged stressors, the body's energy and defence resources are depleted. During stage 2, the resistance stage, the body adapts to the continuing presence of the stressors due to the parasympathetic interventions that stabilise the bodily functions. Adrenal output decreases during stage 2. Stage 3, exhaustion is characterised by a resurgence of the alarm stage and a powerful response from the autonomic system attempts to regulate the hormone response. During this stage the body's vital resources have been depleted from the immune system, leaving the individual vulnerable to illness. The body is in a state of hypoadrenia – this is a state where the body does not have the capacity to adapt or to deal with the stress. This can result in health problems such as irritable bowel syndrome, hyperinsulinism, high blood pressure, high cholesterol, heart attacks, chronic fatigue, psychosis, depression and anxiety.

Workplace stress differs from stress in general in that it is organisational in nature. Colligan and Higgins (2005, p. 93) define workplace stress as “the change in one's physical or mental state in response to workplaces that pose an appraised challenge or

threat to the employee”. They further state that prolonged exposure to these factors will increase the risk for employees to develop physiological and psychological disorders resulting in increased absenteeism and decreased productivity.

The literature highlights specific factors that contribute to workplace stress, namely working hours, role conflict/ambiguity and work overload, lack of autonomy, difficult relationships (team and/or leaders), bullying, harassment and organisational climate (McVicar, 2003; Colligan & Higgens, 2005; Snow, Swan, Raghavan, Connell & Klein, 2003).

Individuals experience workplace stress when the perceived demand is bigger than the individual’s perceived ability to cope successfully with the perceived demand. Individuals who think they do not have the ability to cope with the demands will experience these demands as a threat and the employee’s body will be in a state of fight or flight. Poussette and Hanse (2002) and Demerouti, Le Blanc, Bakker, Schaufeli and Hox (2009) state that workplace stress plays a big role in ill health and sickness absence. Arsenault and Dolan (1983, p. 227) highlight the relationship between stress and health. They state the following: “Stress at work has been recently related to the aetiology of a number of physical conditions such as coronary heart disease, peptic ulcers, hypertension and diabetes.” Love, Irani, Standing and Themistocleous (2006) agree with Arsenault *et al.* (1983) by stating the following: “At an individual level, work related stress can contribute to physical and mental disorders. Physical illnesses may include high systolic blood pressure, high cholesterol and ulcers. Poor mental health

can include low self-esteem, job dissatisfactions, job-related tension, anxiety, depressions, nightmares, insomnia, alcoholism, drug abuse and sexual difficulties". Johnson, Cooper, Cartwright, Donald, Taylor and Millet (2005) agree with Arsenault *et al* (1983) regarding the impact of stress on physical health. Johnson *et al.* (2006) mentioned that long-standing and intense stress can result in heart disease, back pain and gastrointestinal disturbances, depression and anxiety. They further mentioned that work-related stress cost the UK about 3.7 billion pounds every year.

Workplace stress has been recognised as a factor which potentially hinders organisational effectiveness by contributing to lower employee performance and to employee withdrawal behaviour such as absenteeism. The impact of workplace stress on employee health, individual and organisational performance has been widely research (Love *et al.*, 2006). Literature stated that too much stress in the form of work demands, too little job control (some influence over one's environment), and lack of social support may result in absenteeism which may be an indirect measure of workers health and wellbeing.

While many research studies indicate that workplace stress has a direct impact on health (Johnson, *et al.*, 2005; Cooper, Dewe & O'Driscoll 2001; McHugh, 2001), only a few studies focus on sickness absence and job stress. Darr and Johns (2008), Hanebuth, *et al.* (2006), and Davey, Cummings, Newburn-Cook and Lo (2009) state that there is a positive relationship between job stress and absenteeism: when job stress increases, absenteeism increases. A study by McHugh (2001) states that

workplace stress causes 88% employee absenteeism. Apart from these studies, research undertaken refer more to the impact of workplace stress on ill health and not workplace stress as a reason for absenteeism (Griep, Rotenberg, Chor, Toivanen & Landsbergis, 2010). Most studies make the link between ill health, sickness absence and the relationship with work. These studies assume that regardless of the type of work, the impact of ill health on absenteeism is the same. However, the findings of some studies do not support this view. Some authors suggest that the relationship between ill health and absenteeism may vary from occupation to occupation (Pousette & Hanse, 2002; Vatera. Kivimaki, Pentti, Theorell,1999; Hanebuth *et al.*, 2006; Davey *et al.*,2009; Sanders & Nauta, 2004).

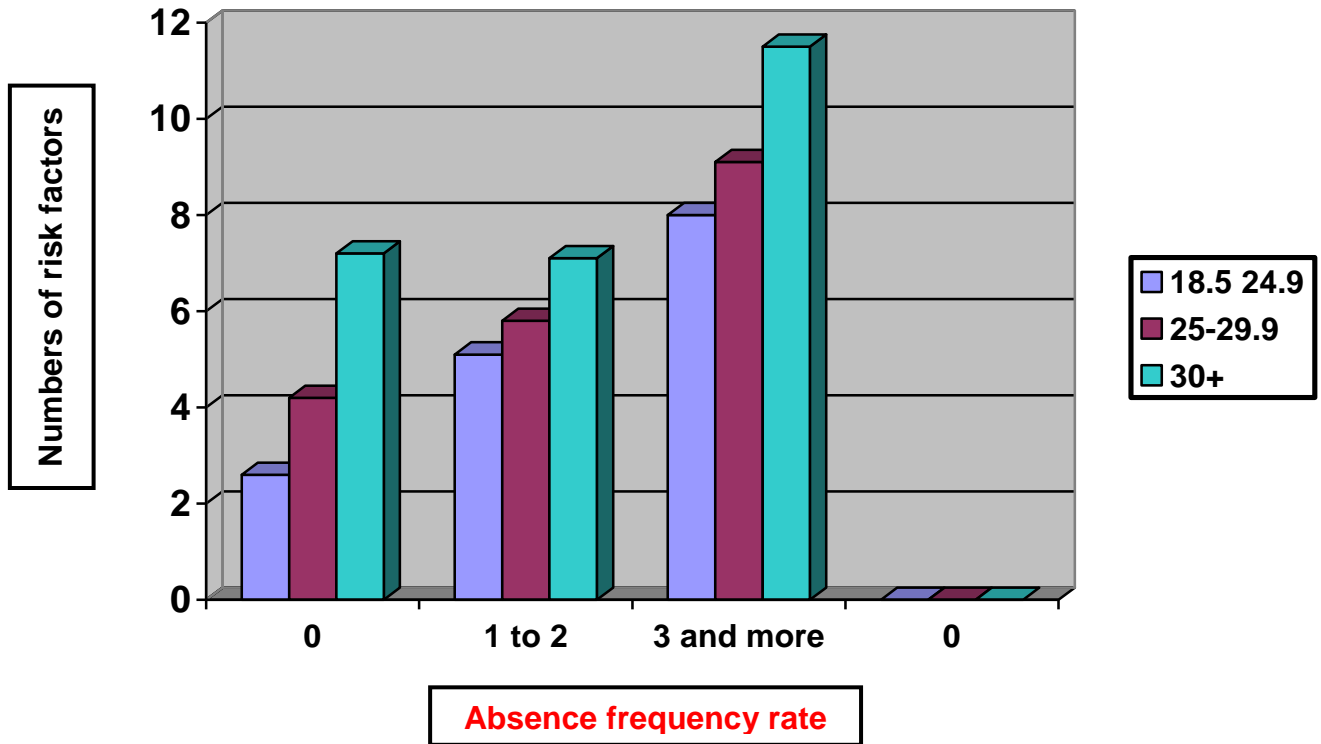
2.3.3.2 *Impact of obesity on employee absenteeism*

“Obesity is a major health problem in both developed and developing countries” (Anderson *et al.*, 2009, p. 340). Ball, Mishra and Crawford (2003) state that overweight and obesity increase the health risk factors, such as diabetes, heart disease, hypertension, osteoarthritis and certain cancers. As reflected in figure 3, the studies of Tsai, Ahmed, Wendt, Bhojani, Donnely (2008, p. 12-13) found that the average number of workdays lost due to absenteeism increase by the number of health risk factors. Employees with no health risk factors and a normal BMI range (18.5-24.9) are absent an average of 2.6 days, overweight employees (BMI between 25 and 29.9) are absent 4.2 days and obese employees with no health risk factors are on average absent for 7.2 days. Employees with one to two health risk factors and a normal BMI are absent 5.1 days per annum, overweight employees 5.8 days and obese employees 7.1 days.

Employees with three or more risk factors with normal BMI are absent eight days per annum, overweight employees 9.1 and obese employees 11.5 days. In their study they refer to a study by Tucker and Friedman (1998) where it was found that male employees are 1.74 times more likely to be absent, seven or more times in a six month period, due to illness. Obese women are 1,61 times more likely compared to their colleagues of normal weight.

Figure 3: Annual absence frequency rate by number of health risk factors, 1994 -2003

(Source: Tsai *et al.*, 2008, p 12)

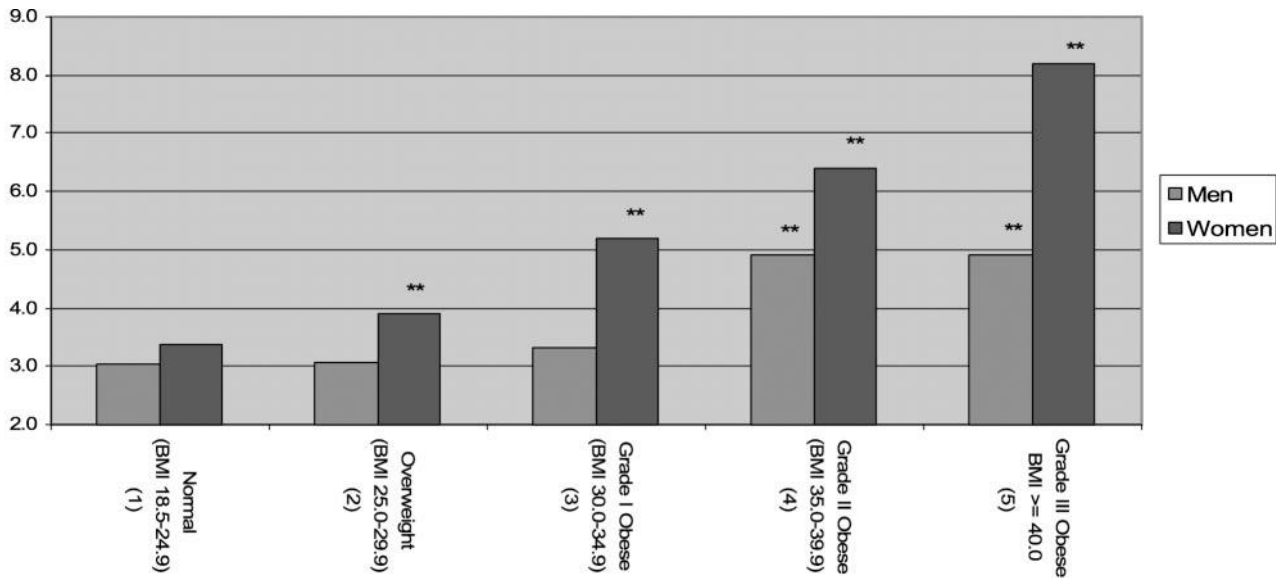


The number of overweight people is growing and studies show that overweight employees have much higher weight-related medical expenses and they are more absent from work than their colleagues who maintain a healthy weight (Fong & Franks, 2008; Frone, 2008; Ball, Mishra & Crawford, 2003). Schulte, Gregory, Wagner, Ostry, Blanciforti, Cutlip, Krajnak, Luster, Albert, Munson, James, O'Callaghan, Parks, Petia, & Miller (2007) found that workers who are obese are absent seven times more often than their colleagues who maintain a normal weight over a period of six months. Absenteeism that is obesity related, cost employers in the US \$2.4 billion. The relationship between the accumulation of health risk factors and increased employee

absenteeism has been explored in numerous studies. Some of these studies have shown that obese employees have significantly higher absence rates (Tsai *et al.*, 2008). Burton and Conti in Schulte *et al.* (2007) also state that overweight employees tend to be less productive than non-overweight employees' (Jans, Van den Heuvel, Hildebrandt & Bongers in Adams, 2009).

Employees who are overweight are absent from work 5% more often, which results in lower productivity (Finkelstein, Fiebelkorn & Wang, 2005). Finkelstein, *et al.* (2005) further state that the cost for employers associated with overweight and obese employees are substantial and range from \$176 to \$2485 per year. These costs are mostly related to absenteeism. Burton in Bungam, Satterwhite, Jackson and Morrow (2003, p. 457) confirms this by saying that "...employees at risk for obesity incurred twice as many sick days as non obese incurred, amounting to an average of \$863 per employee in excess lost time and lowered productivity per year." In figure 2, Finkelstein, *et al.* (2005) compare missed working days for a normal weight population to the missed working days of overweight individuals (BMI between 25 and 29.9) and of the different categories of obese individuals (BMI greater than 30). It is clear from figure 3 that overweight and obese people are absent more often than people who maintain a normal weight.

Figure 4: Predicted missed work days for full-time employees by BMI Category, 2001 to 2002 (Source: Finkelstein, et al., 2005, p. 48)



**Significantly greater than missed work days for the normal weight population ($p < 0.05$).

Source: Authors' calculations based on data from the 2001 and 2002 National Health Interview Surveys

Many studies examine the relationship between health risk factors and absenteeism (Darr & Johns, 2008; MacGregor, Cunningham & Caverley, 2008; Sanders, 2003). However, many researchers base their studies on a cross-sectional study design (Tsai *et al.*, 2008). There is a need for studies with a prospective study design and objective health risk and absence data. In this study, objective (not self reported) health risk assessments and absence data are included to examine the impact of activity and nutrition on absenteeism and employee motivation.

2.3.3.3 Organisational factors

Factors within the organisation and work context may lead to absenteeism. Organisational change is a factor that may lead to work-related stress. Engstrom and Janson (2006) found that retrenchments due to rightsizing, downsizing, mergers and acquisitions have, in many cases, led to change in responsibilities, job losses and work overload for those who stay behind. A more demanding workload may result in ill health, which then results in increased absenteeism.

Other factors, such as job satisfaction, low performance standards and sick pay arrangements, also appear to be factors that may lead to absenteeism (Johnson *et al.*, 2003, p. 338). Johnson *et al.* (2003) further state that "...long term absence is most likely to be associated with medical problems; short-term absence is likely to be because of social and personal factors rather than serious illness and is therefore more open to management control". It appears that work stress also makes a major contribution to absence due to short term illness (Davey *et al.*, 2009). When employees are stressed, tired or worried at work there is no guarantee that they are productive. Research done by Jackson, Rothman and Van de Vijver (2006) indicates that stress and exhaustion result not only in ill health but also in mental distance.

Another factor that has an impact on absenteeism is job demand. With all the economic pressures facing companies today it is unlikely that job demands will be decreased, but companies can increase the job resources (including organisational support, role clarification, information sharing, teamwork and communication) for employees so that they can deal more effectively with the demands they have to face. When employees

have the resources to cope better, they have the higher resilience necessary to deal with these demands. Jackson *et al.* (2006) find that burnout is also related to health problems due to high job demands. Occupational stress is consistently linked to physical and psychological ill health. Heart disease, forms of cancer, allergies, migraine, back problems, depression and an increased frequency in minor ailments such as colds and flu have all been associated with stress and burnout (Spector, 2002). When employees feel better because they are healthier, they have the internal resources needed to lessen the impact of high job demands.

In terms of job satisfaction, Davey *et al.*, (2009, p. 320) state the following: "...if job satisfaction decreases, self reported absenteeism increases". Absenteeism is not always caused by physical illness or injury. Employees are also often absent because of low job satisfaction and drive. A study by Bennet (2002) claims that employees are not absent due to illness only. According to Bennet's research 92% of absence is on account of low morale, 88% on account of stress and 48% due to lack of motivation; only 28% is due to an attitude of entitlement. So clearly absenteeism is not only the result of physical ill health but also because of the particular relationship the employee has with the company.

If companies can help employees, through a wellness intervention, to manage their stress more effectively, absenteeism will also decrease because employees will be more resilient and cope with their stress more effectively.

2.3.4 Cost of absenteeism

Research has found that between 12 and 18% of total payroll cost is due to absenteeism (Attridge, 2005; Gallagher & Morgan, 2002). This results in lost productivity and higher employer cost. Roslende, Stevenson and Kahn (2006) in their survey found that averages of 8.4 days per annum are lost due to sickness absence at a cost of £601 per employee. Minor illnesses are the most significant cause of short-term absence. Participants indicate that 14% of their absence could be neutralised if they had better ways of coping with stress. This study proves that the lack of companies' understanding of the cost of direct and indirect absenteeism and non-management of employee wellness result in excessive cost to companies. As stated earlier, it is easier to measure "physical absenteeism" than the cost of "emotional and mental absenteeism". It is, however, quite clear that emotional and mental absenteeism is something that cannot be ignored when employees indicate that their absence can be neutralised if they had better coping mechanisms to deal with challenges at work.

Dunn and Wilkinson (2002) state that the cost burden of absenteeism on companies includes direct and indirect costs. Total cost includes direct costs, such as paying for contract workers while paying for employees that are not at work (direct payment of sick-pay to employees), overtime, increased administration costs (McHugh,2001). Indirect costs are difficult to measure and include things such as lost productivity, burden on team members – impact on their morale and productivity as they have to compensate for absent workers in terms of delivery, lower customer satisfaction, negative work attitudes and reduced employee motivation. Robinson (2002) highlighted

that indirect costs of absenteeism can be up to three times higher than the direct costs of absenteeism. McHugh (2001, p. 44) state that “...absenteeism from work is considered to represent an enormous cost for organisations”.

Hilton, Sheridan, Cleary and Whiteford (2008) state that it is important for companies who want to perform at high levels (to meet the high demands of economic pressures) to address issues like absenteeism. They further state that addressing ill health in companies is a global trend where most issues regarding productivity are due to absenteeism and presenteeism (being at work but not working at full capacity). It is important to address absenteeism effectively because of its enormous impact on organisational performance (McHugh, 2001). Companies can, through effective management, address the costs incurred by absenteeism and presenteeism in a more effective manner.

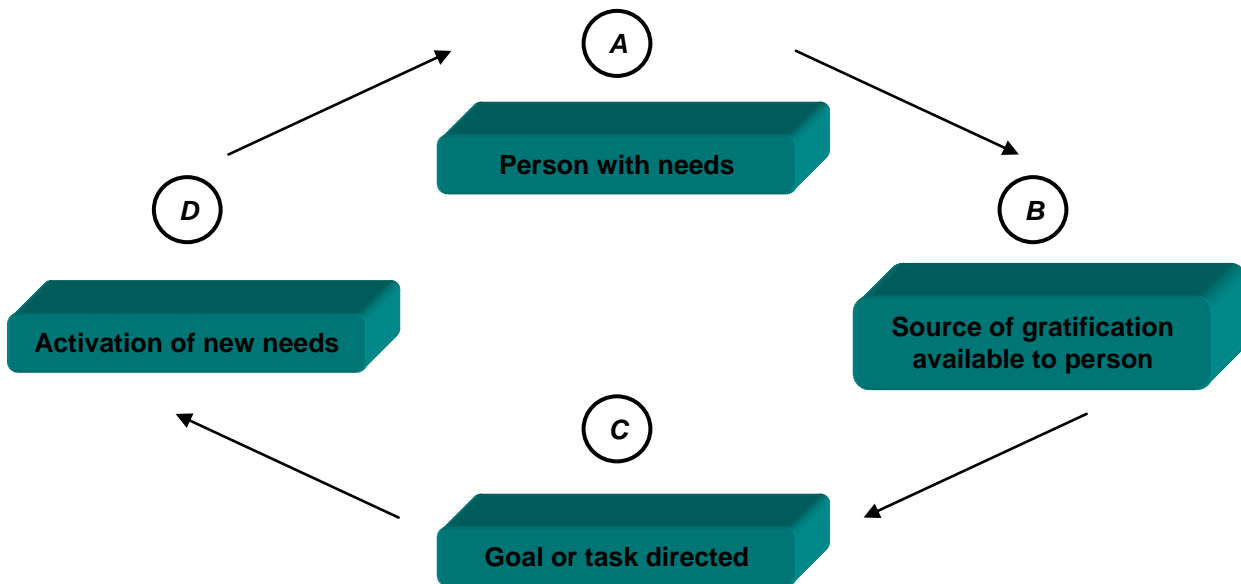
Ho (1997) poses that, when employees are absent, the economic impact is derived from the cost of decreased productivity. This cost is incurred because the company has to replace the employee with less experienced temporary staff. It is estimated that the indirect cost of an absent employee costs British employers around £1,092 per employee per annum (Bennet, 2002). Clearly, absenteeism is a cost that, if the source of absenteeism is identified and managed, companies can save directly and indirectly. Bolton and Hughes (in Maclean, 2008) support the findings that minor illnesses are the reason most frequently given for absenteeism. It seems that low morale, boring job, lack of commitment, workplace stress, impact of long hours are real reasons for absence.

As seen thus far, absenteeism is costly for organisations. If companies can manage absenteeism cost downward, it will have an impact on their bottom line. In order to fully understand how to mitigate absenteeism we need to understand the concept of health and its impact in the workplace.

2.4 Motivation in the workplace

Because motivation is not tangible it is difficult to concretise and therefore its definition is to some extent abstract. Motivation is seen as intrinsic to human beings and can be observed in behaviour. Benson (2008, p. 4) defines motivation as “an individual’s internal drive required to complete a task” (in addition to the skills and available resources). Linder (1998) states that motivation is goal orientated and individually driven by an internal force (psychological process), that gives direction and purpose to individual behaviour. He further expands that “motivation is the will to achieve – it is an inner force that drives individuals to accomplish personal goals”. Mitchel (1982, p. 81) defines motivation as “those psychological processes that cause arousal, directions and persistence of voluntary actions that are goal directed. Motivation is seen as an individual phenomenon as each individual is unique and has different needs, values, expectations, etc.” Halepota (2005, p. 14) defines a conceptual model of motivation (see figure 5) as follows: “At point A, a person with needs wants to fulfil his needs. At point B a person finds resources to fulfil those needs, at point C he engages/motivates himself to achieve tasks to fulfil these needs and at point D, new needs arise if original needs are met. In this way his needs are met.”

Figure 5: Concept model of motivation (Halepota, 2005)



Seeing that motivation is observed in an individual's behaviour, it is assumed that most behaviour is influenced by the level of an individual's motivation (Mitchell, 1982). In other words, the more a person wishes to do a certain thing, the more this will be apparent from the way the person behaves. Kouzes and Posner (2003) state that performance is the result of a person's ability and motivation. According to Shamir, House and Arthur (1993) motivation is an internal process that arouses, directs and maintains human behaviour towards the achievement of specific objectives. It would appear that motivation is an internal drive to achieve a goal that will fulfil someone's internal need. Motivation is important for organisational performance (achievement of organisational goals) and without employee motivation, organisational success will not be achieved (Leonard & Hilgert, 2004).

From the definitions, it seems that motivation is an internal resource observable in behaviour. It is a state of arousal that directs behaviour to achieve specific goals which are important to

the individual. People seem to be willing to invest energy in an act if they perceive the outcome of the act to be worthwhile. Understanding motivational theories will help us to understand motivation better.

Manolopoulos (2007) describes internal motivation as follows: When people perform an activity to acquire motivation, it appears to be self-sustained and self-defined. Employees can be motivated by intrinsic and extrinsic factors. He refers to external motivation when employees need an external stimulus to be motivated there desire to achieve specific objectives (Vuori, 1998). It seems if exercises can be seen as an external stimuly which activates internal motivation to achieve a desired goal. Research finds that exercises positively influence biochemical factors in brain health. Physical activity improves the stimulation of neuro-chemical changes in the brain and therefore improves people's ability to deal with stress as well as depression (Remington, 2009). Physical activity enhances employees' moods and has an impact on their mood state and self-esteem which in turn enhances their motivational levels (Vuori, 1998).

Motivation is not only important to increase productivity, employees also need motivation to stay active and eat healthily. Schutzer and Graves (2004, p. 1056) state that "60% of the adult population is not engaged in physical activity on a regular basis and trends in physical activity consistently show that activity levels progressively decrease with age". It is important to obtain the interest from employees to participate in wellness programmes – this is the key for companies and employees to experience the benefits of these programmes. Buckworth, Lee, Regan, Schneider and DiClemente (2007) find that people are more likely to start engaging in

wellness programmes when the participation is motivated by extrinsic motivators. They also find that, as soon as people experience the physical and emotional benefits of exercise and healthy eating, intrinsic motivators will sustain participation. Kwan and Bryan (2009) support this and they find that if people feel good because of exercise, they are more likely to continue to be physically active, resulting in maintenance of physical activity in the long run. It is therefore important that, in order to ensure that physical activity results in higher levels of motivation to increase productivity, wellness programmes must be designed in such a manner that they reward physical activity extrinsically until employees experience the internal intrinsic motivation to continue to participate in these programmes.

Motivation is not a new concept. Since the mid-twenties numerous theories have seen the light, all trying to explain the drive of human behaviour. Basset-Jones and Lloyd (2005, p. 929) claim that “...the major researchers in motivation – whose work is still taught to business students – were Maslow , Herzberg , Vroom Alderfer McClellan and Locke. ” These theorists differ from each other to a degree regarding the way they theorise about motivation. Each theory offers a restricted view on the sources of motivation aiming to explain the drive for human behaviour.

During the mid-1970s behaviourism was reviewed and theorists then acknowledged the dynamics of human behaviour. They stated that human behaviour can be stimulated by both their internal world as well as by external factors and employees’ needs are a function of personality (Basset-Jones & Lloyd, 2005).

Benson (2008) states that motivation theories can be viewed in two categories. One being content or need theories, and the other process and motivational theories (Benson, 2008). The category of content or need theory views the interaction between internal and external factors as quite complex. It investigates the way people respond to internal and external stimuli in different circumstances. Maslow and Herzberg's theories are examples of content/need theories.

The category of process theory views explores the factors internal to a person and how these factors result in different behaviours. The Process Theory is Vroom's Expectancy Theory, Equality Theory and Goal Setting Theory (Benson, 2008).

There are many different theories on motivation. Many of these theories are relevant to human behaviour in general. It seems only a few of these motivational theories are relevant to organisational behaviour studies as they focus on people in the context of work (Basset-Jones & Lloyd, 2005). Motivation is also described differently by different writers. Table 2.2 contains a summary of the most known motivational theories.

Table 2.2: Summary of most known motivational theories (summarised from Ambrose & Kulik, 1999)

Theory views	Theory	Source of motivation	Main theorist
Content need reinforcement	Motives and Need (most research done between 1950 – 1970)	People are directed by needs and wants. This results in preferred behaviour directed to satisfy the individual needs and wants.	Maslow, Herzberg, McClelland and Alderfer
	Reinforcement Theory	Behaviour is directed and determined by the consequence of the behaviour.	Roger and Skinner
Process	Expectancy Theory, (most research done before 1990)	Peoples' effort will be determined by the reward they receive. The more they value the reward, the bigger their effort to achieve the required results. The more they expect and the bigger the incentives, the higher the level of expectation will be.	Vroom
	Equality Theory	People will lower their performance if they perceive the rewards being unequal to the effort.	Adams
	Goal Setting Theory	Difficult goals result in higher performance than the performance to attain easy goals. Feedback on goal achievement is also seen as a source of motivation.	Locke and Latham
	Cognitive evaluation theory (Intrinsic motivation theory)	People have an internal locus of control and perform tasks for internal reward and satisfaction. External sources lower internal locus of causality if it is perceived as controlling.	Deci

Over the years many motivational theories have seen the light. To be able to understand motivation in its entirety is important to understand the foundational theories of motivation. For

the purpose of this study, the five most well-known and esteemed theories of motivation will be discussed. Motivational theories help people to understand what factors play a role in improving people's motivation levels. Understanding motivational theories gives insight into the different factors that have an impact on the motivational levels of a person. The following most well-known motivational theories are discussed for the purpose of this research:

- a) Maslow's Theory
- b) Herzberg's Theory
- c) Vroom's Expectancy Theory (Expectancy Theory)
- d) Goal-setting Theory
- e) Reinforcement Theory

2.4.1 Maslow's Theory

Maslow proposes that people are motivated primarily by their needs. These needs determine behaviour and influence a person's activities until they have been satisfied. Maslow's motivational theory focuses on a hierarchy of needs. Maslow believes that people strive to reach their maximum level of potential. He further believes that all human behaviour is directional – there is a reason for everything a person does (Leonard & Hilgert, 2004). Maslow's theory of the hierarchy of needs implies that a person arranges their needs in order of importance (see figure 5). A person will only move to the next level of motivation if the most basic need is met. If the most basic need is not met, that person will not be motivated by the needs in the higher levels of the hierarchy (Dye, Manning & Mills, 2005). Maslow divides the needs into a lower and

higher level. Lower level needs are physiological needs and security needs; higher level needs are social (belonging) needs, esteem needs and self-actualisation needs.

2.4.1.1 Physiological needs:

The first level is known as physiological needs. These needs are basic needs people have for food, rest, shelter. In the workplace these needs are related to work as a means of caring for these needs. Earning an income enables an employee to buy the necessities to survive.

2.4.1.2 Security needs:

The second level of needs is the need to protect oneself against danger. Another need on this level is to guard oneself against life's uncertainties. It is important for most employees to have some sense of job security. Leonard and Hilgert (2004) also highlight that it is important for employers to include medical and retirement plans as benefits for employees to fulfil this need level.

2.4.1.3 Social needs:

These needs are needs for attention from others. People want to be part of a group. In a work environment, this is the need for employees to be accepted by their peers. Good interpersonal relationships at work satisfy the need to belong. Leonard and Hilgert (2004, p.109) state that "...interestingly, the third most powerful factor driving commitment was worker's sense of affiliation, or connectedness on the job, just behind safety and security and pay and perks".

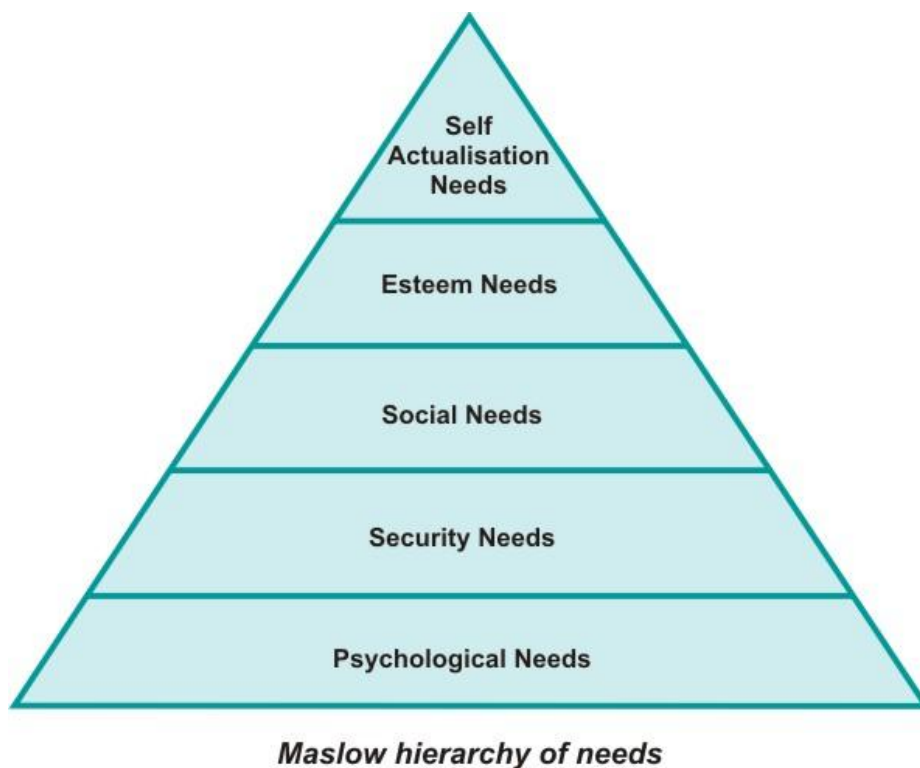
2.4.1.4 Esteem needs:

These needs are needs for recognition. People who have esteem needs want status and achievement. Feeling important is a typical need that relates to esteem needs. People who have esteem needs want to be recognised for good performance. This need is a need where a person wants to feel valued by others. Esteem needs also manifest in self-confidence or feelings of inferiority/superiority (Halepota, 2005).

2.4.1.5 Self-actualisation needs:

People who have self-actualisation needs have the need to live to their fullest potential. People have the need to be creative. If people do not reach a level of self-actualisation in their work the risk exists that they will seek self-fulfilment outside the work, this may result in disengagement in their work (Leonard & Hilgert, 2004).

Figure 6: Maslow's hierarchy of needs



2.4.2 Herzberg's Theory

This theory presents itself as an extension of Maslow's theory and is also needs based. Based on his research he identifies two sets of factors: the one set causes happy feelings and good attitude within people; the other set causes unhappy feelings which results in bad attitude. The two factors Herzberg proposes are the job enrichment factor and the hygiene factor. Job enrichment factors result in motivation and hygiene factors result in demotivation when they are inappropriate (Furnham, Eracleous & Chamorro-Premuzic, 2009). Herzberg also argues that motivation is grounded in growth needs (internal motivational needs) and therefore individuals do not need incremental incentives to drive them internally. Herzberg views motivation as an internal self-charging battery (Furnham *et al.*, 2009). Therefore, if an employee's attitude is understood it is easier to understand his or her motivation.

Since the mid-twentieth century motivation has been research extensively. Through this research it appears that there are two views regarding human nature. The one view regards most people as lazy and unwilling to work. They state that people are motivated by external factors that stimulate them. The second view sees people as motivated to work because they want to. Their desire to work is driven from within. This view is supported by the findings from the Hawthorne studies (Furnham *et al.*, 2009).

Hertzberg classifies motivating factors in two groups. The first group of factors are called job enrichment factors (motivators), and includes the following: recognition, achievement, possibility of growth, career advancement, responsibility and work itself.

The second group of factors are called hygiene factors and includes: salary, interpersonal relationships with supervisors, subordinates and peers, supervision, company policy and administration, employee work conditions, factors in personal life, status and job security.

Tietjen and Myers (1998) highlight the fact that job enrichment factors help people to satisfy their need for self-actualisation. Hygienic factors do not motivate employees, they only move them to (temporary) action, but if they are absent it results in dissatisfaction. Hertzberg distinguishes between motivation and movement. He links motivation to the motivators and movement to the hygienic factors. Tietjen and Myers (1998) describe the difference between motivation and movement is as follows: Motivation is when an internal drive or desire activates a person to achieve goals or to do work. Movement is when an external stimulus elicits a specific action from a person. This is temporary because the movement disappears as soon as the external stimulus is not present anymore (Tietjen & Myers, 1998).

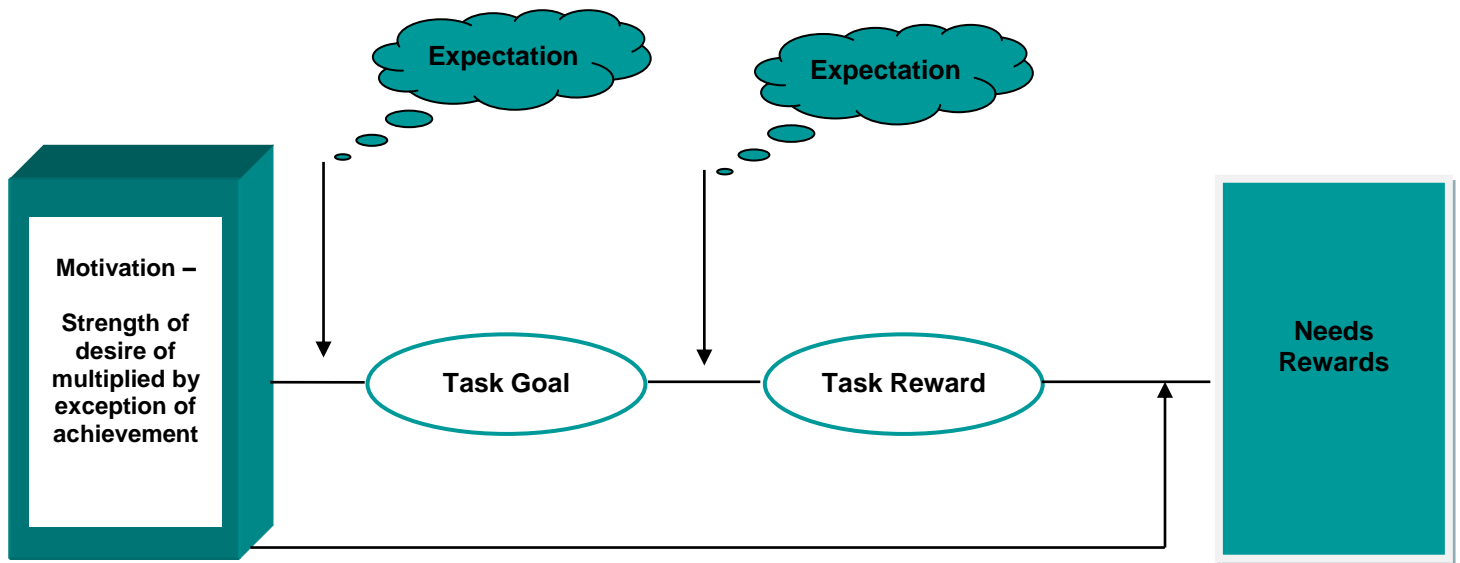
Basset-Jones and Lloyd (2005, p. 933-934) state that cynics criticised Herzberg's theory by saying that money can motivate employees. Herzberg counteracts their criticism by drawing their attention to research from Japan, India, South Africa,

Zambia, Italy and Israel that found that motivation is based on growth needs and therefore does not need incremental incentives (e.g. money, status, job security) to drive the internal engine (Basset-Jones & Lloyd, 2005).

2.4.3 Vroom's Expectancy Theory (Expectancy Theory)

Victor Vroom introduces the Expectancy Theory in 1964. The Expectancy Theory states that the perception of an individual of his or her capability to do the job, the reward linked to completing the job well, and how much the person values the reward, will determine if the person is motivated or not to do the job. Figure 7 illustrates the Expectancy Theory as Halepota (2005, p.790) explains it.

Figure 7: Expectancy Theory (Halepota, 2005)



According to Chen, Ashok and Hoshane (2005) expectancy is “a person’s estimation of the probability that effort will lead to successful performance”. Chen *et al.* (2005)

further state that a person's self-concept, self-efficiency and locus of control determine how high the expected outcome will be. People with high self-confidence and efficiency expect higher goal achievement and rewards. Leonard and Hilgert (2004, p. 113) state that "...employee motivation depends on workers being able to perceive an effort–performance linkage, as well as a performance–reward linkage." It is important that the employee can make the link between effort, performance and reward. According to the Expectancy Theory desired rewards can be intrinsic or extrinsic. Herzberg differs from this view as he sees rewards as hygienic factors that will result in movement and not motivation. Herzberg also stated that hygiene factors lead to movement and not motivation. Movement may seem like motivation as behaviour does change, however Herzberg indicates that movement is temporary and disappears if in the absence of the hygiene factors (Tietjen & Myers, 1998). The Expectancy Theory stipulated that people will only be motivated if the reward is something that the recipient desires (Leonard and Hilgert, 2004). According to Chen & Miller (1994) the foundation of motivational theories is found in the Expectancy Theory. When looking at the other theories it is clear that the Expectancy Theory has its place and can be the foundation, however it should be integrated with other motivational theories like , equity, goal setting and decision-making theory before it can be used as a holistic theory for understanding motivation (Chen & Miller, 1994).

It seems that the Expectancy Theory is widely supported. According to the literature, the Expectancy Theory appears to be a foundational theory of motivation. Ambrose and Kulik (1999) highlighted that the Expectancy Theory has become a standard and

is used as a general framework for motivational studies. The authors mentioned of research that was done in the 1990s that has found that the Expectancy Theory has applications in the field of organisational psychology. Studies done by Chen and Miller (1994) found that it is possible to integrate the Expectancy Theory with other motivational theories (e.g. equity, goal setting , decision making). This integrated approach broadens the scope of motivational theories in a systematic and rigorous way.

2.4.4 Goal-setting Theory

Many literature reviews of Goal-setting Theory show extensive support for the fundamental beliefs of this theory. The main theorist of the Goal-setting Theory is Locke. He bases his concept of job satisfaction on needs-based motivational theories such as those of Maslow and Herzberg, and Reinforcement which he studied (Locke in Tietjen & Myers, 1998, p. 228). It appears that the Goal-setting Theory contradicts Vroom's Valence-instrumentality Expectancy Theory. Vroom stated that motivation (force to act) is a combination of anticipated satisfaction and the belief that performance will lead to receiving of reward (expectancy) motivates people. Locke and Latham (1999 p. 1) stated that this contradiction has been resolved by distinguishing between the expectancy within and expectancy between goal conditions. Vroom's Expectancy Theory states that higher expectancies lead to higher performance levels, whereas across goal levels, lower expectancies which are associated with higher goals levels, are associated with higher performance.

According to Locke in Tietjen and Myers (1998) values are more aligned to goals than to peoples' needs. The reason why values and goals have more in common is that both focus on what is valued and how much it is valued (Tietjen & Myers, 1998). Locke is of the view that an event or condition causes people to feel satisfied. Failure or success and responsibility are motivating factors and can potentially result in satisfaction or dissatisfaction. Goal commitment is extremely important in goal-setting and there is a linear relationship between goal-setting, performance and goal commitment. (Ambrose & Kulik, 1999). In order for an employee to commit to a goal there must first be acceptance of the goal. Tubbs in Abrose and Kulik (1999, p. 248) stated that "... individual performance results from an interaction between goal difficulty and goal commitment with the highest level of individual performance when individuals are highly committed to difficult goals". Monetary incentives according to Locke and Latham (1990) strengthen the commitment to the goal if the value of the money is big enough and the incentives are tied to goals that are achievable. However, Lee, Locke and Phan (1997) did not find significant interaction effects that are linked to goal difficulty and incentive plans on commitment to obtain a goal in a study they did with students who had to solve arithmetic problems.

Self-efficacy (internal belief in one's own ability to achieve a particular task) plays also an important role in the Goal-setting Theory. The better a persons' self-efficacy the easier the employee will set high goals. Self-efficacy also plays a role in the commitment to achieve the goals (Locke, 1996). In the context of goal-setting self-efficacy is linked to goal commitment. A person with high self-efficacy tends to set

higher goals resulting in higher performance. Ambrose and Kulik (1999) stated that the difficult goals result in better performance especially if the feedback given to the employees gives him/her a sense of how he/she progresses to achieve the goal.

Goal setting theory has a straightforward application and its effectiveness on performance is demonstrated in research (Ambrose & Kulik, 1999; Locke, 1996).

Ambrose and Kulik (1999) warned researchers that the tendency to focus on personal goals and commitment might threaten the parsimony of the goal setting theory.

2.4.5 Reinforcement Theory

Reinforcement Theory emphasizes that: "...actions lead to consequences, which lead to future behaviours" (Benson, 2008, p. 3). Within the field of organisational psychology a systematic framework is created to identify, measure and evaluate employee behaviours in terms of the functional consequences. According to the Reinforcement Theory positive and negative reinforcement result in behaviour change. Welsh, Luthans and Sommer (1993a) in Ambrose and Kulik (1991) found that the presence of extrinsic rewards (e.g. soap, clothing) and/or supervisor praise improved productivity. They also found that when supervisors administer social rewards (attention, praise and positive feedback) functional behaviours increased and dysfunctional behaviours (e.g. idle, working with dirty hands) decreased. This is seen as positive reinforcement as it creates the desired behaviour with a positive consequence.

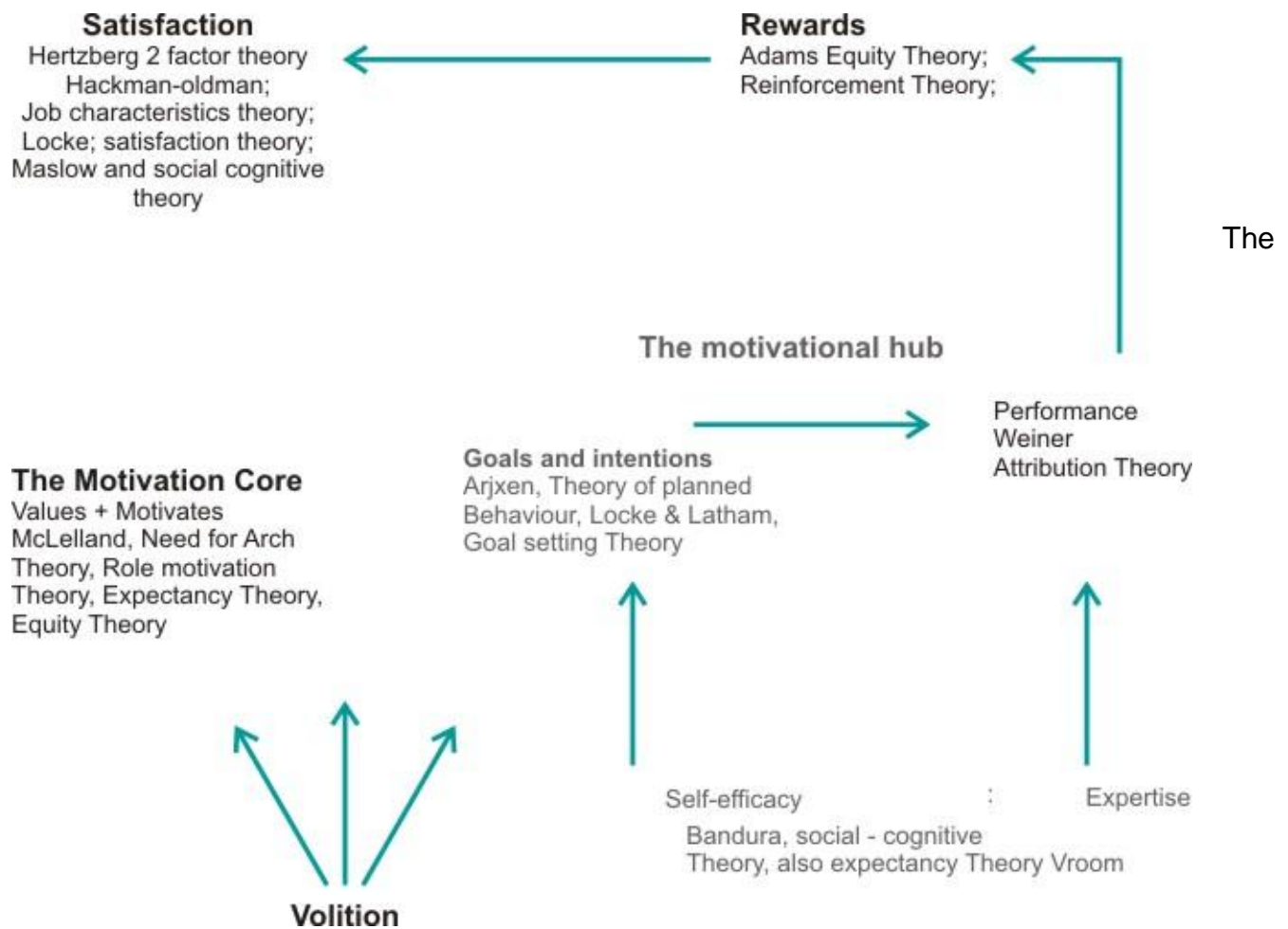
Another way of changing behaviour is through negative reinforcement. Negative reinforcement is when wrong behaviour is punished. Research done by Schnake (in

Ambrose and Kulik 1999) found that punishment mitigates dysfunctional behaviour. Punishment also influences other employees, who know about the punished event, in a positive way. The authors found through the research they have done on punishment that punishment does result in helping employees to change their behaviour to more acceptable norms. Ambrose and Kulik (1999) report their findings on 200 studies of work motivation. Based on their findings they maintain that punishment is receiving renewed interest as an influence on employee behaviour.

2.5 Job satisfaction, motivation and performance

Issues on motivation and satisfaction have been addressed in the theoretical frameworks on motivation (see section 2.6). According to Locke and Latham (2004) motivation to work is best explained by integrating elements of different motivational theories. They found that by integrating the elements of goal setting, expectancy and social cognitive theory it gives a clearer understanding of the concept motivation to work. In the figure (figure 8) Locke and Latham (1997) attempts to create a more logical approach by integrating various motivational theories to give an explanation of how these theories feed into one another to form a broader framework. With this framework they aim to demonstrate that there are fewer contradictions among the theories and each plays a part in the wider motivational process (Bent, Seaman & Ingram, 1999).

Figure 8: An integrated model of work motivation (Locke, 1997)



model shown in figure 8 begins with volition as the starting point for motivation. Volition is according to Binswanger (1991) a person's will (voluntary or involuntary) to choose or not to choose. Volition is the source for employees' needs, intentions and principles. According to Locke and Latham (2004) a person's needs form the basis for a person's motivation. They further state that, based on a person's needs, values and motives are formed. They state that motivation cannot start without needs and that Maslow was partly right when he claimed that people only value what they need, because according to them there are numerous exceptions to the rule. They refer to the Need for Arch Theory, Role Motivation Theory, Expectancy

Theory and Equity Theory as relevant theories to explain individual's needs, values and motives. For the purpose of this study only the Expectancy Theory was describe as part of the motivational core.

The next phase in the process is called the motivational hub. Locke and Latham (2004) stated that an individual's level of self-efficacy will determine whether the person will have challenging goals or not (Locke & Latham,1990). People who have high self-efficacy levels will have higher goals that will potentially result in higher performance as goals may or may not lead to effective task completion. It seems the more complex the task is, the more difficult it is to obtain the goal (Locke & Latham, 1990). They see goals as a mechanism that result in performance. They also found that individuals who set themselves high goals are less satisfied if they do not achieve their expected goals even if they performed better than a person who had less challenging goals. A person who set a lower goal that is easier obtainable will feel satisfied in achieving this goal and will feel even more satisfied if they outperform their goal. It seems if the person with lower goals has a higher sense of satisfaction than a person who sets challenging goals from the beginning. The authors referred to Bandura's Social-cognitive Theory as well as Vroom's Expectation Theory for self-efficacy. Vroom's Expectation Theory was discussed earlier in this chapter.

The next step in this process is called Rewards. According to Locke and Latham (1990) an individual will receive certain consequences as a result of performed outputs. Consequences that are aligned to the individual's needs or values will lead to satisfaction, those who do not correlate to the individual's needs and values will result in dissatisfaction. Rewards for

performance falls into two categories: (a) self-administered and (b) administered by others. Self-administered rewards happen when people's self-evaluation of their performance is in line with the internal standard they have set for themselves (Bandura in Locke & Latham, 1990). When performance standards are determined and accepted by other people, rewards are administered by others. Adam's Equity Theory and the Reinforcement Theory are mentioned by Locke and Latham (2004) as the two theories that explain rewards well.

Satisfaction is the last step in the model and aims to integrate motivational theories. Locke and Latham (1990) state that easy goals lead to higher satisfaction but lower performance. It is easier to obtain less challenging goals than challenging goals. They found that challenging goals result in higher performance but less satisfaction and easier goals result in higher satisfaction but lower performance. They further stated that another factor that affects the experience of satisfaction is the Job Characteristic Theory. Hackman and Oldman (in Locke & Latham, 1990, p 243) argue that people experience greater satisfaction from work when "...task possesses five core attributes: personal significance; variety; feedback; responsibility and autonomy; and identity (a whole piece of work). Locke and Latham (2004) state that higher job satisfaction enhances job involvement resulting in higher organisational commitment.

Work motivation has been an interest in the organisational psychological field for many years. One of the big studies that contributed to the field of work motivation was the well known Hawthorne studies. Most of the motivational theories have limitations and focus on different aspects of motivation. Vroom attempts to formulate an overarching theory called the Expectancy Theory (Locke & Latham, 2004). According to the authors motivational theories

need to be better incorporated into macro theories, especially in terms of the organisational context.

Traditional motivational theories (as discussed in this chapter) have their place in the field of motivation and made valuable contributions to understanding motivation. It is, however, time for new motivational perspectives in a more integrated way. Another issue that needs to be addressed in the work motivation field is that of definitions. It seems as if motivational definitions are used to describe job satisfaction or performance motivation. Locke and Latham (2004 p. 400) state “.... researchers tend to be careless about how and whether they define the terms, even the term motivation is not always used clear. For example in the Industrial Psychology literature, the term may refer to either job satisfaction or the motivation to perform, even though satisfaction versus choice, effort and persistence are not the same phenomena., do not have the same causes and effects and may not affect one another.” When definitions are not clearly defined it creates confusion and wrong understanding of motivation and the incorrect application thereof. This may result in slower progress in the field of work motivation (Locke & Latham 2004).

To summarise, employees are responsible for their own wellbeing, but companies can play a huge role in helping employees to be healthier. Powell, Sharp, Farnell and Smith (1997) state that employers can support employee self-care and employee self-nurture by encouraging employees to achieve better wellbeing. The benefits companies obtain from healthy employees over and above high performance are motivated and engaged employees.

Hillier *et al.* (2005) state that healthy employees have better relationships within the workplace resulting in increased overall morale in the work environment. Grant (2007) states that healthy interpersonal relationships at work have a positive impact on employee motivation as it creates a supportive environment which creates a sense of belonging. When employees feel better, they relate better to and deal more efficiently with their job demands. When they relate better, the general atmosphere is better. When the atmosphere is better, employees have higher job satisfaction, which in turn has a positive impact on their motivation (Tietjen & Myers, 1998).

Employee motivation is seen as one of the most important sources for optimum performance. Organisations are dependent on employee motivation. Productivity is dependent on employee motivation and the work-effectiveness of individual employees. Productivity may be seen as the output of deliverables and/or services by employees (Shephard, 2002). Shephard further states that a seven percent gain in productivity occurred in a company that implemented a fitness programme. It was found that the employees who became more physically active experienced an increased sense of self-efficacy resulting in higher levels of motivation as the physical activity reduced anxiety and tiredness. Results from research conducted in Britain shows that increased physical activity, like exercises, energises employees and increases their concentration and problem-solving abilities. Employees also experience a better mood and feel overall calmer when they participate in physical activities (Marshall, 2004).

Since the 1990s, the world of work has become more person-centric than task-centric. Companies realise that employees are more than just input and that their attitudes have an impact on their performance. If companies want higher productivity, they need to take the

employees' needs and wants into consideration. If employees' needs and wants are met, they are more likely to deliver productive work because they feel content. However, companies increasingly realise that employee satisfaction is not enough. Having satisfied employees is the minimum requirement companies need to be competitive and to excel in the business world. It seems increasingly vital for companies to have engaged employees, because such employees bring the company to life. Amabile and Kramer (2007) state that employees' motivation and performance influence in their perceptions, their emotions and their motivation for work. Employees' emotions are again impacted by how they feel about themselves. Healthy employees have better self-perception; they have more energy and therefore the capacity to deal more effectively with demands (MacLean, 2008). MacLean further states that one of the reasons why employees are absent is because of low motivation. Healthier employees seem to be more motivated to deal with stress in the workplace. Being able to deal with stress effectively helps employees to cope better with the work demands and not to get derailed while trying to achieve targets. If companies understand motivation and the role employee wellness plays in employee motivation better, they can create an environment where employees can excel.

2.6 Conclusion

In this chapter some basic concepts regarding employee absenteeism, health and motivation (and satisfaction) were covered. Healthy employees appear to be more capable of dealing with stress in the workplace when they are active and when they follow a healthy diet. It also seems that they are less absent and more productive when they are physically well. Mood

improvement also seems to be a positive result of increased activity resulting in higher motivation to perform better.

In accordance with chapter 2, physical employee wellness has an impact on both employee absenteeism and employee motivation. A healthy employee should be present, motivated to work and be productive. The link between employee motivation, employee health and performance is made clear and the result shows a possible correlation between healthy employees and absenteeism and motivation.

CHAPTER 3

THE CORPORATE WELLNESS PROGRAMME

3.1 Introduction

Being well generally means to be healthy; it means having a sound mind in a sound body. More specifically, being healthy is when a person proactively lowers health risks through sustainable changes in the way they live that allow them to thrive. This is exactly what wellness programmes aim to do. They are preventative programmes to help employees reduce specific risks, such as high blood pressure, cholesterol, smoking and obesity, to maintain or improve overall health by increasing physical exercise, to improve nutrition and to address stress (Church & Robertson, 1999).

Many people confuse a wellness programme and an employee assistance programme. A wellness programme focuses on the prevention of health risks by helping individuals to make positive behavioural changes that will minimise potential health risks. An Employee Assistance Programme (EAP) is concerned with health problems. It is designed, according to Klinger and Nalbandian (in Church & Robertson, 1999, p. 305), to “...diagnose, treat, and rehabilitate employees whose personal problems are interfering with work performance”.

The focus of this chapter is on wellness programmes and the discussion will lend itself to giving the reader a better understanding of the importance of corporate wellness programmes as well as an explanation of Momentum’s CWP.

3.2 Corporate Wellness Programmes

A CWP aims to encourage healthy behaviour by encouraging members to participate in preventative care, fitness, relaxation and other related wellness activities. The healthier the members of the programme are, the better they feel, the better they benefit from the programme, thereby offering real encouragement for behaviour change.

Wellness programmes do not only focus on improving health by moving from illness to wellness, but they also focus on prevention and help employees to move from being well to obtaining optimum health. Healthier employees take sick leave less often, which reduces medical aid costs

3.2.1 Developing a Corporate Wellness Programme

According to Mason (1994) companies who want to introduce an employee wellness programme and want to ensure the success thereof must make sure that wellness is a strategic issue and that senior management has bought into it. The programme must cater for the company's specific needs and offer to treat employees' assessment information with confidentiality. It must be able to gather baseline data and assessment and measures for success must be defined. One of the critical success factors is leadership's participation and proper communication mechanisms. A supportive environment must be created. Employees' personal responsibility for their health must be emphasised and the programme must be sensitive to day-to-day operations.

For a sustainable programme, the content of the programme should be updated and upgraded with the latest wellness initiatives in order to stay aligned to the company's needs and employees' interest. Good programme administration and programme operation must be maintained as well as the availability of resources to coordinate the programme and to give management information that will enable them to make good decisions.

Anderson *et al.* (2009) support Manson's criteria for developing a CWP. However, Anderson *et al.* (2009) focus more on practical best practice guidance to make the programme user friendly to employees, whereas Mason (1994) views it more from an employer's perspective. Anderson *et al.* (2009) stated that a comprehensive programme design is important before developing the programme. He further highlighted the important role of incentives, population-based awareness activities like the offering of biometric health screening assessments and the offering of multiple delivering methods to employees. They both highlighted the importance of senior management buy-in and support to ensure the successful implementation and sustainability of the programme.

Reardon (1998) has a different view on the structuring of a wellness programme. He is of the opinion that the success of a wellness programme can be assured when the criteria mentioned by Mason (1994) and Anderson *et al.* (2009) are followed and in addition to these it is divided into different levels. Level one should address *awareness*, level two *lifestyle changes* and level three the *environment*. If the focus is only on level one, the effectiveness of the programme is questioned because although the

awareness is higher, there is no follow-up regarding the change in behaviour. Pencak in Reardon (1998) suggests that level one involves a once-off intervention such as awareness programmes with no follow-up interventions. This level could include activities such as awareness sessions, for example a health day where employees can participate in health screening tests. No follow-up sessions are arranged and the screening is done to create awareness among employees of their own health status. Should these screening sessions be followed up by wellness training sessions and coaching sessions for at least three weeks to improve life style changes, the intervention turns into a level two intervention. When this becomes an intervention that continues indefinitely it becomes a level three intervention.

Portner (1998) stated that the each structure of the level of each wellness programme is determined by the wellness status of the organisation and the needs identified by the workforce.

3.2.2 *The structure of a wellness programme*

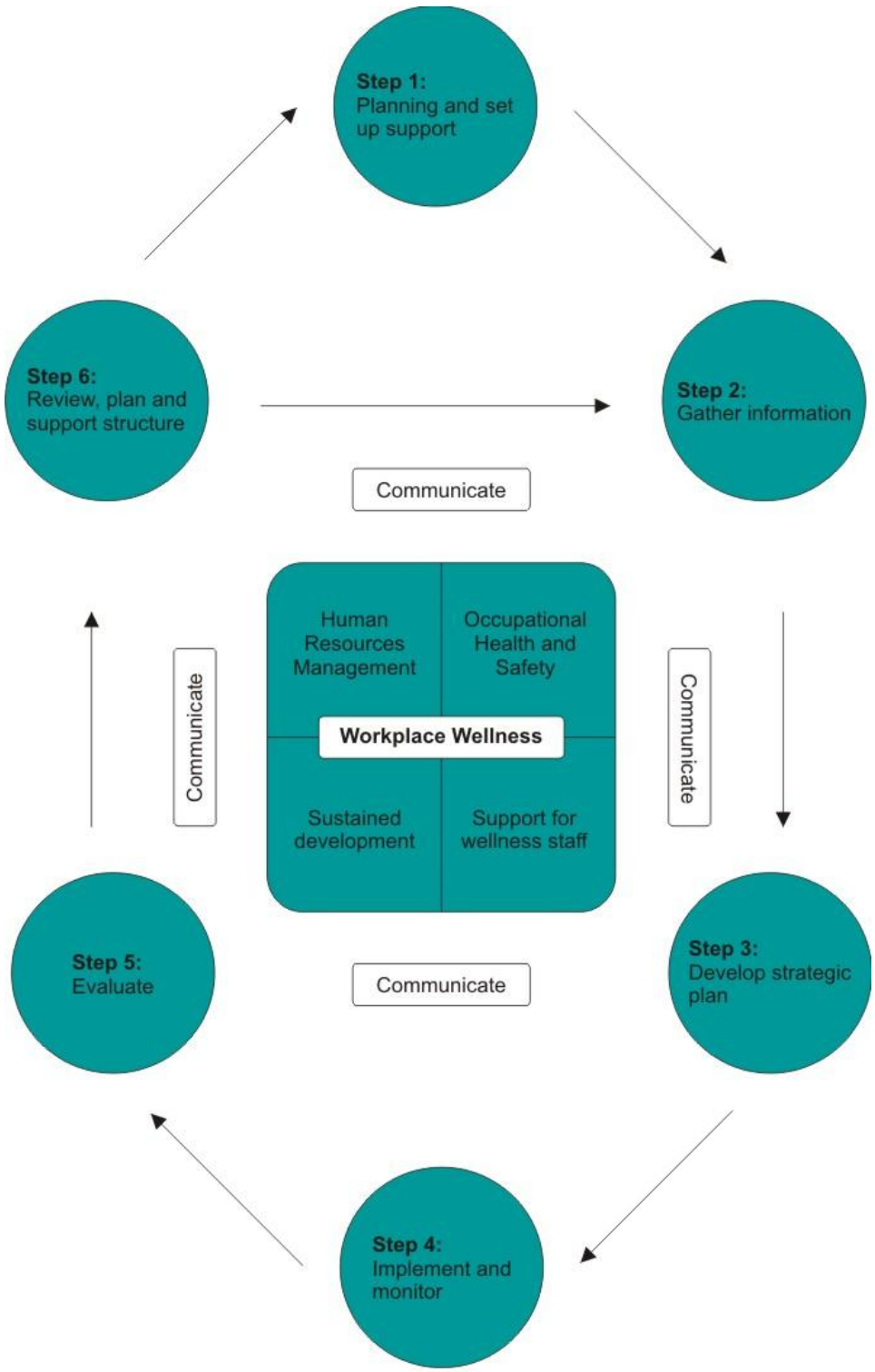
Successful wellness programmes must have a solid business footing (Mason, 1994) (see section 3.5). Research by Thompson (1997) finds that employee wellness programmes have grown rapidly since the early 1970s. Most American companies follow some form of wellness programme. Thompson (1997, p. 83) states the following: “...between the years 1991–1993, virtually every research study found a positive health benefit from both wellness and fitness programmes”. It is interesting to see that the wellness programmes that focus on weight loss and hypertension management are the most popular. Many companies decide to take the risk of implementing a wellness

programme without having proof that they will have return on investment. Irrespective of this they follow their “gut” feeling and go ahead and implement the programmes. Many of them get positive results.

The first step to take before a wellness programme can be put into place is the designing of a wellness programme. Blake and Lloyd (2008) suggest the following steps when designing a wellness programme (see figure 9):

1. Planning and setting up of support structures
2. Gathering information
3. Developing a strategic plan
4. Implementing and monitoring
5. Evaluating
6. Reviewing, planning and adjusting

Figure 9: Workplace health: framework for action in primary care (Blake & Lloyd, 2008)



Benefits of Wellness Programmes

3.2.2.1 Step 1: Planning and setting up of support structure

Planning is defined as those activities that are used to determine the needs for a wellness programme. This should happen by getting input from management on what they would like to achieve as well as from focus group discussions with employees as to what they would need. It is important to establish the support structure such as budget, time, appropriate tools and skills before embarking on developing a wellness journey (Blake & Lloyd, 2008). Bauer and Robinson (1992) suggest the establishment of an employee health committee. The role of this committee should be to do research, and to develop plans for the approval of the programme. They are responsible for the effective management of the implementation process (see figure 8).

Management's endorsement and support of the wellness initiative are important for the success of the programme. Research shows that management's buy-in from the beginning is one of the major reasons for success (Ginn & Henry, 2003). The health committee should present a conceptual wellness framework, based on the research they have done for concept approval.

3.2.2.2 Step 2: Gathering information

It is vital to gather information and to understand the needs of the employees as well as the wellness status of the organisation if a relevant wellness programme for employees and for the company wants to be achieved.

The needs analysis must determine employees' wellness needs as well as the organisation's wellness status (absenteeism rate, staff turnover, operational losses due

to human error and negligence, number of disciplinary hearings). Designing a proper needs assessment is one of the crucial first steps in designing a successful wellness programme. Research has shown that wellness programmes that address the needs of employees have higher rates of participation (Buskin & Campbell, 1999).

3.2.2.3 Step 3: Developing a strategic plan

Based on the feedback collected from the needs analysis, the health committee must design a wellness programme that is relevant to the organisation as well as its employees. It should address the wellness gaps and should help the organisation to achieve their specific goal for the wellness programme. It is suggested that more than one proposal should be designed to present to the executive leadership – the health committee should also be open to suggestions from the executive committee. This will increase management support for the programme. Buskin and Campbell (1999) stated that management's support is vital for the sustainable success of a wellness programme in an organisation. If management does not support the wellness programmes, employees will be hesitant to participate as leadership influence the way people behave at work. The elements of the wellness programme will be determined by the organisational phase as well as the employees' needs and the organisation's wellness status (Farrell & Geist-Martin, 2005). If the organisation has never embarked on any wellness initiative before, a basic wellness programme that focuses on increasing physical activity and improving nutrition may be suitable.

3.2.2.4 Step 4: Implementing and monitoring

The first action in the implementation phase is to market the employee wellness programme. It is important that employees and managers are aware of the existence of the wellness programme. A good way of marketing the wellness programme is to hold a launching event for the programme. Anderson (2008) states that it is important to ensure that employees receive regular communication that explains the benefits and options of the wellness programme to the employees

Getting people involved in the wellness programme is to get them to participate. Consider an incentive strategy especially at the beginning of the programme. Incentive strategies are not long-term sustainable solutions, but they can encourage employees to start participating until they experience the benefits of participating on a personal level (Anderson, 2008).

The effective administration of a wellness programme is also vital to ensure the successful implementation of the programme. Participants must be registered for the programme. Without a proper administration process it is difficult to monitor the success of the programme.

3.2.2.5 Step 5: Evaluating the programme

It is important to continuously evaluate the relevance and the effectiveness of the programme. Employee wellness needs are and company needs should be effectively

addressed through the wellness programme. The progress of wellness improvements for the employee and the organisation should be tracked to determine the success thereof.

3.2.2.6 Step 6: Reviewing, planning and adjusting the support structure

New information gathered by evaluating the programme must be used to continuously update and adjust the wellness programme to ensure improvement and effectiveness of the programme.

As part of the structure of a wellness programme it is important to have a company structure and functions in place that will help to ensure that the programme is managed in an effective and sustainable manner. The human resource function and the occupational health and safety function must be properly equipped in terms of tools and resources to ensure the successful implementation and day-to-day administration and running of the programme (see figure 9).

3.2.3 *Benefits of wellness programmes*

Companies find that the focus on employee wellness makes employees feel better and this results in higher morale. This then leads to a healthier working climate, making it pleasant to be at work – the people are friendly, motivated and able to deal with their stress much more effectively (Panepento, 2004).

Investing in wellness is a good decision for a company to make. More and more companies decide to make wellness part of their corporate culture and offer wellness

programmes to their employees. Thompson (1997) also indicated that many research studies done on wellness and fitness programmes found that when people feel physically and emotionally better they perform better and are absent less often. He further highlights that employee wellness programmes increase job satisfaction which results in lower turnover and less absenteeism. When attention is given to employees' quality of life while they are at work, it results in profitable and productive workplaces (Hillier et al., 2005).

According to Hillier *et al.* (2005) employees who are healthy contribute positively to increased productivity. They perform better work, have enhanced resilience levels and increased ability to think and focus better.

Hillier *et al.* (2005) also state that management of health risks will help to:

- maximise the productivity of all people working for an organisation;
- improve the organisation's reputation in the eyes of customers, competitors, suppliers, other stakeholders and the wider community;
- increase profitability and decrease staff turnover;
- improve relationships resulting in increasing the overall morale of the work environment; and
- focus on a wellness-proactive approach and demonstrate effective management practices and a culture that values human resources.

Corporate wellness programmes can be seen as a tool for management to proactively manage health risks and prevent ill health. When a wellness programme is tailored to the specific needs of the employees, it is perceived to add value and little effort is needed to encourage staff members to participate in it (Thompson, 1997). Collins (1991) finds in his survey that a CWP is a successful retention strategy, as well as a means of getting the right employees on board when they use their wellness programme as part of their recruitment strategy. Employers who attract healthy employees from the beginning can assume that, because of their behaviour, the employees will engage in wellness programmes and be productive and consequently companies are able to retain them as the employees want to have the benefit and “luxury” of participating in the wellness programmes. Employees with the right wellness attitude see wellness programmes as part of their company benefits.

Improved employee wellness ensures increased productivity. Anderson (2008) highlights the importance of creating a work environment that fosters healthy lifestyles; this will result in healthier employees being at work more and functioning at a higher level. Wellness programmes improve employee morale and engagement – healthier employees feel better and therefore enjoy their work more. Ho (1997) finds that employees who participate in wellness programmes express higher levels of job satisfaction. They also demonstrate a more positive attitude towards the organisations for which they work.

Workplace wellness programmes have shown that they do not only hold benefits for the company but also for the individual. Through workplace wellness programmes employees become more aware of risk factors in their job and are equipped to help prevent injury and illnesses (Church & Robertson, 1999), which will have an impact on the morale of employees. Not getting injured or becoming ill saves employees' health insurance costs. It seems employees have a higher quality of life when they are healthier. It has been established that most chronic diseases are associated with lifestyle practices. Anderson and Kaczmarek, (2004) is of the opinion that wellness programmes educate employees about illness prevention and lifestyle management. This may help to detect illness at an early stage and to improve the quality of life, reducing the risk of life threatening diseases such as cancer, diabetes and cardiovascular illness. Benavidez (2008) supports this by stating that preventative screenings and wellness interventions can postpone the beginning of serious diseases. To determine a programme's benefits for an organisation, it is important that there be consensus from the key stakeholders on the programme's goals and success measurements. It is important to note that not all of the benefits can be translated into monetary value. Hunt (2008) mentioned that the benefits of a wellness programme for key stakeholders include matters such as: reduced medical claim costs, increased employee morale resulting in lower staff turnover, improved overall health and wellbeing of individuals participating in the programme, reduced absenteeism and increased productivity. Atkinson (2001) stated that it is not always easy to quantify all the benefits resulting from an employee wellness programme. If a company is not able to gather data accurately (due to self-reporting data or inaccurate absenteeism tracking system)

and cannot measure it effectively, it is not possible to establish a baseline against which to measure. This leads to inaccurate calculation of possible return on investments. Another barrier according to Hunt (2008) is that employees may be hesitant to complete the health risk assessment as they might be scared that the information they provide will not be treated as confidential.

Hillier *et al.* (2005) mentioned that organisations will need to look a few measurements to determine the effectiveness of the programme. Claims data and instances of absenteeism will give the organisation a sense of their return on investment (ROI). If they receive fewer medical claims from staff who participate actively in the programme, or these employees are absent less often it may be an indication that employees are healthier and more productive. Health risk assessment is another indicator of the effectiveness of the programme. If employees have improved health risk assessment results it will also be an indication that employees are healthier. Hillier *et al.* (2005) also stated the need for the organisation to be able to determine the ROI. One way of determining it is by implementing system-integrated tools (e.g. automated absenteeism tracking linked to automated wellness participating and so forth). These tools are used for integrated, all-inclusive reporting on the results of the wellness programme. Without a proper tool to report on the results, it is very difficult to determine the return on investment accurately. Manual interventions create space for human error through inaccurate data capturing. This will increase the risk of reporting wrong data and making wrong decisions based on inaccurate information (Atkinson, 2001).

3.2.4 Role of corporate culture in the successful implementation of a Corporate Wellness Programme

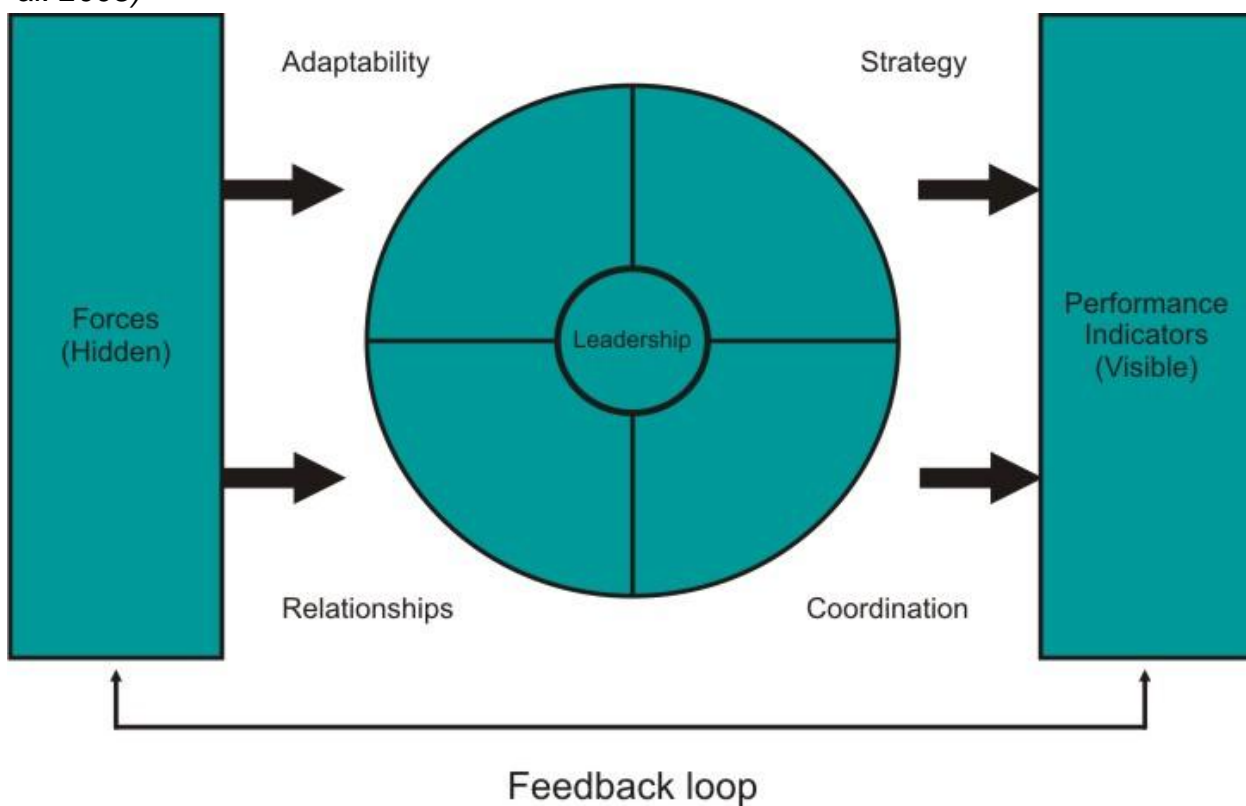
As discussed earlier, today's world of work makes tremendous demands on employees, because they have to deal with more work demands being done by fewer employees. Consequently, employees need higher resilience levels as well as more active coping skills to assist them in dealing with the demands of their work (Calabrese, 2010). Employers realise that employees spend more and more time at the office working and that this has an impact on their worklife balance and stress levels (Denning, 2010). Based on this, companies realise that if they play an active role in supporting employees to attain a healthy lifestyle, they receive a good return on the investment because absenteeism will decrease, productivity will increase and morale will improve. Companies also realise that if they invest in a wellness programme, they will reduce the risk of losing skills and expertise in the long run. It is, however, sad to say that many wellness programmes are launched with great enthusiasm without employees taking advantage of them (Gaspers, 2005). This is a matter of concern, because it costs a capital investment to buy a wellness programme. If companies can create a culture of wellness they will also benefit financially. Halls (2005, p. 106) confirms the benefit of a wellness programme in financial terms by stating "...a review on return on investment for worksite wellness found benefit-to-cost ratio ranging from \$1.49.to \$4.91 in benefits per dollar spent on a programme".

One major factor contributing to the fact that employee wellness programmes are not utilised effectively is the management culture of an organisation. It is relatively easy for

an employer to invest in wellness programmes, but the programme can be completely wasted if its use is not encouraged. Successful programmes experience full participation by the company management because they support employees by displaying a positive attitude (Anderson & Niebuhr, 2010). To obtain maximum efficiency, wellness programmes must be an essential part of the culture of an organisation. According to Anderson (2008) management must ask employees the following question: Does our culture create barriers to employee health and wellbeing?

There are many definitions of organisational or company culture. Smit, Ludik and Foster (2008, p. 73) simplify the definition of culture by stating that culture is: “The way we do things here.” Organisational culture plays a huge role in organisations’ wellness programmes. A culture will be supportive or unsupportive to the successful implementation of such programmes. Smit *et al.* (2008) explain the role of leadership in figure 10.

Figure 10: The important role of leadership in fostering organisational culture (Smith et al. 2008)



Leadership is the core of a company's culture (figure 9) and can influence the culture of the organisation to ensure optimum results. Anderson (2008) states that organisations need to create a culture of health before they fully realise the benefits of a wellness programme. Such a culture is one that will create a work environment that fosters healthy lifestyles and decision making. It is easier for an employee to adapt to the company culture than to fight it. Those fighting it usually do not "survive" and will abandon the culture. Leaders are the role models when they walk the talk by changing their own unhealthy lifestyle behaviour.

An employee spends half of his or her waking hours at work. This is why the work environment has such a huge effect on employee's health behaviour and risk factors (Anderson, 2008). Visionary leadership that provides strong management support is the key that results in a culture of health. Companies that embark on employee wellness programmes that focus on activity and nutrition, discover that employees are healthier, more productive, happier and absent less frequently. They have less presenteeism (employees at work who are not productive), fewer performance deficits and higher employee morale (Collins,1991).

3.3 Strategy for increasing participation in the wellness programme

A pivotal factor in the success of wellness programmes is the level of staff participation (Buskin & Campbell, 1999). Most companies make participation voluntary. Seeing that employees must make time to participate, wellness programmes must be made attractive to them. Employers underestimate the role marketing plays in getting employees to participate. If no effort is spent on marketing the programme, the participation will be low for the following reasons:

- Employees rationalise health matters and are unaware of their own health status.
- Employees resist change.
- Employees dislike substantial effort and lifestyle changes.
- Employees rely on the path of traditional corrective medicine to rectify health problems because they consider it to be easier to follow.

Employee wellness programmes originate from management and are administered by human resources. Active programme development is usually a joint venture between management and the human resources department. If the programme is basic and does not need full-time coordination and administration, the human resource function will be able to take care of the administration, communication, motivation and reporting. If the programme is large, companies appoint a full-time professional manager and support staff. Regardless of the members, one

person must take full responsibility for the management of this function (Buskin & Campbell, 1999).

3.3.1 *Problems with employee participation*

As stated previously, certain factors have an impact on the employee's decision to participate or not to participate in the programme. Buskin and Campbell. (1999) clarify this by dividing them into three main categories:

3.3.1.1 Away from worksite influence

A master influence emanating away from work is the social group to which the employee belongs. This group influences the employee's decisions through the norms and values they have. This is the group the employee looks to for guidance outside the work environment when he or she needs to make a decision. This group can be immediate or extended family as well as friends.

Lifestyle is another influence outside work. If the lifestyle outside the work is non-supportive, especially if it is in line with the norms and values of the family, the employee will battle to sustain the changes he or she needs to make in terms of wellness. The result of the intervention might then be limited.

Personal economic circumstances also have an impact on the decision to participate or not. If joining, the wellness initiative means that employees must pay for some of the services, some employees may decide not to participate because of other financial pressures. There is a paradox in this as research has also shown that if employees do not pay to participate, they take it for granted and they are not committed to continue with the programme Companies

will have to be creative to get the best out of both arguments (Griffen, Hall & Watson, 2005; Demoranville, Schoenbachler & Przytulski, 1998) If they integrate an incentive programme for participation where employees can save money, the net effect on the employees' pocket will be minimal and might encourage them to participate in the programme (Norman & Taitel, 2010).

It is very difficult to control or influence outside worksite factors. It is, however, important that the programme developers take into account how they can minimise the impact of these factors and how they can make the programme accessible and affordable for all employees. It is usually those who cannot afford it that need it the most.

3.3.1.2 Indirect worksite influences

Employees may feel uncomfortable in revealing information about their health status especially when there are trust issues between employees and management. Employees may fear that management may use the information to discriminate against them. Management's credibility is vital to obtain optimum participation from employees.

As discussed earlier, the corporate culture also plays a big role. Employees will normally comply with "the way we do things here" (Norman & Taitel, 2010). The language and comments management use regarding wellness will either support the wellness initiative or destroy it. If top management does not create a culture that is conducive to wellness, the programme will fail after a few years (Thompson, 1997).

3.3.1.3 Direct worksite influences

The programme itself will determine whether employees participate or not. The programme, the incentives and marketing must be consistent with the employees' wants and needs. Programme convenience also plays a major role.

Professional leadership that supports the initiative will stimulate participation. Team leaders have a direct impact on the decision of employees to participate or not. If there is conflict between work schedules and wellness activities, work schedules will get preference.

Another direct factor is the remuneration model of the company. When employees earn commission, they tend to prefer to work instead of taking time out to participate in a wellness programme. If companies do not accommodate "paid time off" within their pay structure, employees will not participate.

The latter mentioned factors influences are challenges for the wellness manager, because these will definitely influence the level of participation. It is important that the wellness manager proactively designs the programme to ensure that these influences have a minimal impact on the participation levels of employees (Norman & Taitel, 2010). Education of managers is vital in the success of the wellness programme. When they see the value in terms of the bottom line, it is more likely that they will support employees in their participation. Managers should realise that achieving the organisation's objectives regarding wellness is 100% dependent on employee

participation. Research shows that the most important factor for employees to make the decision to participate is the programme itself (Patton, 2008).

The employees are the ultimate beneficiary of the programme. Therefore it is important to understand their needs, realities and concerns when designing a programme that will ensure optimum participation.

3.3.2 How to encourage employee participation

When a programme addresses the needs of employees, little effort is needed to encourage staff to engage and participate in it (Thompson, 1997). The challenge is to get employees to continue to participate. Examples of incentives that were implemented as part of wellness programmes and that resulted in increased participation after it was implemented were things such as: employee discounts, flexitime for staff and a health reimbursement account (an account where the employee receives money from the company that is deposited in his or her health risk assessment account; this money can be used for a wide range of health-related items such as copayment for doctors visits) (Patton, 2008).

There is no quick fix to real wellness improvement. The aim of this wellness programme is to create awareness as well as to provide a solution that is sustainable over the long term and that will lead to real wellness and cost benefits for the individuals as well as the company.

3.4 The CWP in this study

The CWP is a wellness programme that focuses on physical wellness. Momentum decided to focus on physical wellness because they believe that there is less of a stigma to participate in wellness programmes that focus on helping employees to improve physical health than for people to participate in a wellness programme to deal with emotional problems.

The aim of the programme is to increase participants' activity levels and also to improve participants eating habits. Implementing a CWP is a new initiative for Momentum. Momentum has a need to evaluate the programme to determine its effectiveness on absenteeism and employee motivation. The evaluation of this programme will be discussed in chapter 4. The following section will explain the CWP itself.

The CWP involves four different phases, namely the health risk assessment, website registration and participation in the programme, post assessment.

3.4.1 Phase 1: health risk assessment

The health risk assessment is performed by a registered nurse and consists of a glucose test, blood pressure test, cholesterol test and a BMI. Each participant receives a log card on which their results are written. Participants receive a calibrated pedometer. The pedometer counts daily aerobic and anaerobic steps as well as how many kilojoules are burned. They also receive nutritional guidelines which can be accessed on the website. These guidelines include

the following main topics: basics of nutrition, eating on the run, weight management, beverages, nutrition for specific medical conditions, use of probiotics, nutrition through lifespan, nutrition and pregnancy, vegetarianism, allergies and intolerance, sports nutrition, eating disorders, restoring energy balance, and metabolic syndrome. The objective of the nutritional guidelines is to advise and guide people on healthy nutrition and to make healthy nutrition a way of life and not to indulge in unhealthy diets.

3.4.2 Phase 2: website registration

Each participant is registered on the website where participants have to complete an online wellness profile. This wellness profile asks participants information about family medical history, physical activity levels, nutritional habits, psychological wellbeing, alcohol consumption, workplace impact and smoking habits (figure 11a and figure 11b). Participants are able to see how healthy they are in comparison to the benchmark provided by the website. The website keeps track of the participants' data (steps walked, run and/or strolled as well as total kilojoules burned). It is also designed to serve as an interface that allows each participant to download the steps recorded by their pedometer through a USB cable onto the website (figure 12). The objective of the website is to motivate participants to download their aerobic and anaerobic daily steps in order to track their steps and energy burned. It creates a visual picture of the participants' daily steps downloaded in relation to the target steps that the participant set themselves. The website also has functionalities to challenge other participants to partake or to join social groups (figure 13). The programme allows the participants to select a daily target of steps they want to walk. It displays the actual steps walked against the targeted steps, which allows the participant to visually see his or her progress. It is advised

that participants should walk at least 10 000 steps a day for effective weight loss (figure 14). The participant can invite other participants who are registered on the website to become their walking” buddies” (participants can invite other participants to join their walking network – figure 15). The participants can view all competitive interactions for which the participant enrolled. They can also see one another’s progress on the website and can therefore encourage one another to walk more (figure 16). Participants can also challenge other registered participants. A challenge allows participants to choose a start and end date for a step challenge (figure 17) and also to select their own prize for the winner of the challenge.

Figure 11a: Smart health tutor – online health assessment



Momentum's Wellness Programme Multiply making a success of life

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Private Club Platinum Gold Silver Bronze

Points 14515

Pedometer Steps Mar 2010 - 0

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SMART HEALTH TUTOR

Your report has been generated. Please click the 'Download Report' button below to download your report.

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Smart Health Tutor: Report
2010-05-06

General Information
Your measurement details and personal information.

Height (cm)	Weight (kg)	Gender	Age	Stride Length (cm)
187	60	Female	28	68

Ideal Body Weight
Ideal body weight displayed is determined using the Body Mass Index (BMI) equation and provides an indication of your ideal weight.

Body Mass Index is a ratio used to determine whether an individual has the ideal weight for his/her height, by taking into account the individual's height and weight in the equation (weight / (height * height)). The guidelines against which a person's results are compared range from underweight to normal weight, overweight, or obese.

BMI correlates strongly with body fat percentage measurements to determine obesity. However, for very muscular individuals, athletes, or very short individuals, the results might give a false health alert. For these individuals a more accurate indication is given through tests aimed specifically at measuring body fat percentage.

Ideal Body Weight (IBW)	Body Mass Index (BMI)	Classification
61kg - 68kg	21.51	Normal

Current Activity Measure

Figure 11b: Smart health tutor – fitness plan

Momentum's Wellness Programme **Multiply**

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Bronze

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14515


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SMART HEALTH TUTOR

Fitness Plan

Your basal metabolic rate (BMR) is a measurement based on your height and weight that indicates the minimum energy required by your body to function normally. Please note that this is not the recommended energy intake, as this is a measurement taken at complete rest, after 8 hours of sleep. Your energy intake should not be lower than this, but allow enough for any activity done during the day.

Your Basal Metabolic Rate (BMR)

1,399 kcal (5,874 kJ)

The different walking speeds listed below are described as follows:

- Strolling: leisurely walk around the office or house
- Walking: walking faster, for exercise
- Running: running at a relaxed pace, for exercise

Total number of daily steps required to burn target kcal (kJ) through exercise on level, firm surfaces:

Activity Type	200 kcal/day (840 kJ/day)	300 kcal/day (1260 kJ/day)	400 kcal/day (1680 kJ/day)
Strolling	8,159 steps	12,238 steps	16,318 steps
Walking	7,485 steps	11,227 steps	14,969 steps
Running	4,013 steps	6,019 steps	8,026 steps

Back → Home → Continue →

Figure 12: Web page of wellness programme steps overview

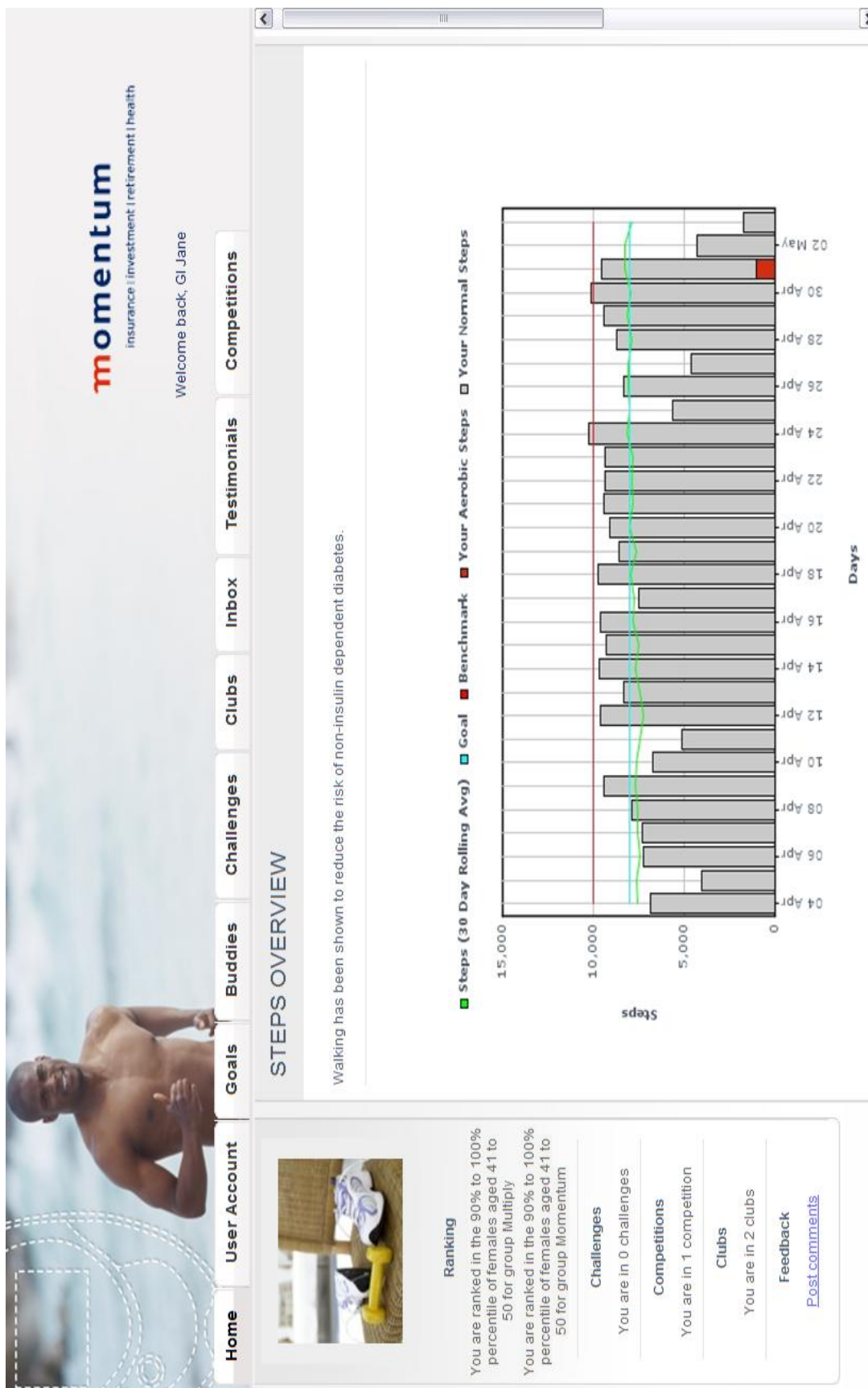


Figure 13: Steps overview with detail steps summary

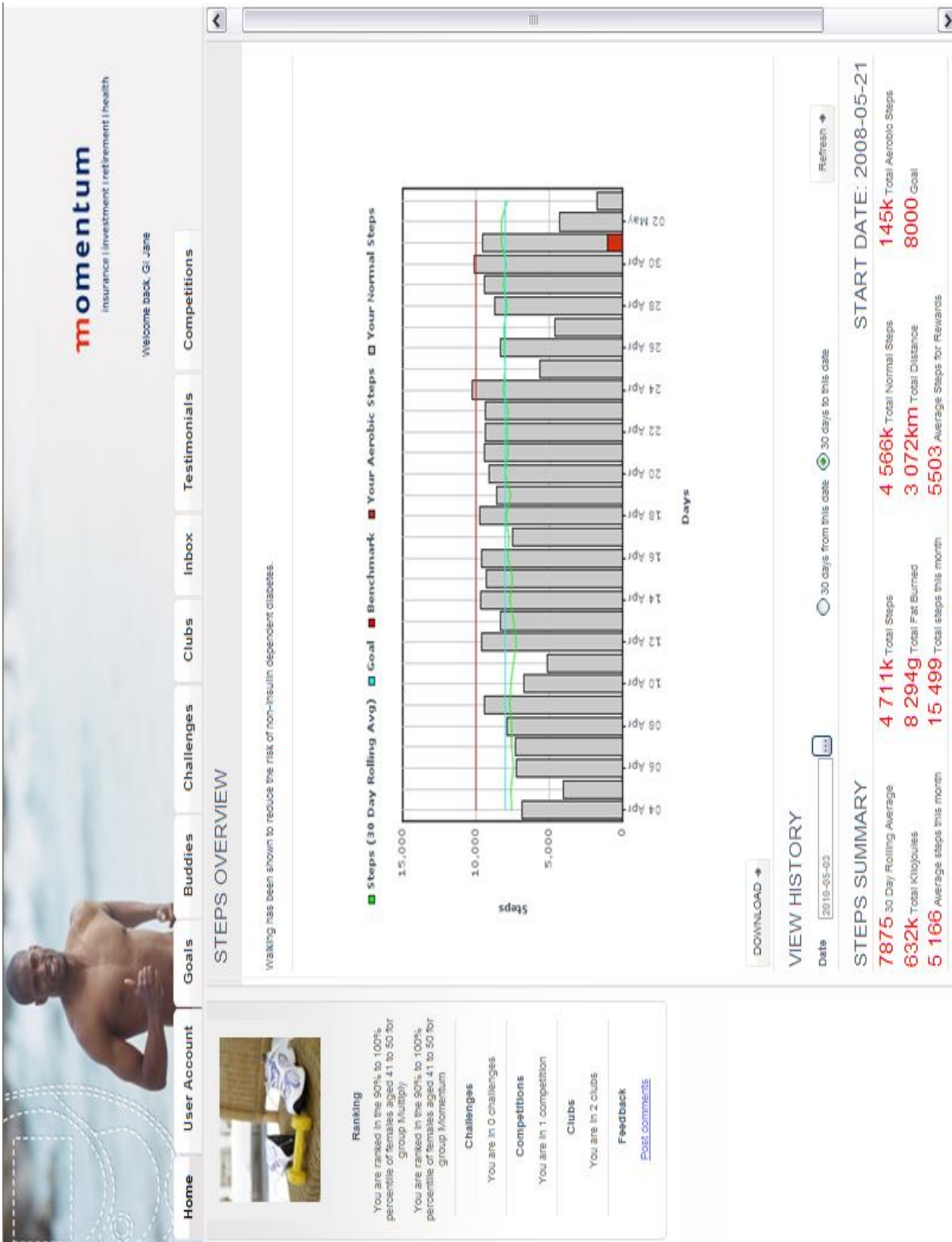




Figure 14: Goal-setting

momentum
insurance | investment | retirement | health

Welcome back, G! Jane

Home User Account Goals Buddies Challenges Clubs Inbox Testimonials Competitions

GOALS

Where you want to be

Date Created	Description	Frequency	No Of Daily Steps	Remove Goal
2010-04-01	My Daily Step Goal	Daily	8000	

Ranking
You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Multiply
You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Momentum

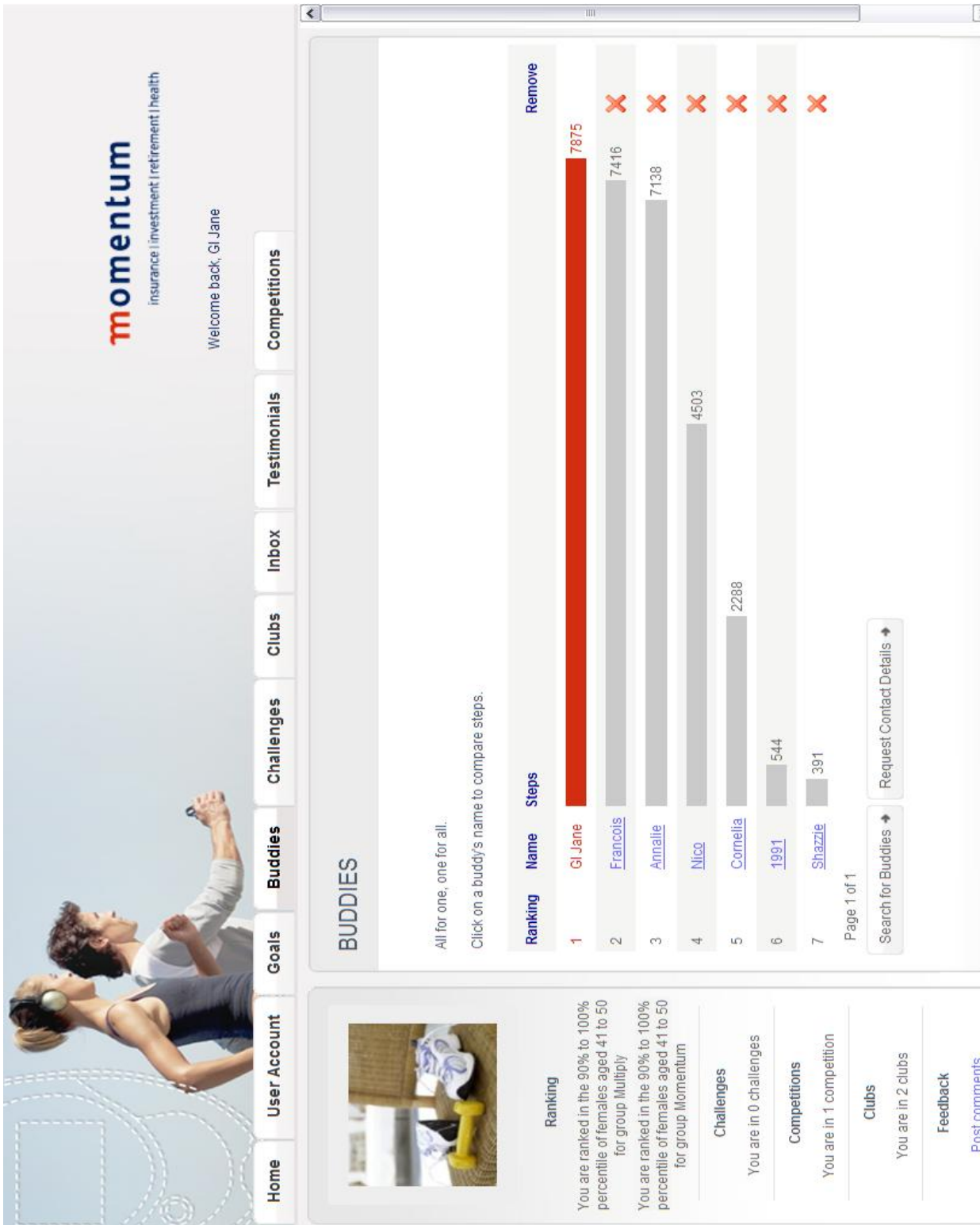
Challenges
You are in 0 challenges

Competitions
You are in 1 competition

Clubs
You are in 2 clubs

Feedback
[Post comments](#)

Figure 15: Buddies – participants invite other participants to walk together



momentum
insurance | investment | retirement | health

Welcome back, GJ Jane

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BUDDIES

All for one, one for all.
Click on a buddy's name to compare steps.

Ranking	Name	Steps	Remove
1	GJ Jane	7875	
2	Francois	7416	X
3	Annalie	7138	X
4	Nico	4503	X
5	Cornelia	2288	X
6	1991	544	X
7	Shazzie	391	X

Page 1 of 1
Search for Buddies → Request Contact Details →

Ranking
You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Multiply
You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Momentum


Challenges
You are in 0 challenges

Competitions
You are in 1 competition

Clubs
You are in 2 clubs

Feedback
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Figure 16: Buddies steps summaries over period of time



insurance | investment | retirement | health

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BUDDIES

All for one, one for all.
Click on a buddy's name to compare steps.

Ranking	Name	Steps	Remove
1	GJ Jane	7875	
2	Francois	7416	✗
3	Annalie	7138	✗
4	Nico	4503	✗
5	Cornelia	2288	✗
6	1991	544	✗
7	Shazzie	391	✗

Page 1 of 1

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Ranking

You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Multiply

You are ranked in the 90% to 100% percentile of females aged 41 to 50 for group Momentum

Challenges

You are in 0 challenges

Competitions

You are in 1 competition

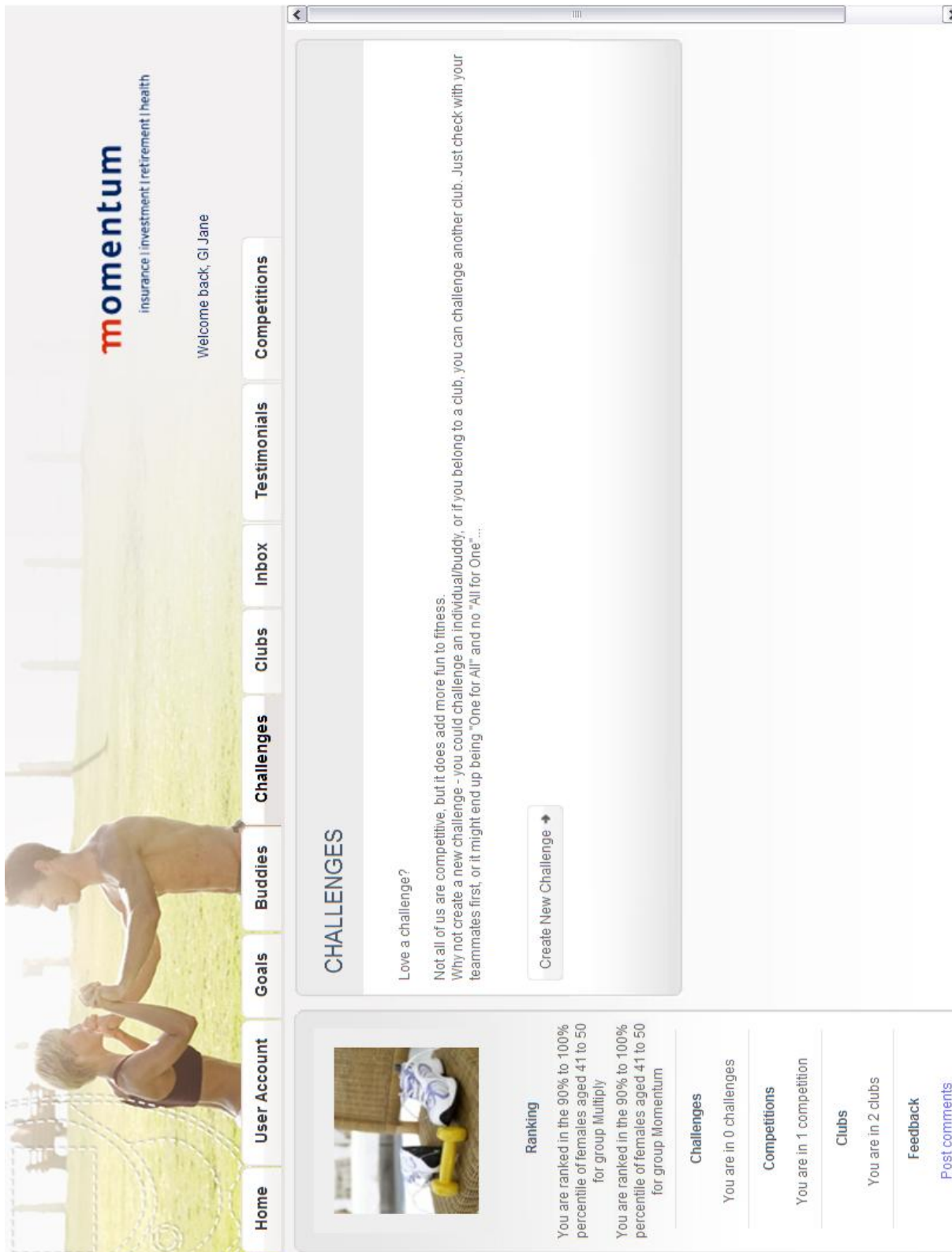
Clubs

You are in 2 clubs

Feedback

[Post comments](#)

Figure 17: Participants can create a challenge on the website



3.4.3 Phase 3: participation in the programme

The programme is based on self-participation. Each participant wears the pedometer daily and aims to walk at least 8 000 to 10 000 steps per day. The participants must download these steps onto the website through a USB cable every morning. By downloading the steps the participants can track their daily/weekly progress. As mentioned, it is also possible to invite a buddy on the website. Buddies can compare their steps with one another and can also hold competitions among one another. The success of this phase is solely dependent on how regularly/often the participants download their steps onto the website.

3.4.4 Phase 4: post-assessment

After six months of participation in the CWP, participants' glucose, blood pressure, BMI and cholesterol are re-assessed with the same assessments as was done for the initial health risk assessment. These results are compared to the health risk assessment results of the participants before they started the programme. The results are discussed with the participants and it is up to the participants to decide what they want to do with the information.

3.4.5 Nutritional guideline

Participants can access nutritional guidelines on the website (figure 17). This guideline gives information on how to eat healthier and how to make healthier food choices. Linked to the online wellness profile, the employee will have access to a range of nutritional information. The nutritional information is divided into three categories:

1. **Back to Basic:** This category focuses on the fundamental principles of healthy nutrition. It explains the three main categories of food groups namely carbohydrates, protein and fats and it also addresses myths about these food groups.
2. **Eating on the run:** This category gives healthy guidelines for people who have a stressful and busy lifestyle. It gives guidelines on what to eat when the participant eats out, have to buy instant food, eating out at a restaurant or when travelling.
3. **Weight management:** This category focuses on weight loss principles in a very comprehensive manner. It educates the participant on topics such as metabolism, diets, understanding metabolism, BMI, obesity, appetite, hormones and cravings, metabolic syndrome, eating disorders, weight gain, hydration, alcohol, caffeine and other stimulants, tea, digestion, nutrition throughout life, allergies and intolerances, sports nutrition (*for more detail on this topics please see the website www.multiply.co.za*)

Figure 18: Nutritional guidelines

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making a success of life **momentum**

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Introd. H. H. H. H.

Logoff

Home

Pedometer

Benefits

Points

Corporate

THE VALUE OF GOOD NUTRITION

Exercise without good nutrition, or good nutrition without exercise, can never deliver an optimum improvement in wellbeing over the long term. From assisting in the management of various medical conditions to contributing to a healthy mood and mindset, nutrition is a crucial component in improving one's overall wellbeing.

Choose a specific topic:

- [Allergies and intolerance](#)
- [Basics of healthy eating](#)
- [Digestion](#)
- [Drinking](#)
- [Eating disorders](#)
- [Eating for your busy schedule](#)
- [Global nutrition](#)
- [Health conditions and nutrition](#)
- [Innovative nutrition](#)
- [Losing weight](#)
- [Sport nutrition](#)
- [You and your family](#)



Nutritional Podcasts

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- [Breakfast bonanza](#)
- [Strategic refuelling](#)
- [5-a-day](#)
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- [Blood sugar control](#)
- [Managing a healthy weight](#)
- [Rethink your drink](#)
- [Reducing harmful fats](#)
- [Getting enough of the good fats](#)
- [Supplementation](#)

Back →

Momentum Client Number
2008006470308
[Contract Summary](#)

Private Club

Platinum

Gold

Silver

Bronze

Points
14515

Pedometer Steps
May 2010 - 0



Shop Online



Travel Online



Pedometer Community

3.5 Conclusion

The CWP focuses on employees' physical wellness and aims to increase physical activity and to develop better nutritional habits. Research shows that an improvement in physical activity and nutrition decreases absenteeism (Ho, 1997, p. 180). Thompson (1997, p. 83) also states that "...virtually every research study found positive health benefit from both wellness and fitness programmes". Having a CWP with health screening before and after participants participate in the programme is also part of the success of such a programme (Anderson, 2008).

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Introduction

Companies are dependent on employee productivity, without this business objectives will not be met. As is evident from the literature study (in chapters 2 and 3) it is clear that employee productivity can be influenced positively or negatively by employee absenteeism and motivation. The literature further highlights that healthy employees are motivated and employees with high motivation have a higher level of productivity. This is one of the key building blocks for good company performance and therefore many companies embark on wellness programmes to increase employee motivation and decrease absenteeism. The goal of this study is to evaluate the effectiveness of a CWP. The goal of this programme is to improve employees' physical wellness directly and indirectly to increase their motivation and to decrease their absenteeism. Programme evaluation studies can use qualitative, quantitative or mixed method approaches. For this study, the latter was utilised.

For the quantitative part of the study, the following hypotheses were articulated in order to evaluate the effectiveness of this programme:

- Employees who participate in the CWP will have perceived higher levels of work motivation than before they participated in the programme.
- Employees who participate in the CWP will experience an improvement in their health risk assessments.
- Employee absenteeism will decrease as a result of participating in the CWP.

The programme ran for a six month period from December 2008 to May 2009. Each participant received a pedometer and nutritional guidelines they could access from the website. The objective of the pedometer was to motivate participants to increase their activity levels by walking between 8000 and 10 000 steps per day. The nutritional guidelines gave them guidelines for healthy eating. Each of the participants were registered on the web where they could upload their steps per day. It was also possible to create walking buddy groups on the web portal. The objective of creating buddy groups was to give participants the opportunity to challenge one another and to find out who took the most steps during the challenge. The programme was not formally administered by the Company. It was based on the principle of self-directed participation. Each participant received the tools (pedometer and nutritional guidelines as well as a tracking system on the website) and participation was entirely left to the individual.

A health risk assessment, which included blood pressure, glucose, BMI and cholesterol tests, was completed by the participants before they embarked on the programme as well as at the end of the six-month period (end of May). They also completed a perceived wellness questionnaire, which looked at what the perceived impact of the CWP was on wellness behaviours, physical health and motivational levels after the six-month period. Focus group discussions were conducted during June 2009 to lend depth to the quantitative findings through qualitative data.

4.2 Discussion of programme evaluation

Rothman in Babbie and Mouton (2006, p. 335) indicates that “...programme evaluation entails the use of scientific methods to measure the implementation and outcomes of the programme for decision-making purposes”. A programme evaluation evaluates the effectiveness, design, implementation and utility of a programme through a systematic process (Rossi & Freeman in Babbie & Mouton, 2006).

De Vos, Strydom, Fouche and Delpont (2002) highlight that the way a programme gets evaluated is more important than whether a programme should be evaluated. Rossi and Freeman (1989) state that a systematic approach should be followed to evaluate a programme. A systematic approach was followed to evaluate whether or not the CWP should be improved to achieve the objectives of the programme. The aim of evaluating it was to improve the existing programme. This type of evaluation is known as formative evaluation and Babbie and Mouton (2006, p. 345) are of the following opinion on formative research: “...evaluation may be done to provide feedback to people who are trying to improve something (formative research).” Rossi and Freeman (1989) mention that programme monitoring is, in essence, a type of formative evaluation. Rossi and Freeman (1989) define evaluation research as the systematic approach of social research procedures to evaluate the design, process of implementation and the value of the programme. They further state that evaluation research is actively involved in the process of collecting, analysing and interpreting information to determine the need for, and to evaluate the effectiveness and efficiency of the programme in order to better the destiny of people. Royse (1993) states that programme evaluations follow a

logical, orderly and sequential process of events and are undertaken for a couple of reasons.

Rossi and Freeman (1989) highlight the following reasons:

- to determine the merit of the programmes
- to assess the worth of trying to improve the programme
- to enhance the effectiveness of the management and/or administration of the programme
- to satisfy the requirements of programme sponsors
- to satisfy the accountability requirements of the programme sponsor

Evaluation helps to determine the programme's effectiveness – this means that it is asked how successful the programme is in reaching the targeted population as well as whether it provides the resources, services and benefits expected by the sponsors and designers (Rossi & Freeman, 1989). Wasserman (2010) states that programme evaluation are interested to answer the following when doing programme evaluation:

- Can the programme be improved?
- Does the programme work?
- Is the programme worthwhile?
- Are the goals of the programme appropriate?

Rossi and Freeman in Babbie and Mouton (2006, p. 346) further state that programme evaluation serves at least three functions:

- (1) Evaluators need information about the extent of programme delivery to determine the usefulness of the outcomes of the interventions.
- (2) Evaluators require information on what part of the target population has benefited from the programme.
- (3) Evaluators need information about programme diffusion – the ability to replicate the implementation of the programme elsewhere.

For the purpose of this study all the stated questions are relevant to the study. The objective of evaluating the physical wellness programme is to determine the programme's current effectiveness as well as, if needed, suggest ways to improve the programme. Should the evaluation show that modification is needed, suggestions on what modifications are needed to increase the programme's effectiveness, will be made to the Company (Rossi & Freeman, 1989; Royse, 1993) support it by saying that formative evaluation is used to adjust and enhance programmes. The purpose of the evaluation of the programme is to see what improvements can be made to enhance the programme so that the intended benefit of the programme can be achieved.

Programme evaluation does not happen as a once-off event, it is a process. Crafford, De Jager and Fouche in De Vos *et al.* (2002, p.41) list six steps to be followed in the evaluation process:

- Needs assessment
- Evaluability assessment
- Programme monitoring
- Impact assessment
- Cost-effectiveness evaluation
- Utilisation evaluation

The Company's wellness programme was evaluated by following all six steps highlighted by Crafford *et al.* in De Vos (2002). According to Rossi and Freeman (1989) it is important to design an evaluation process to suite the type of programme. They also highlight that the role of evaluation differs depending on whether the programme is a new programme or whether it is an existing programme. In the case of Momentum's CWP the programme was evaluated in terms of the employees needs and the impact it had on empoyee wellness. There was an attemp to evaluate the cost effectiveness but due to incomplete absenteeism data it was not possible to calculate the cost effectiveness of the programme. Going forward it will be possible to compare the data from year to year. This will enable Momentum to evaluate the effectiveness year on year.

4.2.1 Some major types of programme evaluation

Before a researcher decides on the type of evaluations when designing the evaluation approach, it is advisable for the researcher to look at key considerations before designing the evaluation approach. It is important to consider the following key questions:

- What is the purpose of the evaluation?
- What kinds of information are needed to make a decision?
- From what source is the information collected?
- In what way can the information be collected?
- By when is the information needed?

After answering these questions, the researcher will be able to decide what type of evaluation approach is relevant to this research. There are three basic approaches, namely:

- Goal-based evaluation – this type of evaluation evaluates the extent to which the programme meets pre-determined objectives.
- Process-based evaluations – this type of evaluation aims to understand how the programme works: Does it produce what it was intended to produce?
- Outcomes-based evaluation – Babbie and Mouton (2006, p. 348) describe it as an evaluation to discover “whether the participants have changed in the direction that the programme planned”. A pre-test/post-tests design is necessary to determine if change took place while participants were on the programme. There is a variation on this design, namely performing a post-test only. Babbie and Mouton (2006, p. 348) further state that there is a limitation in using a post-test design and it is that “...it cannot answer the question whether the participants have changed during the programme, but only provides information on the conclusion of the programme and

gives an indication of whether the participants are performing or holding certain attitudes in accordance to what have been expected after the implementation of the programme”.

The evaluation for this research was outcomes based, it determined if there was a positive change over time. A health risk assessment was used as the pre-test/post-test to determine if participants in the CWP experienced improvement in their physical wellness resulting in improved motivational levels and decreased absenteeism levels. The researcher also made use of absenteeism data for two periods: December 2007 to May 2008 and December 2008 to May 2009. The two sets of absenteeism data were compared with one another to see if there were fewer sick leave days taken in period two than in period one by the participants involved in the programme. A self-compiled evaluation questionnaire was presented to participants as a post-test only and gave an indication of self-reported changed behaviour. This questionnaire was a self-reported questionnaire. Participants completed these questionnaires at the end of the programme. The researcher further held focus group discussions to support the information gathered through the self-compiled evaluation questionnaire. Part of the programme evaluation was to determine if the programme achieved the objectives it was supposed to achieve.

4.2.2 A mixed method approach to programme evaluation

Quantitative and qualitative research use observations to address the research question. Both methodologies describe data, compile arguments explaining the data and contemplate possible reasons for the outcomes of the research (Johnson & Onwuegbuzie, 2004). Most methodologies tend to be linked to a specific research practice, but according to Dzurec and Abraham (1993, p. 75) "...the objectives, scope, and nature of inquiry are consistent across methods and across paradigms". Quantitative purists view research from a positivist perspective and use a scientific approach. They strongly believe that social science should be objective. Researchers must minimise their subjectivity by staying emotionally removed from the study and must be able to empirically validate the hypothesis of the study (Johnson & Onwuegbuzie, 2004).

Today's world of research is becoming more and more dynamic, complex and interdisciplinary. Many researchers therefore have the need to complement one method with another method. A mixed method approach gives the researcher the opportunity to design solutions that offer the best possibility of answering the research question. With the realisation that there are commonalities within the two research paradigms, a third research paradigm has emerged, namely, mixed method research.

This paradigm views both quantitative and qualitative research as important. Johnson and Onwuegbuzie (2004, p. 15) state that "mixed method research is not to replace quantitative and qualitative research but to draw from the strengths and minimise the

weaknesses of both single studies”. They further state that it is original, wide-ranging, pluralistic and supportive. Mixed method research builds on the insights from both quantitative and qualitative research.

To address the purpose of this study successfully, mixed method research was chosen as the appropriate research method. The reason for the appropriateness is that this study combined quantitative and qualitative research techniques. Johnson and Onwuegbuzie (2004, p. 14) define mixed method research as “the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study.” The reason for choosing mixed methods for this study was to gain better understanding of the collected data, to compare the quantitative findings with the qualitative findings and to build on the findings of one method with another and to test the reliability of the results. It will also enhance the study by giving richer explanations for a deeper understanding of the research problems (Wheeldon, 2010).

Cresswell (2009) says that mixed methods are one step forward as they combine the strengths of both quantitative and qualitative methods. Creswell further states that a mixed method approach is relevant when a researcher uses a practical foundation to best understand the research problem.

According to Cresswell (2009), when working with a mixed method approach it is important to consider the following factors:

- The data collection process within a mixed method approach can happen sequentially (in phases) or at the same time. For the purpose of this study the data was gathered in a sequential manner. The reason for this was that the quantitative data was collected at the beginning of the collection period and at the end of the six month period. The qualitative data (focus groups) was gathered after the quantitative data was gathered
- The second factor that a researcher should keep in consideration is which approach will be given preference. The study was mainly quantitative, qualitative research was done to support the quantitative and serve as soundboard for the quantitative data. .

Another factor that should be kept in consideration is the mixing of the data. A mixed method approach is, however, more complex when it comes to the mixing of the data. The researcher must decide on when to mix the data and how mixing occurs. Mixing the data can be complex and confusing. McVilly, Stancliffe, Parmenter and Burton-Smith (2008) advise that the analysis process should be kept simple and combine the results at the interpretation phase to help simplify the complexity of the data. Creswell (2009) also states that it supports the researcher with the decision-making process. Mixing of data took place at the interpretation phase (Creswell, 2009).

The reason for using a mixed method approach in this study was to confirm findings from different sets of data and to increase the validity of the findings (Creswell, 2009). The data was collected sequentially and quantitative data collection occurred in the beginning as well

as at the end of the process. Qualitative data was collected after the collection of the quantitative data.

4.3 Setting and population

The total population of the company (from which the sample group of 103 volunteers were taken for this pilot study) consists of approximately 600 people. This sample therefore represents approximately 17,2% of the total population. This includes all the employees working in the same work environment and at the same premises in Umhlanga Rocks, a suburb of Itsekweni (Durban). The population consists of 92% employees who are Indian, 5% who are white and the remaining 3% who are black. Less than 1% is coloured. Although 103 volunteered and did their health risk assessments, only 98 of the participants completed the online CWP evaluation questionnaire.

All the participants in the programme work for a health administration business unit of a life insurance company. Most of them are in a call centre environment where they work with medical aid queries and claims. The CWP was initially implemented only in this area. It was run as a pilot study to determine the effectiveness of the programme.

The reason for this was to save costs and to address the inefficiencies of the programme before the programme was rolled out to the rest of the company. The management of the business unit decided that it makes sense for the pilot to be done in their area as they are responsible for the development of the corporate wellness product.

The intervention was conducted on a group of employees who participated in the Company's wellness programme. The CWP was piloted in this business unit and participation in it was voluntary. Hundred and three employees participated voluntarily in the piloted programme.

4.4 Sample/participants

The objective of the study was to evaluate the pilot CWP. To be able to do an evaluation of the programme, the researcher could only include the participants who participated in the programme as part of the study. If a sample was randomly selected from the population group, it would most probably have included employees who did not participate in the pilot group. This sample could therefore only be a non-probability sample with a specific purpose and therefore purposive sampling. A criterion for purposive sampling is that participants should meet certain criteria before they may participate. For the purpose of this study all participants in the study had to participate in the CWP. From this non-probability sample a randomly selected sample group was selected to participate in the focus group discussion.

The sample size is representative of 10% of the total employees working in the business unit, it has a confidence level of 95% with $p = .5$ (Israel, 2009).

4.5 Data collection process

Gathering data for this study was done sequentially. Quantitative data was collected first; from there the researcher gathered the qualitative data through focus group discussions. The data was collected to support the objectives of the study. The objectives for the study were as follows:

- To determine if employees who participate in the CWP have a higher level of work motivation than before they participated in the CWP.
- To determine if employees who participate in the CWP experience an improvement in their health risk assessments.
- To determine if employee absenteeism will decrease as a result of participating in the CWP.

The following methods were used to collect the data:

- Quantitative methods were used by gathering data through health risk assessments which included a glucose test, blood pressure test, cholesterol test and a BMI measurement.
- A self-compiled programme evaluation questionnaire was also used to gather data from the participants. This questionnaire was mainly quantitative and had one qualitative question and was in its own right a mixed method data collection method.

- Focus group discussions followed a qualitative approach and the results of the group discussions were integrated with the quantitative data at the end of the research.
- Collecting the absenteeism data for two periods entailed a quantitative method. The total days absent for year one were compared to the total days absent in year two. This was done for the same period each year.

4.5.1. Health risk assessment

The health risk assessment is a medical assessment that measures blood pressure, glucose levels, cholesterol levels and BMI (height of participant divided by weight of participant). This assessment was done in all the participants at the beginning of the programme and after they had participated in this programme for six months. This is a physical assessment that is used to determine if the participants experienced any changes in their health when participating in this CWP. The decision of which tests to include in the health risk assessment was determined by a medical doctor. These assessments were performed by trained wellness practitioners. The assessments were done at the beginning of the CWP as well as after six months of participation in the programme. Each participant had to sign a consent form (see Appendix A) that gave the Company permission to perform the health risk assessments on them.

The advantages of the health risk assessment are:

- High level of accuracy – this is done according to medical protocol.
- Consistency of administration to ensure accurate results. The assessments were done by qualified nurses who followed a standardised test protocol – thus the results are valid and reliable.

The disadvantages of the health risk assessment are:

- The assessments are costly.
- Potential participants who wanted to participate might decide against it due to fear of needles (used for the glucose test).
- Consistency in measurement may be influenced in inconsistency of the resources available for the pre- and post-test when doing these assessments.

4.5.2. Self-compiled programme evaluation questionnaire

A perceived programme evaluation questionnaire was compiled (Appendix B) and given to the participants after they had participated in the programme for six months. The objective of the programme evaluation was to determine the participants' perception of the impact of the CWP on their absenteeism and motivation. The construction of this questionnaire was important; it needed to give answers to the employer's questions regarding the effectiveness of the programme. The researcher developed the perceived programme evaluation questionnaire by using the available literature to compile the questionnaire. Input was given by the study leader and a

medical doctor. The study leader is an expert in research and the medical doctor in wellness programmes. Neuman (1997, p. 233-237) suggests that no jargon, slang and abbreviations should be used. He further stated that ambiguity, confusion, emotional language and double-barrelled questions should be avoided. He also suggests that the respondents should be able to understand the questions.

To ensure that the questions ask for the right information, they were evaluated by the study leader as well as the head of corporate wellness. The researcher also asked a few colleagues to complete the questionnaire to test the questions and to see if the questions were meaningful and asked what was supposed to be asked. Feedback was incorporated in the questionnaire. As a result of the testing the researcher changed the rating scale as well as a few of the questions, as these questions asked the same thing just in a different way – this could have been potentially confusing to the participants.

The questionnaire format was consistent with standard survey formats and a three-point scale was used. The participants had to choose between the following options:

- Yes
- Not applicable
- No

The reason why the “not applicable” column was placed between “yes” and “no” is based on research that has found that if the “not applicable” column is at the end, there is a tendency to choose it more often (Stat Pac, 2009). It is, however, better to use a

four-point scale to eliminate a central tendency. This three-point scale aims to compel the participants to choose between “yes” and “no”, which will eliminate response bias to some extent. (Keelinge & Lee,1992). This choice was not the best choice because according to Keelinge and Lee (1992:716) it can strain the subjects’ endurance and patience, resulting in less cooperation. The third option is not “unsure” as in many three-point scales, but this option is also not applicable here.

The researcher made sure that the questionnaire was uncluttered and that each question covered only one idea, no leading or abbreviated questions were asked and negative items were not used (Babbie & Mouton, 2006).

The questionnaire was a self-administered web-based questionnaire. It consisted of 11 questions. Two of the questions were multi-choice questions where participants had options to choose from. Question 11 was an open-ended question. The researcher therefore made sure that the instructions on how to complete the questionnaire were clear. The questionnaire was pre-tested. When deciding to do a web-based questionnaire, it is important to understand the strengths and weaknesses of a web-based questionnaire.

Babbie and Mouton (2006) mentioned that a web-based questionnaire is quick and easy to answer, cost effective, convenient (participants can complete the questionnaire when it suites them). They also stated that participants feel safe when completing the questionnaire and this results in a high response rate due to the anonymity –

participants' answers cannot be tracked back to them. Interview biases are limited as no human interference can influence the participants answer. It also helps to limit social desirability due to anonymity of the questionnaire. However, because there is a lack of control questionnaires may be incomplete – designing the scoring process of the questionnaire must be of such a nature that the participant cannot progress if they do not answer all the questions.

Another factor that should be considered is that questions may be misunderstood and the participants are unable to check understanding with the researcher, thereby affecting the reliability of the study.

4.5.3 Questionnaire readability and ease of use

The researcher decided to ease accessibility for the participants as the researcher was based in Pretoria and the respondents in Durban. The researcher used an electronic survey tool (Survey Monkey). The participants received the link to the questionnaire in their electronic mail (e-mail) inbox. They had to click on the link and complete the questionnaire. The researcher made sure the questionnaire was easy to understand and would not take more than 10 minutes of the participants' time by testing the understanding of the questionnaire with a few individuals as well as asking them to complete the survey. The researcher had a very good response rate (87%). The human resources office in Durban facilitated the process and also followed up by sending out e-mails as reminders. The benefit of using an external web-based questionnaire was that

the answers were 100% anonymous. This increased the honesty of the answers and thus the content validity of the evaluation.

4.5.4. Absenteeism data

Participants in the wellness programme's absenteeism data were chosen from the payroll office for the six-month period (December 2007 to May 2008) before the participants participated in the programme that same year. A second set of absenteeism data was collected for the period of December 2008 to May 2009. These two data sets were compared to determine if there was any change in sick leave absenteeism. The benefits of using this method are that the payroll office is unbiased and gave all the data they had. One disadvantage is that there is no guarantee that all the absenteeism data was submitted to the payroll office – this could have an impact on the validity of the data. Information on the participants' sick leave days for the periods June 2007 to December 2007 and June 2008 to December 2008 was collected from the payroll office.

The objective of collecting this data was to compare the data of the individuals' sick leave for period one to the sick leave data for period two. The aim of comparing the two sets of data with one another was to determine if a participant was absent less often during the period he or she participated in the CWP than during period one when he or she did not participate in the CWP. There were a couple of obstacles in collecting the data. The first was that it was not possible to obtain six months' data for period one (the reason for this was that the payroll office did not have the sick leave days for May 2008 due to conversion to another payroll system). Sick leave data could therefore only be

measured for a five-month period and not a six-month period as originally planned. Due to the conversion of the payroll calculation of sick leave days, where a manual process was used, human error cannot be ignored as a potential threat to the accuracy of the data.

4.5.5 Focus group discussion (see appendix B)

A focus group is used as a research technique to understand people's thinking, opinions, ideas and attitudes (Neuman, 1997; Pope, Ziebland & Mays, 2000). Neuman (1997, p. 253) further states that "...[a] focus group is a special kind of interview situation that is largely non-quantitative. In focus groups, a researcher gathers together 6 to 12 people in a room with a moderator to discuss one or more issues for one or two hours".

The objective of this method is to get in-depth feedback from the participants regarding their personal experiences of participating in the CWP. It is not always possible to get enough feedback from a questionnaire to determine the effectiveness of the programme. The participants in these groups were asked to give their experience of the programme. The objective of these discussions was to get more in-depth information from the participants regarding their experience and opinions of the programme.

According to David Morgan (in Babbie & Mouton, 2006) one of the main advantages of focus groups is the opportunity to examine the topic in depth by observing interaction between participants. Focus group discussions make it possible for the researcher to

gather more information on the topic in a short period of time. Through these discussions, it was possible to identify similarities as well as differences in participants' opinions and personal experiences

(Arvidson, André, Borgquist & Carelson, 2010). The researcher must have good facilitation skills to be able to unpack the themes comprehensively, it is also important for the researcher to remember that these discussions do happen in unnatural social settings.

The focus groups were randomly selected from the participants of the CWP who completed the self-compiled programme evaluation questionnaire (98 out of the 103 participants who originally volunteered to participate in the CWP). The researcher selected every fifth person on an alphabetically ordered name list. The total of the focus group participants was 38 individuals out of the 98 participants. There were five focus groups with six to eight participants in each group.

The researcher used the guidelines described in Breen (2006) and Babbie and Mouton (2006) as the criteria to hold effective focus group discussions. The researcher made sure that there was enough participants per group (six to eight participants per group). The reason for having enough people in a group is to ensure that there are enough participants to participate in the discussion should some of them not be available to attend or not participate actively in the conversation. The average number of individuals who turned up for the groups was six individuals per group. There were three groups of six participants and two groups had eight participants. Morgan (in Babbie & Mouton

2006) also indicates that there must be at least three to five focus groups. Breen (2006) has a different view and suggest that there should be between 10 and 12 groups for interviews. The researcher decided to follow Morgan's (in Babbie & Mouton 2006) view as time and resources could not accommodate 10 to 12 focus groups. The researcher had five focus group discussions to gather as much information as possible about the participants' experience of the CWP. Another tendency that the researcher should manage is the need for the participants to be acceptable for the group and therefore deviate from their usual behaviour within the focus group. Kenyon (2004) stated that putting a homogeneous group, with people who already know each other, together will assist in addressing the need to fit in without losing their own individuality. Seeing that all the participants working for the same division all know each other, they were all comfortable with one another. The groups were, however, gender mixed and Vaughn, Shay Schumm and Sinagub (1996) mentioned that mixed gender groups may get distracted from the task at hand.

Focus group discussions were used for two purposes. One, to serve as a method to clarify the information received through the programme evaluation questionnaire. And two, to gather in-depth information about the participants' perception of the effectiveness of the programme.

This qualitative research technique is one where people are informally "interviewed" in a group-discussion setting (Neuman, 1997, p. 396). The focus group discussions were semi-structured and revolved around:

1. the questions asked in the programme evaluation questionnaire; and
2. the participants' personal opinions on the effectiveness of the programme.

The objective of the focus group discussions was to get information to determine the impact of the CWP on employees perceived motivation levels and general health. The researcher facilitated free, open discussion by all group members.

A focus group consists of six to 20 people. They usually meet in a conference-room-like setting with a facilitator. The facilitator leads the group discussion and, importantly, keeps the focus on the areas the researcher wants to explore (Breen 2006).

The researcher liaised with the Durban office and its human resources department to assist in arranging the focus group discussions. They sent an electronic invitation (e-mail) to all the randomly selected employees. The participants work in a call centre environment and it was difficult for them to attend the focus group discussions due to limited time.

Participants were informed of the purpose of the research as well as the role they were to play in it. It was also made clear to them that participation was voluntary and discussions would also be treated anonymously. The discussions were recorded and notes were taken. The researcher compiled open-ended questions to support the data from the programme evaluation questionnaire and to gather in-depth information about

the opinions of the participants on the effectiveness of the CWP (see Appendix B).

The total sample was comprised of 38 participants – 18 males and 20 females. Twenty one of the participants were Indian, nine were black and eight were white. The average age of the participants was between 30 and 40.

4.5.6. Cost benefit analysis

A cost benefit analysis was executed using employees' salaries and the days absent for the period December 2007 to May 2008 and comparing the data with those for the period of December 2008 to May 2009 to determine whether the company had saved any money. It was decided that this analysis will only be done if the absenteeism data were significant. Due to the insignificance of the sick leave data, this analysis was not done.

4.6 Quality of the data from the focus groups

The key for good research is validity and reliability. Bui (2009, p. 149) defines reliability as "...the extent to which an instrument consistently measures what it is intended to measure". She further defines validity as "...the extent to which the instruments measure what it was intended to measure". When considering qualitative research, Lincoln and Guba in Babbie and Mouton (1996) and Trochim (2004) mention that it is difficult to use validity and reliability in the same way that it is used in quantitative research as in qualitative research. They propose four criteria for evaluating the soundness of qualitative research. They suggest that credibility, transferability, dependability and conformability be used as alternatives to more traditional

quantitatively oriented criteria. The criteria for quality data in qualitative research will be discussed first and from there the validity and reliability of the quantitative part of the study will be discussed.

Good qualitative research should be trustworthy (Kenyon, 2004). This means that the findings of the research should be worth paying attention to. Qualitative study is only seen valid if it is credible (Babbie & Mouton, 2006).

4.6.1. Credibility

The credibility refers to the views of the participants. Credibility is important for qualitative studies. Babbie and Mouton (2006, p. 277) state that "...just as a quantitative study cannot be considered valid unless it is reliable, a qualitative study cannot be called transferable unless it is credible". If the participants view the results as credible, then the study is seen as credible. Credibility of the results can therefore only be judged by the participants of the study. The researcher used the following procedures to determine credibility:

- a. Triangulation was used as one method to ensure credibility. Different questions were asked from different angles during the focus group discussions. Different sources were also combined in the focus group discussions by randomly selecting participants from the participants in the CWP.
- b. Peer debriefing was used as another procedure to ensure credibility. The researcher debriefed regularly with a colleague who was outside the context

of the study and had a general understanding of the nature of the study. The researcher sound boarded insights, thoughts and reflections.

- c. Engagement was prolonged until the researcher could identify patterns that emerged from the focus group discussions. The last two focus groups generated no new information, but the information shared by the participants was a repetition of what was shared in the first three focus groups.

4.6.2. Transferability

The following question is asked to determine the transferability of the research: To what degree can the results be generalised to other contexts or settings? Transferability can be enhanced by the qualitative researcher when thoroughly describing the research context as well as the assumptions of the research. The person who wishes to "transfer" the results to a different context is then responsible for making the judgment of how sensible the transfer is. The researcher collected detailed data descriptions and reported the data as thoroughly, detailed and precisely, as possible. This should enable the reader to make judgments about the transferability of the study (Babbie & Mouton, 2006). Whittemore, Chase and Mandle (2001) argue that the expectation to transfer results from one study to another is unrealistic as the results is subjective and linked to a view of a human being. It is difficult to eliminate the human elements from the research process. One way to increase internal validity is when focus group techniques can be pre-tested. Purposive sampling was done for the focus

groups to ensure that findings from the focus group discussions can be transferred to the pilot group.

4.6.3. Dependability

If the study were to be repeated with the same or similar participants in the same or similar context, the findings should be similar. Guba and Lincoln in Babbie and Mouton (2006, p. 278) state that there is “...no credibility without dependability, a demonstration of the former is sufficient to establish the latter”. To enhance dependability, the researcher could have done an inquiry audit. An inquiry audit would have enhanced the dependability of the data (Babbie & Mouton, 2006).

4.6.4. Conformability

Conformability is the product of the research and not of the biases of the researcher (Babbie & Mouton, 2006). Lincoln and Guba (1985) refer to this procedure as a confirmability audit trail. The researcher should leave a sufficient track to enable the examiner to evaluate whether the conclusions, interpretations and recommendations can be traced to their foundation. The researcher kept thorough records of all the raw data that were collected. Records were also kept on how the data were analysed and how the research process emerged. The researcher also kept records on the data reconstruction process as well as process notes during the focus group discussions. These records should leave enough information to enable the evaluator to decide whether the results are a

product of the focus of the inquiry (Babbie & Mouton, 2006; Lincoln, Guba, 1985; Kenyon, 2004).

4.7 Reliability of quantitative data

In research the term “reliability” means consistent and repeatable. A measure is seen as consistent if it gives the same result time after time Trochim (2004). Babbie and Mouton (2006, p. 119) define reliability as a “[m]atter of whether a particular technique, applied repeatedly to the same object, would yield the same results”. According to Terreblance and Durrheim (1999, p. 63) reliability is “...the degree to which the results are repeatable”. Kerlinger and Lee (2000, p. 642) see reliability as dependability, stability, consistency, reproducibility, predictability and lack of distortion. In qualitative research reliability is a challenge, because the research methods are based on perceptions. There is no guarantee that the same question will give the same answer, because people reflect their own experiences and opinions – the researcher has no control over the subjectivity of the participants’ experiences (Babbie & Mouton, 2006; Terreblanche & Durrheim, 1999; Kurlinger & Lee, 2000).

For the purpose of this study, the researcher implemented the following techniques as suggested in Babbie and Mouton (2006, p. 121) to maximize the reliability of the data.

- a. The researcher used the same health risk assessment measurement more than once – at the beginning of the CWP as well as six months down the line. The objective of using a test-retest method is to ensure stability reliability, because this is reliability across time (Neuman, 1997).

- b. The researcher used standardised, established medical assessments for the health risk assessments to take glucose, cholesterol, blood pressure and BMI measurements. These measurements have proven their reliability and are accepted by the medical profession as reliable assessments methods.
- c. Medical personnel were used to perform the health risk assessments. The researcher facilitated the focus group discussions and is trained as a group process facilitator. To further ensure reliability, the researcher asked the head of corporate wellness to act as an observer in these discussions to help the researcher stay objective and neutral in her facilitation of the process. With hindsight this could have influenced the participants' willingness to talk about negative experiences/views of the CWP. However, based on the data a balanced view was given and participants gave positive as well as negative comments about the programme.
- d. To ensure the reliability of the programme evaluation questionnaire, the researcher got input from experts in the fields of research and wellness. The researcher also followed the guidelines as set out in Neuman (1997) to ensure the reliability of the questionnaire (not in the manual reference).
- e. The researcher asked the same questions in the programme evaluation questionnaire as in the focus group discussions. The purpose of using multiple indicators is to determine if the researcher will get consistent results across the different indicators (Neuman, 1997).
- f. The researcher asked the same questions in the same sequence to ensure a stable consistent environment.

- g. The researcher also used a pre-test when compiling the programme evaluation questionnaire.

Reliability for this study is more difficult to attain due to the type of research design. Many of the results are based on participants' opinions. The only measurements that are precise and observable are the health risk assessment and the sick leave data (absenteeism rates). The other measurements are abstract and not that easy to observe (Kerlinger & Lee, 2000).

4.8 Internal and external validity

Reliability and validity of a study go hand in hand (Neuman, 1997). A study is valid when the data measure what it is intended to measure Trochim (2004). The validity of a study looks at two types of validity – internal validity and external validity. Internal validity poses the question of whether it is reasonably certain that the programme's implementation is the reason for the change. According to Neuman (1997) and Dunn (2003) researchers must be aware of threats that reduce the internal validity. If these threats are ignored, the results may be meaningless and the study invalid.

4.8.1 Possible threats to internal validity

- a. *History*. History effects are events that occur outside the experimental situation, but that may potentially influence the behaviour being studied. When the performance of the subjects under study is altered due to events outside the study, it is called a history threat. This can happen because the research does not occur in a vacuum.

Events can play a role in how the subjects perform and must be addressed. One way of addressing this is through implementing a randomisation procedure. For the purpose of the study the focus groups were randomly selected to minimise the impact of other historical influences. Respondents of the focus groups were also encouraged to give open-ended responses. The items in the questionnaire did not cover all possible historical influences on the participants. The study ran over a relatively short period of six months. This made the risk of external influences lower than if it had run over a longer period. The sample group was selected from a population group to which the same circumstances, in the same building are applicable. The researcher selected the sample group from the same population to help minimise historical events that could take place in the work environment (Neuman, 1997).

- b. *Mortality*. Mortality can be defined as subject dropouts. The researcher chose a large sample to minimise the mortality threats.

4.8.2. Possible threats to external validity

Regarding external validity, the following question can be asked: Does the sample represent the larger population? Results can be significant in the sample group but, due to threats, cannot be generalised to apply to the population at large (Jackson, 1989). Possible threats to external validity of this study are novelty and disruption effects,, pre-test sensitisation and treatment interaction effects.

- a. *Novelty and disruption effect.* A treatment may work because it is new and the participants respond to its uniqueness, rather than the actual intervention/programme. It is possible that the pedometer may be a novelty for some of the participants and they participated because of its uniqueness (Gall, Borg & Gall, 1996).

- b. *Pre-test sensitisation.* The programme works due to the results of a pre-test that was taken and the participants are more sensitive to the treatment due to this pre-test (Bracht & Glass, 1968). It is possible due to the health risk assessments that were performed that the participants are more aware of their health status and therefore more motivated to participate in the programme.

- c. *Treatment interaction effects.* The study was a voluntarily study. It is possible that people who are naturally inclined to exercise decided to participate in the CWP.

The abovementioned instruments were used to obtain data relevant to the research under discussion. The data analysis will now be discussed in the next section.

4.9 Quantitative Data analysis

Hypothesis testing was used to test whether the results obtained from the sample differed significantly from the time before the CWP to the time after the programme. Comparisons were made by comparing the pre- and post-result from the same sample group.

Hypothesis one states that: Employee absenteeism will decrease as a result of participating in the CWP. It was statistically tested by means of the Fisher exact test. The Fisher exact test calculates the significance of the deviation from a null hypothesis exactly. It does not rely on an approximation. The Fisher exact test is an exact probability test and can be applied as a directional test or a non-directional test (Lowry, 2010). This is appropriate because the idea in this analysis is to determine to what degree participation in the CWP has an influence on absenteeism.

The second hypothesis states: Employees who participate in the CWP will have a higher self-perceived level of work motivation than before they participated in the programme. Analysis of the qualitative data was used to determine if the employees have a higher level of motivation to do their work after they have participated in the programme.

Hypothesis three states: Employees who participate in the CWP will experience an improvement in their health risk assessments. The two sets of data (health risk assessments before implementing the wellness programme and six months later) were compared. It was statistically tested by paired a t-test. An effect size calculation was also done on the group. According to Pallant (2005, p. 201) the effect size is: “a set of statistics which indicates the relative magnitude of the difference between means – it describes the amount of the total variance in the dependant variable that is predictable from knowledge of the levels of the independent variable”. In other words it indicates the strength of the difference between the groups.

4.10 Data analysis of qualitative data

The data were collected by means of the self-compiled questionnaire (see appendix B) and the focus group discussions (see appendix C). The questionnaire was a quantitative questionnaire with one qualitative question. The self-compiled questionnaire was a web-based questionnaire and all the participants in the CWP received a link in their electronic mail (e-mail) inbox. Participants were given two weeks to complete the questionnaire. The human resources consultants in the Durban office sent regular reminders to the participants to complete the questionnaire.

Ninety eight of the 115 participants completed the questionnaire. The response rate was 85%. The last question of the questionnaire was an open-ended question. The researcher used the coding process to organise and label the data into meaningful chunks (Bui, 2009). The researcher further transcribed and categorised the information in terms of specific themes.

4.11 Ethical consideration

Research has an ethical-moral dimension and many ethical issues involve a balance between two values: the pursuit of scientific knowledge and the rights of those being studied (Neuman, 1997; Kerlinger & Lee, 2000; Bulpitt & Martin, 2010). In the process of conducting research, especially in the social and behavioural sciences where people's cooperation is crucial to the success of the final product, the researcher has an ethical responsibility towards the population to minimise harm and discomfort.

To ensure that this research study conforms to a high ethical standard, the researcher took care to adhere to the strictest ethical principles possible. Khanlou and Peter (2004) break down ethical responsibility into three categories, namely informed consent, privacy and confidentiality and sensitivity.

For the purpose of this study the following ethical aspects were taken into account:

- a. The researcher made sure that the literature review contains relevant, genuine and high-quality theory and that no plagiarism occurs by rewriting or by cutting and pasting from electronic documents.
- b. The researcher made sure that all references are included. As far as possible, the researcher put the findings of authors in the researcher's own words. Sentences that were difficult to paraphrase into own words were quoted and referenced according to the prescribed requirements.
- c. Confidentiality and anonymity imply that all the information that was gathered was treated in such a manner that it protected the individual's identity.
- d. Respondents were encouraged to participate in the study, participation was voluntary and participants could withdraw at any stage of the research (Townsend, Cox & Li, 2010).
- e. The researcher made sure at all times to exercise sensitivity in the use of language, particularly with regard to religion, race, sexual orientation, gender and age.
- f. All participants gave their consent to undergo medical assessment and that the results of the health risk assessment may be used for research purposes. Consent was given

by signing the consent form (see appendix A). Only employees who gave their consent were part of this study. The letter of consent obtains the most relevant information so that candidates understand the implications of and procedures used in this study.

- g. The researcher made her contact details freely available so that the employees could contact her at any time should questions or uncertainties arise.

For the purpose of this study the ethical guidelines of the University of Pretoria and the Health Professions Council of South Africa served as a framework.

4.12 Conclusion

This chapter explains the methods that were used to conduct the study. It describes the process that was followed to conduct the research and also gives the reader an understanding of the landscape in which the research study took place. The researcher ends the chapter with ethical considerations as this remains one of the most important aspects of a research study.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 Introduction

The results obtained by quantitative and qualitative methods described in chapter 4 are explained in this chapter. Statistical frequencies, standard deviations and the significant scores were calculated for each statement and the results were included in tables 5.1 to 5.15. Results of the focus group discussions will also be listed and discussed. The objective of doing a mixed method research was to focus on the strength of quantitative as well as qualitative research. The quantitative research focussed on measurable data to confirm or reject the hypothesis. The qualitative research was done to get a more in-depth understanding of the themes covered in the quantitative research and to expand on knowledge.

5.2 The sample characteristics

The sample that was selected for this research study consisted of employees who voluntarily decided to participate in the CWP. Everybody who participated in the pilot study was taken as the sample for this study. The participants came from diverse ethnic backgrounds. Fourteen of the participants were black, 60 of the participants were Indian, and 16 of the participants were white. There were no coloured participants in the programme. Sixteen (16) of the 98 participants had been working for the Company for less than two years, 45 had been working for the Company for between two and 10 years and 37 had been working for the Company for

longer than 10 years. Thirty eight (38) of the participants are general staff, 54 manage other people and six of the participants manage other managers.

The original sample group consisted of 113 employees. Ninety eight (98) completed questionnaires were received from the 113 employees (participants) who were identified and invited. This represents a response of 86.8%.

5.2.1 Gender

The gender profile of the 98 respondents is indicated in table 5.1.

Table 5.1: *The gender of the participants*

GENDER	FREQUENCY	PERCENTAGE
Male	35	35.71%
Female	63	64.29%

There were 35 (35.71%) male and 63 (64.29%) female participants in the sample.

5.2.2 Age

The age distribution of the respondents is reflected in table 5.2.

Table 5.2: *The age groups of the participants*

AGE	FREQUENCY	PERCENTAGE
20-30	30	30.61%
31-40	43	43.88%
41-50	19	19.39%
50+	6	6.12%

From table 5.2 it is clear that the age group 20 to 30 consisted of 30 individuals (30.61%) and the age group 31 to 40 consisted of 43 (43.88%) individuals. This table indicates that the age group between 20 and 40 was the most strongly represented.

5.2.3 Race

The racial groups of the 98 participants appear in table 5.3.

Table 5.3: *The race profile*

RACE	FREQUENCY	PERCENTAGE
Black	14	15.56%
Indian	60	66.67%
White	16	17.78%
Coloured	0	0%

Table 5.3 indicates that 60 (66.67%) of the participants are from the Indian community. The Indian group make up the majority, and the black (14; 15.56%) and white (16; 17.78%) group the minority. The coloured group was not represented at all. The reason for the small representation of white and black participants and the non-representation of coloureds is because the population the sample was taken from consists mainly of members of the Indian community and is a reflection of the employee population within the Durban office.

5.2.4 Accountability level within the organisation

Table 5.4 indicates that the managers of others were the most strongly representative with 54 individuals (55.10%), followed by the 38 individuals who are employees (38.7%). Senior management (those who manage other managers) were six (6.12%) and, as such, the minority.

Table 5.4: *The reporting level within the organisation*

REPORTING LEVEL	FREQUENCY	PERCENTAGE
Employee	38	38.78%
Manager of others	54	55.10%
Manager of managers	6	6.12%

Most of the participants were either employees or managers of others.

5.2.5 Years worked at Momentum

The total years employees worked at Momentum are presented in table 5.5.

Table 5.5: Years worked at Momentum

YEARS WORKED AT MOMENTUM	FREQUENCY	PERCENTAGE
Less than 2	16	16.33%
2 to 10	45	45.92%
10 +	37	37,76%

According to table 5.5 16 of the participants have fewer than two years' experience at Momentum. The majority have between two and 10 years' experience. Thirty seven–37 (76%) of the participants have more than 10 years' working experience at Momentum.

5.3 The perceived impact of the CWP

The objective of the questionnaire was to evaluate the CWP by asking the participants questions about their experience of participating in the programme. It also asked about the impact their participation had on their behaviour.

Part of the evaluation of the CWP was done by way of an evaluation questionnaire. The participants had to give feedback on the influence the wellness programme had on changing their behaviour regarding exercise, general wellbeing and nutrition. They had three options to choose from: If they agree with the question, they had to choose "yes"; "no" if they did not

agree with the question; and if the question was not applicable to them they had to indicate this by choosing the “not applicable” option. There is also a difference in the number of responses per question. It seems as if some of the questions were not answered by the respondents. Frequencies and percentages were calculated and are reported in table 5.6.

Table 5.6: Questionnaire results

QUESTION	YES	INDIFFERENT	NO
Did your participation in this wellness initiative make you more health conscious?	65 (83.33%)	6 (7.69%)	7 (8.97%)
By participating in this wellness initiative did you experience an improvement in your physical wellbeing?	59 (75.64%)	12 (15.38%)	7 (8.97%)
Which of the following behaviours improved as a result of your participation in this wellness initiative:			
• Eating habits	58 (74.36%)	13 (16.67%)	7 (8.97%)
• Exercise	57 (73.08%)	11 (14.10%)	10 (12.82%)
• Drinking more water	61 (78.21%)	8 (10.26%)	9 (11.54%)
• Sleeping patterns	34 (44.16%)	22 (28%)	21 (27.27%)
• General mood	45 (69.23%)	13 (20%)	7 (10.77%)
• Concentration	45 (71.43%)	12 (19.05%)	6 (9.52%)
• Mental focus	45 (59.21%)	22 (28.95%)	9 (11.84%)
• Ability to deal with stress	43 (55.13%)	19 (24.36%)	14 (17.95%)
• Energy levels	50 (64.10%)	16 (20.51%)	12 (15.38%)
• General health	57 (73.08%)	13 (16.67%)	8 (10.26%)
• Relationships	45 (57.69%)	19 (24.36%)	14 (17.95%)
• Feeling more positive	57 (73.09%)	11 (14.10%)	10 (12.82%)



Did your participation in this programme help you to:			
• Smoke less	12 (15.58%)	55 (71.43%)	10 (12.99%)
• Think of stop smoking	12 (15.580%)	56 (72.73%)	9 (11.69%)
• Stop smoking	6 (7.79%)	57 (74.04)	14 (18.18%)
• Drink less alcohol	14 (18.18%)	54 (70.13%)	9 (11.69%)
• Think of drinking less alcohol	11 (16.18%)	47 (69.12%)	10 (14.71%)
• Stop drinking alcohol	7 (8.97%)	54 (69.23%)	17 (21.79%)
• Eat less take-away foods	52 (66.67%)	20 (25.64%)	6 (7.69%)
• Drink fewer sugar fizzy drinks	52 (66.67%)	21 (26.92%)	5 (6.41%)
• Take less over-the-counter medication	33 (42.31%)	34 (43.59%)	11 (14.10%)
Did this wellness initiative motivate you to exercise more?	60 (80.00%)	8 (10.67%)	7 (9.33%)
Did this wellness initiative motivate you to eat less and more healthily?	68 (87.81%)	7 (8.97%)	3 (3.85%)
Did this wellness initiative help you to feel more motivated towards your work?	52 (71.23%)	11 (15.07%)	10 (13.70%)
Did your participation in this wellness initiative contribute towards your attitude towards work?	51 (65.38%)	14 (17.95%)	13 (16.67%)
Did your participation in this wellness initiative help you in increasing your work motivation?	45 (57.69%)	18 (23.08%)	15 (19.23%)
Did your attitude towards the Company improve as a result of your participation in this wellness initiative?	51 (69.86%)	14 (19.18%)	8 (10.96%)
Will you encourage other employees/people to participate in such a wellness initiative?	62 (84.93%)	6 (8.21%)	5 (6.84%)

When looking at the results in the table 5.6, it is clear that not all the participants answered all the questions. One limitation of the electronic questionnaire was that participants could skip some of the questions if they wanted to. It seems that the majority of participants (83.33%) are more health-conscious as a result of participating in the CWP. Of the participants, 75% reported an improvement in their physical wellbeing; 74.36% of the respondents also reported that their eating habits improved; and 73% of the respondents exercised more and 78.21% drank more water. The respondents also reported that 69.23% experienced an improvement in their mood and 71.43% reported an improvement in their concentration.

Only 44.17% of the respondents reported an improvement in their sleeping patterns; 64% of the respondents reported an increase in energy and 73% experienced an improvement in general health. A total of 57% respondents reported an improvement in their relationships and 73% reported that they felt more positive.

Only 8% of the respondents reported that they had stopped smoking as a result of their participation in the programme and 9% reported that they had stopped drinking alcohol as a result of their participation. It seems that the programme only helped a small minority of participants to stop smoking and drinking. Of the respondents, 66% indicated that they buy less take-away food and drink fewer fizzy, sugary drinks.

Altogether 80% of the respondents stated that the CWP motivated them to exercise more and 71% reported that participating in the programme helped them to feel more motivated towards their work. Of the respondents, 65% indicated that their attitude contribute towards their work;

57% indicated that their work motivation increased as a result of participating in the programme and 69% stated that their attitude towards the Company improved as a result of participating in the CWP. A total of 85% indicated that they will encourage other staff members to participate in such a programme.

5.4 Pre- and post-test comparisons of physical health indicators

To determine the impact of the CWP on participants' physical health, it was necessary to compare the pre- and post-test results of the health risk assessments. A paired t-test was done on the differences between the pre- and post-test results (post-health risk assessment results minus pre-health risk assessment results). Results are presented in table 5.7.

Table 5.7: Health risk assessment results: before programme and after six months

	MEAN: PRE TEST	MEAN: POST TEST	MEAN DIFF (MEAN 1 – MEAN 2)	STANDARD DEVIATION	T-TEST P-VALUE	EFFECT SIZE	
BMI	27.181	27.797	0.61645	1.9323	0.0058	0.11	Significant
Glucose	5.174	5.620	0.44607	1.3456	0.0042	0.32	Significant
Systolic Blood pressure	122.177	120.670	- 1.5063	17.0112	0.4336	0.08	Not Significant
Diastolic Blood pressure	73.632	77.291	3.6582	18.4	0.0811	0.21	Significant
Cholesterol	4.838	4.530	- .30747	.9197	0.0039	0.29	Significant

The CWP did not have a big impact on BMI. The mean for the BMI measurement is slightly higher ($27.797 - 27.181 = 0.616$), after the six month than before the participants started with the CWP (see table 5.7). This could possibly be because of an increase in lean muscle. Lean muscle increases with exercise and muscles weigh more than fat. BMI will increase because of the increase of lean muscle (Donnelly, Hill, Jacobsen, Potteiger, Sullivan, Johnson, Heelan, Hise, Fennessey, Sonko, Sharp, Jakicic, Blair, Tran, Mayo, Gibson & Washburn 2003).

Another possible reason could be that people did not adjust their eating habits and ate more because of increased physical activity (Jakicic, Marcus, Gallagher, Napolitano & Lang, 2003). Systolic blood pressure measured lower at the end of the programme than at the beginning of the programme and was still within the normal range of blood pressure. Systolic blood pressure is not dangerous; hypertension is determined by diastolic blood pressure (Jakicic *et al.*, 2003).

Diastolic blood pressure levels also measured higher ($77.291 - 73.632 = 3.658$) after participation in the CWP than before the programme (see table 5.7). According to Meyer (1983) it is normal for blood pressure to increase slightly when people start to exercise, but diastolic blood pressure should come down with consistent exercise over a period of time (Miller, Erlinger, Young, Jehn, Chaleston, Wasa & Appel 2002). Meyer (1983) indicated that diastolic blood pressure above 80 mmHg is dangerous and may result in organ damage, especially the eyes and the kidneys. The measure of diastolic blood pressure is still in the

normal range (60 to 80 mmHg). The diastolic blood pressure was significant and the strength of this tested relationship had an effect size of 0.21.

The mean for glucose levels rose slightly from 5.174 to 5.620. This measure is still in the normal range for healthy glucose levels. High glucose levels are related to diabetes (Nolan & Wright, 2001).

The mean for cholesterol levels measured lower (4.838 – 4.530). This indicates that the mean for the cholesterol levels after the six month participating period were lower at the end of the six month period than at the beginning of the programme. The mean difference is significant and the strength of this tested relationship had an effect size of 0.29. This is in line with research done on the impact of physical activity and cholesterol (Jakicic *et al.*, 2003; Curioni & Lourenco, 2005). Starzer, Berger and Hesse (1983, p. 219) state that “physical activity has been found to result in decreased levels of blood cholesterol”. Two of the health assessment results for cholesterol and diastolic blood pressure had a medium effect size.

5.5 Absenteeism comparisons

Table 5.8: Absenteeism – days off sick for period December 2007 to May 2008 and period December 2008 to May 2009

VARIABLE	N	MEAN	STANDARD DEVIATION
2007/2008	83	0.65	1.1
2008/2009	83	0.79	1.09
Difference	83	0,144	1.616

Absenteeism data for all the participants were collected from the payroll office for two periods. The first period was from December 2007 to May 2008. The second period was from December 2008 to May 2009. The two sets of data were compared to ascertain whether there was a decrease in sick leave days.

The findings were as follows: Paired t-test value = 0.417. The statistical difference in the days absent during the two periods 2007/2008 and 2008/2009 is not significant. It therefore seems that the CWP did not have a significant impact on absenteeism when considering the days absent between the two periods. Because absenteeism was not significantly lower in period two, the financial impact cannot be calculated.

Feedback from the focus group discussions does not fully support the data received from the payroll office. Many of the participants said that they were healthier because they exercised

more and ate more healthily. They also indicated that they felt healthier and as one person stated “I have no reason to stay at home anymore, I feel healthier, I cope better and the atmosphere is friendlier – I want to be at work”.

This was confirmed by the other participants in different groups. Many of the participants in the focus groups said that they were absent less often because they were healthier. This could be followed up with the supervisors but due to the confidentiality agreement the researcher would have been in breach of agreement. The researcher questioned the accuracy of the absenteeism data as it differed from the feedback received from the focus groups. The focus groups were randomly selected and the assumption can therefore be made that the participants of the focus groups represented the sample group.

5.6 Results of the qualitative part of the study

The study is a mixed method study. The aim of having quantitative and qualitative research is to gather as much information as possible from the participants regarding the impact of this programme on their absenteeism and motivational level. The researcher also used this opportunity to gather more information from the participants regarding their view of the perceived effectiveness of this programme as well as suggestions they had to improve the programme. In the section that follows the groups characteristics will be discussed as well as the feedback on all the questions covered in the focus group discussions.

5.6.1 The focus group characteristics

Biographical Data of the focus group sample

Thirty eight (38) employees participated in the focus group discussions. There were 20 male (52.63%) and 18 (47.37%) female participants in the focus group discussion. Different age groups were represented. The age group 20 to 30 consisted of 12 respondents (31.57%) and the age group 31 to 40 consisted of 20 (52.63%) respondents. Age group 41 to 50 had four participants (10.52%) and there were only two participants (6.12%) in the age group 50 and older. This indicates that the age groups between 20 and 40 were the most strongly represented. The racial profile of the 38 respondents indicate that 21 (55.26%) of the participants were from the Indian community. The Indian group constituted the majority and the white and black group, the minority. Nine (28.9%) of the participants were from the black community, while eight of the participants were from the white community and there were no coloured participants. The reason for the small representation of white and black participants and the non-representation of coloureds was because the source population consisted mainly of the Indian community. This reflected the employee population within the Durban office. Most people were represented by people who were managing themselves. Of the 38 participants, 32 were people from the manager of self group, followed by the managers of others (10.52%). Senior management (5.26%) was in the minority. Sixteen (42.11%) of the 38 participants had less than two years' experience and 14 (36.84%) had between 6 and 10 years' experience. Eight (21%) of the 38 participants had been working for the Company for between two and five years. Ten participants (26.31%) had more than 10 years' working experience at the Company.

5.6.2 Results of the focus group discussions

Focus group questions regarding the effectiveness of the CWP were compiled (see appendix C). The 19 questions were compiled after a detailed discussion with the head of corporate wellness. It was important that the need to determine the effectiveness of this programme was covered comprehensively in these focus groups. One of the main reasons why open questions were used was because it would allow the participants to give unstructured answers as well as to emphasize what was important to them (Neuman, 1997). It further helped the researcher to stumble across findings that were not anticipated.

One of the positive results of the focus groups was that extra information was given by the participants that were not anticipated. The researcher decided to include this information as this information was valuable in answering the thesis topic. The group discussions were also used to clarify the information gathered by the programme evaluation questionnaire. According to Neuman (1997, p. 253) a focus group is "...a special kind of interview situation that is largely non-quantitative". The researcher explained the objective of the focus group discussions to the participants. The researcher started the sessions explaining to the participants the purpose of the research and also covered the following ethical issues with the participants:

1. Participation was voluntary – this included any question that was asked in the focus group discussions.
2. Answers were treated confidentially and no participant's name would be linked to any answer.
3. All participants were asked for their permission to use their answers for this research.

4. Participants could withdraw from the discussion any time.

In order to make sure that the data was accurately collected, the researcher asked for permission from the participants to tape the conversations. As a back-up the researcher also made detailed notes of the discussions.

The researcher started the discussions with an icebreaker – the objective of the icebreaker was to create an environment where participants felt comfortable and safe to share as much as possible. The researcher facilitated open discussions by all members of the groups.

Open-ended questions were posed to the participants in the focus groups. The main objective of the focus groups was to get more in-depth feedback from the participants about their experience of participating in the programme. The researcher realised that some of the questions had fewer responses than other questions. The reason for this was that participants did not respond as actively to those questions or most of the participants agreed with their colleagues' answers.

The researcher gave each participant an opportunity to answer to make sure that all participants got the opportunity to participate. Even in following this tactic, participants still agreed with the views of others. The objective of the focus group discussions was to get more supportive data and to explore the value of the CWP in more detail. Many of the participants shared views on the questions and gave the same answer. The researcher did not record the same answers twice and only reported it once in the following section. The discussion that

follows will reflect the combined responses from the participants per question. The researcher used content analysis as method of analysis to identify themes per question.

Question 1: What motivated you to participate in the CWP?

Participants had different reasons for participating in the wellness programme, some joined because they want to be healthier, others out of curiosity, some joined because they received a pedometer and others were influenced by their colleagues (table 5.15).

Table 5.15: Themes and summary of comments for question 1

	Theme	Summary of comments
Theme 1	<p><i>Being healthier</i></p> <p>Some of the participants joined because they were serious about being healthier. They also wanted to know their own health status so that they could proactively manage it.</p>	<p>“...trying to have an active lifestyle.”</p> <p>“...want to better myself.”</p> <p>“...want to improve my health.”</p> <p>“...want to be more aware of my own health status.”</p>
Theme 2	<p><i>Curiosity</i></p> <p>Some of the participants wanted to see what it was all about and what they would achieve in participating in this wellness initiative.</p>	<p>“Curiosity – want to see what impact will it have on my health.”</p> <p>“...want to know my health status.”</p>

<p>Theme 3</p>	<p><i>Receiving a free pedometer and health risk assessment.</i></p> <p>Some participants participated to receive the “gimmicks”. They were not interested in being healthy, but they wanted a pedometer because it looked “cool”.</p>	<p>“... want to receive a free pedometer.”</p> <p>“ ..the pedometer is a cool gadget, want to know how it works”</p>
<p>Theme 4</p>	<p><i>Influence</i></p> <p>Others were influenced by their friends and teams to participate.</p>	<p>“Being part of a team challenge seems exciting.”</p> <p>“The hype around the CWP made me decide to participate.”</p> <p>“Some of my friends decided to participate and convinced me to join them”</p>

It was interesting to see what role the person’s intent of joining the wellness programme played in sustainable use – this will be interesting follow-up research).

Question 2: What role did the pedometer play in increasing your activity levels?

The majority of the participants agreed that the pedometer really helped them to increase their activity levels. Deskbound participants, who have to stay at their desks due to the nature of their work, found it demoralising to not be able to walk as many steps as those participants who were not deskbound. The following themes were identified from the responses:

Table 5.16: Themes and summary of comments for question 2

	<i>Theme</i>	<i>Summary of comments</i>
Theme 1:	<p><i>Tracking progress</i></p> <p>From the responses it seems that the fact that they could track their steps helped them to set up and achieve targets. It also helped them to plan their steps in order to achieve their steps</p>	<p>Now that I can monitor my steps I get instant recognition as I increase my steps – I try to set higher targets every day.”</p> <p>“It definitely helped me to walk more – since I have the pedometer I park far away from the office. I also choose to take the stairs; in the past I used the lift.”</p> <p>“We arranged a team competition and challenged one another in the team to see who walked the most. This competition helped me to use the pedometer more effectively.”</p> <p>Before I received the pedometer, I was lazy – the pedometer stimulates a</p>



		<p>different mindset within me and I started to walk more.”</p> <p>“The pedometer was a challenge for me – I want to walk more.’</p> <p>“I set myself a personal competition – I walked daily to the Gateway centre and I had to do it faster every time.”</p>
Theme 2:	<p><i>Relationship building</i></p> <p>From the feedback most of the participants agreed that it helped with relationship building. They started to talk to people they had never spoken to before, because people became curious about how many steps other people had recorded.</p>	<p>“Open communication channels – we shared to talk to one another, something we never did. We have something in common to share”</p> <p>“Building relationships”</p> <p>“Not the only one who is active it motivates me and create great opportunity for building relationships.”</p> <p>“Many of us have something to talk about that is in common – in the past we didn’t. Participating with colleagues really had a positive impact on the atmosphere at work.”</p>
Theme 3:	<p><i>Work environment</i></p> <p>Some of the participants said that they wanted to walk more</p>	<p>“...“We formed teams to walk together over lunchtime – we walked to the shopping mall, this also helped us to</p>



	<p>actively, but being deskbound in the call centre made it difficult to walk during working hours</p>	<p>build relationships and it created spontaneity around people as people started to talk to one another regarding how many steps they have walked.”</p> <p>“It helped a lot – it was easier to track my progress and this motivated me to walk more.”</p> <p>“In the beginning it was a novelty, but it wore off as my role doesn’t create an opportunity for walking – I am deskbound and wearing the pedometer became demoralising as I did not have opportunity to walk.”</p> <p>The way we get remuneration does not support this initiative – I get paid for performance and will rather sit and work than take a break to walk as there is no incentive for me to walk but there is an incentive for me to work.”</p>
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Question 3: How long did you actively participate in the CWP? Why?

It seems that most people used the pedometer actively for the first three months. Those who used it for the full six month period were part of a buddy system or had active goals they wanted to achieve.

Table 5.17: Themes and summary of comments for question 3

	<i>Theme</i>	<i>Summary of comments</i>
Theme 1	<p><i>Involvement</i></p> <p>It appears that most of the participants were actively involved for at least three months.</p>	<p>Two months once I forgot it at home, I started to lose motivation.”</p> <p>“It was very dependent on my mood.”</p> <p>“Two months – till the gimmick wears off – I lost interest as I was the only one n my team who had a pedometer. I must say I am still following the nutritional guidelines.”</p> <p>“It was like a new toy – I started to lose interest within the first month, as I had no one to challenge me.”</p>



<p>Theme 2:</p>	<p><i>Support structures</i></p> <p>The participants who participated for the full six months all had either a buddy, were actively involved in a competition or had specific personal goals they want to reach</p>	<p>‘...I participated the full period – what helped me was that my colleague and I had a competition and set ourselves targets to achieve – this kept us going.’</p> <p>I actively participated for the full six months – we created a buddy system and it was because of the buddy system that I felt motivated to participate for so long.”</p> <p>“I didn’t experience any results, as I didn’t actively participate. So it is not the programme’s fault, but my own doing. There was also no one that kept me accountable – it would be easier to maintain if I had someone who keeps me accountable.”</p>
<p>Theme 3:</p>	<p><i>Barriers</i></p> <p>The participants indicated a few barriers that made it difficult for them to participate actively for the full six month</p>	<p>“I participated for three months and then I lost my pedometer.” “Between three and four months – then my</p>

	<p>period. They mentioned the fact that the battery only lasted for three months made it difficult to continue, as they find it an effort to get a new one. Some forgot their pedometers at home and the fact that they had a break in their steps made them lose interest. Pay for performance was also mentioned as a barrier to actively participate in the programme. Some of the participants lost their pedometer and had to buy the second one, but they could not afford it.</p>	<p>battery died and it was an effort to get a new battery.”</p>
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Question 4: What did you expect to get out of the wellness initiatives?

People mostly had similar expectations of the wellness programme. Most of the people expected to be healthier and wanted to know their own health status and what they can do to improve it. The themes that came from this question is summarised in table 5.18.

Table 5.18: Themes and summary of comments for question 4

	Theme	Summary of comments
Theme 4	<p>Being more healthy</p> <p>Most people participated in the beginning because they wanted to be healthy, even those that participated out of curiosity and for the gimmick realised that they were not as healthy as they thought based on the health risk assessment results and they started to actively participate in the programme</p>	<p>“I wanted to become more self-aware and living more healthily – I was looking for a guideline that would give it to me.”</p> <p>“I expected to get more fitness and weight loss.”</p> <p>“I expected to get my body mass index to a healthier index.”</p> <p>“I was looking for something that would help me to lose weight.”</p> <p>“I wanted something that could give me guidelines on being healthier – eating healthy and exercising more.”</p> <p>“I expected to be more aware of a healthier lifestyle as well as being able to make healthier food choices.”</p> <p>“I expected to lose weight.”</p> <p>“I expected to be healthier and more active.”</p> <p>“I want to be fitter.”</p> <p>“I started because it was a gimmick, but then realised the values of being more</p>



		<p>active. My initial intent changed and I really wanted to be healthier, especially after I saw my health risk assessment result. I realised that I am not as healthy as what I thought. My cholesterol was a bit high.”</p>
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Question 5: In what way were your expectations met?

It seems that most of the participants' expectations were met. There were, however, a few participants whose expectations were not met, but they also indicated that it was because of them losing enthusiasm after a while and not because of the effectiveness of this programme. As researcher it would be interesting to study the reasons for non-participation and/or "passive" participation (starting with enthusiasm and stopping participation soon after they have started). Themes for this question is summarised in table 5.19.

Table 5.19: Themes and summary of comments for question 5

	Theme	Summary of comments
Theme 1:	<p><i>Improved health status</i></p> <p>Many of the participants had an improvement in their health risk assessment results.</p>	<p>“10 000 steps a day – the results were amazing.”</p> <p>My health status improved. Based on my health risk assessment, I am a healthier person. Knowing this gives me peace of heart.”</p> <p>“I am overall more healthy – being active made me drink more water, I have also lost weight.”</p>
Theme 2:	<p><i>Weight loss</i></p> <p>A few participants lost a couple of kilograms; they followed the nutritional guidelines and kept to the amount of steps they had to step in a day.</p>	<p>I have lost 13 kilograms over the past four months – in the beginning I was not so serious in following the nutritional guidelines on the web. I just did my steps, but didn’t achieve the results I wanted. I decided to start following the nutritional guidelines on the website as well as keeping to 10 000 steps a day – the results were</p>



		amazing.
Theme 3:	<p><i>Mood improvement</i></p> <p>Many of the participants had an improvement in their moods. They had more energy, slept better and also felt better.</p>	<p>“It exceeded my expectations – I feel much better, especially my mood – I sleep better and have more energy in the day to work harder.”</p> <p>“I really feel better, my mood improved. I am a much friendlier person at work and have more friends since I started to participate in the CWP.</p>
Theme 4:	<p><i>Education</i></p> <p>Many of the participants found the nutritional guidelines educational. According to them it empowered them to make better food choices.</p>	<p>“I am much more educated around nutrition after I have studied the nutritional guidelines on the website,</p> <p>I can therefore look after my family’s health better.”</p>

Question 6: What is your opinion of the CWP?

The researcher decided to keep the question open and not to ask a direct leading question, because it had been asked in the programme evaluation questionnaire – the objective was to see what impact the programme had on the participants.

Participants generally felt that it was an excellent idea. It made people aware of their current health status. Some of them had a wake-up call. Being more health-conscious had an impact on their families and they also implemented the nutritional guidelines at home. Over and above the fact that they were more health-conscious, participating in the CWP resulted in spontaneous interactions at work. People engaged with one another, because of the pedometer and the amount of steps that were a point of discussion. People who never engaged with one another started to talk to one another. Themes that were identified for this question are summarised in table 5.20.

Table 5.20: Themes and summary of comments for question 6

	Theme	Summary of comments
Theme 1:	<i>Empowerment</i> – Many of the participants indicated that they were more empowered to make better food choices – they became more health-conscious and could also take these principles to their homes. It created awareness.	<p>“It changed my life – I have more friends and I have lost 15 kilograms.”</p> <p>“... CWP is informative.”</p> <p>“...proactively manage illness...”</p>
Theme 2:	<i>Positive experience</i> – From the participants’ responses it seems that they welcomed the CWP. They felt that it inspired, motivated with more energy. Participants felt that the company cares about them.	<p>“My attitude towards the company changed – I feel that they care about me as a person not only as a worker – we have received the pedometers as well as the health risk assessments for free – this must have cost the Company something.”</p> <p>“I am more motivated as my</p>



		<p>energy levels increased.”</p> <p>“It encourages me to be more active.”</p> <p>“It is inspiring.”</p> <p>“It created a spontaneous and approachable atmosphere – people who don’t know one another started to talk to one another as they have something common to talk about – it banded people together.”</p> <p>“...informative...”</p> <p>“I am far more empowered to make the right decisions regarding my health.”</p> <p>“It is an excellent initiative – it feels if the company cares about its employees.”</p> <p>“It is a good start.”</p> <p>“It is unique – different, first of its kind.”</p> <p>“It is encouraging – I want to do more for the company as they care about me as a</p>
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		<p>person.”</p> <p>“...good initiative...”</p> <p>“...is a reality check, manage wellness proactively...”</p> <p>“...accessible and easy to participate...”</p>
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Question 7: What suggestions do you have to improve the CWP?

Participants suggested more electronic information on health-related topics. They wanted to be more educated about health topics. They also wanted to involve their family members – this would help sustainable use of the pedometer. They also suggested a health kiosk, because the canteen did not support the nutritional guidelines of the CWP. They also said that it would help if they had a gym or some activity classes like aerobics or step classes at the office. The participants sometimes found it difficult to find a place to exercise. The respondents proposed incentives to motivate people to participate; they were also of the opinion that competitions would help to get sustainable participation. Themes that came from question 7 is summarised in table 5.21.

Table 5.21: Themes and summary of comments for question 7

	Theme	Summary of comments
Theme 1:	<p><i>Structured administration approach</i> – Participants were of the opinion that it would contribute to the sustainability of the programme if the Company organised competitions and incentives. They implied that it would have been especially helpful in the beginning to get people to use it. They were of the opinion that as soon people experienced the benefit of the programme on a physical and emotional level the incentives could be dropped away, because the positive experience would be enough of a reward to sustain the programme.</p>	<p>“Different types of incentive as well as organised competitions will help to increase participation.</p> <p>“Formal communication of my health risk assessments as well as what it means will help me.”</p> <p>“Passwords are very difficult to remember, if it is easier to access the website more people will use it.”</p> <p>“Make a closer link to activity and nutrition. If I had a muffin I want to know how many steps I must walk to eliminate the damage.”</p> <p>“Review pay for performance remuneration strategy – people sit for too long at their</p>

		desk – it is not healthy for them but they get paid to do that.”
Theme 2:	<p><i>Focused information sharing</i> –</p> <p>The participants were of the opinion that it would be easier if health information was sent to their e-mail inbox, because people do not have the time to log on to the website to read the information. If information regarding health topics was sent to a person’s e-mail inbox, it would be more accessible and more people would be empowered to manage their health better.</p>	“More regular bits of wellness information sent to our inbox.”
Theme 3:	<p><i>Family involvement</i> – Most of the participants suggested that the CWP should be rolled out to their family members. They say it would have helped</p>	“...must make our families part of this initiative, it will help for sustainable use of the pedometer if my husband and children have their own

	<p>with the sustainability and would also contribute to family relationship building, because families would have a reason to walk together. According to them they talk while they walk – this would help them with relationship building. The people in the call centre would have opportunity to walk after work with their family and would not have to feel guilty about leaving them alone while they were walking all by themselves.</p>	<p>pedometer – we will be able to go for walks with them and make them part of this wellness initiative.”</p>
<p>Theme 4:</p>	<p><i>The work environment</i> – A health canteen, an exercise environment and a review of the remuneration strategy in the call centre were identified as issues to address.</p>	<p>A gym and/or aerobic classes during lunch time or after work.” “Body beat (exercise programme that was shown on television a few years ago) before work – we will all be awake and energised for the</p>

		<p>day.”</p> <p>“Wellness kiosk/canteen at the office – our current canteen does not support the nutritional guidelines on the website.”</p>
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Question 8: What impact did your participation have on your behaviour?

Some of the participants had a mindset change – they parked further away from the office to increase the number of steps they walked every day. Most of them made some adjustments to their eating pattern. They also said that they were more aware of their eating habits and stopped buying unhealthy food from the canteen. They rather brought healthy food from home. In addition, they started walking clubs and walked to the shopping mall at lunch time. They experienced this as fun and it also helped them to increase their activity levels. In the past they used to buy cakes or pies, but because of the CWP they walked to the mall and bought fruit. Only a few of the participants said that they started off well but did not sustain their good intentions. One of the reasons they gave was that they were not part of a team and did not have the moral support of the group.

Most of the participants experienced an improvement in their mood, sleeping patterns and energy level. They felt more in control and less anxious and stressed. Some of the participants experienced significant weight loss. One person reported a weight loss of 15 kilograms. She just followed the nutritional guidelines and walked 10 000 steps per day. The

majority of participants reported an increase in water intake – they said the more active they were, the more water they drank. Themes that were identified from this question table 5.22:

Table 5.22: Themes and summary of comments for question 8

	Theme	Summary of comments
Theme 1:	<i>Impact of exercise and nutrition on the mind</i> – Most of the participants were in agreement that they had experienced a mindset change – some immediately felt the difference in their moods when they started to walk further – thus helping them to change their behaviour. Instead of parking closest to the building they parked as far as possible.	<p>“Do feel emotionally lighter”</p> <p>“ Sleep better and feel less anxious – is more friendlier”</p> <p>“Mindset is more positive, engage more with people feel better”</p> <p>“Feel good – enthusiastic, lively and happy”</p>
Theme 2:	<i>Being more health conscious</i> – Most of the participants consciously made better food	<p>“I am climbing stairs instead of getting into the lift.”</p> <p>“I walk more and got into the</p>

	<p>choices, they wanted a health canteen and also to eat less unhealthy food. Some of the participants who have a family changed their cooking methods. Instead of being passive during lunchtime, some of the participants walked to the shopping mall and back for exercise</p>	<p>habit of walking to the mall and back during my lunchtime.”</p> <p>“I bring my own healthy food to the office.”</p> <p>I walk more even at home.”</p> <p>“I am aware of what I am eating.”</p> <p>“I exercise more and as a consequence of being more active, I drink more water.”</p> <p>“...Fitness levels increased and blood pressure dropped.”</p> <p>“I have changed my eating habits and don’t eat biscuits before bed – I have lost four kilograms.”</p> <p>“I walk faster and with more focus – I have more energy.”</p>
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Question 9: What role did your participation in the CWP play in your work motivation levels?

Most of the participants, who took their participation seriously, experienced higher work motivation levels. People strongly agreed that eating healthily and being more active gave

them more energy. This helped them to perform better. It also appears from the responses that the engagement of participants in the programme created a positive, contagious atmosphere – it seems that this also had a positive impact on motivational levels. The themes for question 9 are summarised in table 5.23.

Table 5.23: Themes and summary of comments for question 9

	Theme	Summary of comments
Theme 1:	<p><i>Healthier</i> – Most of the participants were in agreement that they had much more energy, they slept better and felt rested when they went to the office - this increased their motivational levels and they were able to focus and perform better.</p>	<p>“My healthier body has a positive impact on my mind. I feel better, it is easier to think positively and this has a positive spin-off on my work motivation. I want to do more work.”</p> <p>“I sleep better and wake up rested, have more energy to do my work. Feel good because I perform well, this results in me feeling more motivated to perform better.”</p> <p>“It played a major role in how I felt. I slept better and feel more rested, I woke up rested and had more energy and dedicate it to my work.”</p> <p>“Before I started with the wellness programmes, I had less energy, now that I am more active, I have more energy. I have a</p>



		<p>healthier body and I can feel it make my mind healthier – feel more motivated to do my work.”</p> <p>“It enhanced my energy levels; work feels less of a burden.”</p> <p>“It definitely gave me more energy, resulting in higher levels of self-motivation.”</p>
<p>Theme 2:</p>	<p><i>Improved motivational levels</i> – most of the participants reported that their motivational levels increased. They had more energy and could work faster and better. This had a direct result on their performance. They also reported that, because they had higher motivational levels, they had a higher capacity to deal with stress and were more resilient in their day-to-day work.</p>	<p>“...enhanced my energy levels - I had more energy to do more. Because I accomplished more in my work, I feel more motivated.”</p> <p>“There is a direct link to my performance – I do feel better, have more energy and want to perform better.”</p> <p>“I am more self-motivated to reach my personal weight loss targets – this spilled over to my work and I am more motivated to reach my performance targets.”</p> <p>I have more energy and can do more.”</p> <p>“I feel better – my morale is higher and therefore my work motivation.”</p> <p>“It increased my motivational levels and I wanted to work harder because I had more energy.”</p> <p>“I am motivated to go above the call of duty.”</p>

		“I am more motivated and there is a direct link with my performance – I perform better at work.”
Theme 3:	<p><i>Friendly atmosphere</i> – Participants responded that, because they felt better, they were more approachable. The spontaneous competitions that individuals started amongst one another created an enthusiastic environment, which spread to other people.</p>	<p>“I am more playful and friendly at the office – it is contagious as people are also more playful. It creates a positive contagious atmosphere that motivates me to work harder.”</p> <p>The pedometer created a positive environment, it boosted our morale and we worked with more energy.”</p>

Question 10: What role did this initiative play in the way you view the Company?

The majority of the participants made it clear that it improved their loyalty towards the company. The reason for this was that they could see that the Company cared about them. They felt a sense of belonging/value. A general comment in the focus groups was: “We feel that our wellbeing is important to the company.” The participants indicated that they felt proud to work for the company and that they felt that the Company cared about them as human beings. This made them to want to walk the extra mile for the Company. Themes from this question are summarised in table 5.24.

Table 5.24: Themes and summary of comments for question 10

	Theme	Summary of comments
Theme 1:	<i>Improved loyalty</i> – Participants indicated that it did improve their loyalty; some of them indicated that they would think twice about resignation, because the CWP showed that they are more than a number.	<p>I feel more loyal to the Company.”</p> <p>“I feel united with the Company, I work with more dedication.”</p> <p>“I treat the Company as my own.”</p> <p>“I am more loyal.”</p>
Theme 2:	<i>Being proud about working for the Company</i> – Participants indicated that they thought that the CWP was an innovative idea – they did not know about other Companies that had the same initiative. There are many employment assistance programmes that focus on people with problems. This programme was a programme for those who are well and for those who are not so well. It also made	<p>“It makes me feel positive to work for the Company – the Company shows interest in me as a person.”</p> <p>“I feel proud to work for a Company that shows its interest in me as a person</p> <p>“I feel proud I think we are the first Company who give free pedometers to their</p>

	<p>them proud to work for a company that cares for their employees.</p>	<p>employees.”</p> <p>“...makes me feel positive towards the company.”</p>
<p>Theme 3:</p>	<p><i>The Company cares</i> – Most of the participants stated clearly that this initiative was an initiative of care. It cost the Company money and there was no guarantee that they would get their money back. The Company still continued with this initiative unconditionally without asking any financial contribution from the staff. This was according to most of the participants and “act of care”. It also creates a sense of belonging</p>	<p>“The Company focuses on me; I am more than a number.”</p> <p>“I feel that the Company cares about me as a person – this makes me want to do more for the Company too.”</p> <p>“The Company cares for your wellbeing – it makes me feel positive about the Company.”</p> <p>“...creates a sense of belonging.”</p> <p>“I feel the company cares about me, it is a creative way to get people more productive.”</p> <p>“It creates a sense of feeling valued.”</p> <p>“The Company has the best for us in mind.”</p> <p>“Our wellbeing is important to</p>

		<p>the Company.”</p> <p>“I feel worthwhile for the company.”</p> <p>“I feel the Company cares about me – I care more about the Company.”</p>
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Question 11: What role did your participation in this initiative play in you being absent from work?

There were mixed views regarding this question. For most of the people it was very difficult to draw a link between this wellness programme and its impacts on sick leave. They spoke more spontaneously about the impact it had on them feeling better and being healthier.

A few did, however, say that they felt better. It helped them to stress less and therefore they had no reason for staying at home for a day or two when they did not feel well, because that did not happen to them anymore. Most people were unsure what impact the programme had on sick leave. It appeared that only a few could make a positive link (less absent) between absenteeism and their participation in the programme. Themes for question 11 are summarised in table 5.25:

Table 5.25: Themes and summary of comments for question 11

	Theme	Summary of comments
Theme 1:	<p><i>Impact of CWP on absenteeism</i> – Most participants were of the opinion that participation in the CWP did have an impact on their absenteeism levels. They reported that it was less necessary for them to stay home for a day or two when they felt stressed, because they had better capacity to deal with stress since their participation in the CWP.</p>	<p>“Can’t say.”</p> <p>“I know am healthier – I can feel it, but I am not sure what impact the wellness programme had on my sick leave.”</p> <p>“I am healthier and have no reason to stay at home – it decreased my absenteeism, because I stress less.”</p> <p>“I wasn’t sick this year, I feel better and therefore don’t need to take sick leave.”</p> <p>“I was definitely less absent this year, especially one or two days from work does not happen to me anymore.”</p>

Question 12: What role did your participation in this programme have on your engagement levels?

Most participants were very positive that participating in the CWP had a positive impact on their work engagement levels. Participants had more energy, felt happier and were able to apply it in their work. No one felt that their engagement levels were not positively affected. The themes for question 11 are summarised in table 5.26.

Table 5.26: Themes and summary of comments for question 11

	Theme	Summary of comments
Theme 1:	<p><i>Engagement</i> – People said that, because they felt more motivated to do their work, it was easier to be fully engaged. They had better capacity to deal with the work demands because they felt better.</p>	<p>“I was more motivated and because my motivation level increased I was more engaged in my work.”</p> <p>“It creates a feeling of connection between the participants; we were more engaged with one another. It created a great atmosphere. People feel happy to be at work.”</p> <p>“...easier to engage with my work because I felt better about myself.”</p> <p>“I am happier to be at work...it shows.”</p> <p>“Because I was more motivated, I engaged better in my work.”</p> <p>“...stimulates positive interaction between the people, creates a sense of belonging and had a positive impact on my engagement levels.”</p> <p>“I was previously very stressed, since I am more active, I feel more relaxed. I can focus better on my work and am</p>



		<p>definitely more engaged in my work.”</p> <p>“I was more engage and could share my positive energy.”</p> <p>“It definitely helped me to clear my mind; I have now better capacity to focus on my work and am more engaged in my work.”</p> <p>“It was easier to engage because the environment was friendlier; it helped me to be more engaged in my work.”</p>
Theme 2:	<p><i>Performance</i> – Most of the participants indicated that there was a positive relationship between their performance levels and their activity levels. They said, since they were more active and ate healthier, their minds were clear, they felt less stressed and they could work with greater accuracy and speed.</p>	<p>“Before the wellness programme, I was definitely more stressed. I am more relaxed and more aware that activity helps me to deal better with my stress. Because I deal with my stress better, I can focus more on my work.”</p> <p>“My performance improved – it speaks for itself.”</p>

Question 13: What suggestions do you have to improve the wellness programme?

Participants had very good suggestions for improving the CWP. Many of them felt strongly that the Company must support this programme by creating the right environment that would support the sustainability of the programme. Some of the suggestions were that they wanted a canteen with health food, a gym and also a programme that would involve their family. Themes for question 13 are summarised in table 5.27.

Table 5.27: Themes and summary of comments for question 13

	Theme	Summary of comments
Theme 1:	<p><i>Work environment</i> – Most of the participants indicated that they needed a supportive work environment. The researcher asked what they meant by saying a “supportive work environment” and the majority said that they needed a health canteen. A gym at the office would also help as well as a structured,</p>	<p>“We need step classes during lunchtime and after work to help us to get more steps. It is hard when you work in the call centre and get paid for performance to focus on increasing your steps.”</p> <p>“It will also help if we can have stress management and relaxation technique classes.”</p> <p>“...health bar at the office with subsidised healthy food.”</p> <p>“...gym at the office.”</p>



	<p>organised programme.</p> <p>According to them it was difficult to keep interest if it was only up to the individual.</p> <p>They wanted organised competitions and incentives for participating in the programme.</p>	
Theme 2:	<p><i>Education</i> – The participants wanted more information on how to actively manage their stress and how to relax. The participants needed stress management and relaxation techniques. They also have a need to share stories so they can learn from one another</p>	<p>“The company must launch competitions on most steps or most weight loss – this will motivate people to participate even more but may be more sustainable.”</p> <p>“Create a website where people can share their health stories, so that we can learn from other”</p> <p>“Sell pedometer batteries on site, as I stopped using mine because my battery went flat and I did not get the opportunity to buy one.”</p> <p>“Nutrition lessons and link the food calorie counter to number of steps walked.”</p>
Theme 3:	<p><i>Incentives</i> – Participants were of the opinion that</p>	<p>“Incentives to participants and prizes for different categories”</p>

	<p>incentives would help increase the participation of employees in the CWP. They also indicated that if they personally had an incentive pulling them through the times that they lost interest, it would have helped them to stay on the programme for longer.</p>	<p>“Interdepartmental challenges using the health risk assessments’ as benchmark. Give incentives to participate”</p>
<p>Theme 4:</p>	<p><i>Family involvement</i> – Participants with families were all in agreement that it would make it much easier for them to continue with the activity part if they could involve their families. They said that they could go for walks after work together. According to the participants it was easier to use the nutritional guidelines with family members than to motivate them to be more</p>	<p>“Give pedometers to our family members so that we can use it at home as a family activity. We can go for walks together having the same objective in mind.”</p>



	active.	
	<i>Administration and General thoughts of improving the programme</i>	<p>“More active administration from the company side and giving us health insights on a regular basis.”</p> <p>“Have a spare pedometer that people can borrow when they forgot theirs – I forgot mine and then it was quite a struggle to get me back in the rhythm of using it.”</p> <p>“Give the pedometers different clips for clipping on different places.”</p> <p>“Testimonials of success stories.”</p>

Question 14: What problems do you foresee with this programme?

Participants felt that the pay for performance remuneration structure created an unhealthy work environment and unhealthy behaviour. People get paid for work done, the more you work the higher your salary. In their view this was a barrier for this CWP. They said that people would sit and work and would not get up and walk a bit.

Some of the participants who worked in the pay for performance area felt that they became demoralised when they could not actively and freely participate in these initiatives as they had to earn their living. They were also of the opinion that people needed more structure and organised competitions as well as incentives to get them going and to sustain the programme.

Themes for question 14 are summarised in table 5.28.

Table 5.28: Themes and summary of comments for question 14

	Themes	Summary of comments
Theme 1:	<p><i>Pay for performance</i> – Most participants that worked in the call centre said that the way they get remunerated make it difficult for them to get their amount of steps in, because they got paid for the amount of transactions they did. The more they did, the better their salary.</p>	<p>“The way we get remuneration - pay for performance - makes it extremely difficult to participate in these initiatives. It made me feel resentful, as I would really like to be more active during the day, but my remunerations hinders me. I had to work so much harder after hours to get my steps to 10 000.”</p> <p>“Pay for performance – people get paid for what they do – they will compromise their health in making more money. This is short-sighted and not sustainable. The people will be more absent because of stress. If the Company can make it easier for them to participate, the Company will</p>

		<p>pick the fruits of more loyal, motivated, engaged employees. Our customer satisfaction will soar. When employees are not happy, the customers will also not be happy. Healthy body, healthy mind...healthy customer.”</p>
<p>Theme 2:</p>	<p><i>Fraud</i> – some of the participants made the researcher aware of the fact that it was easy to make fraudulent steps. When shaking the pedometer, it counted steps. When it was clipped to one’s foot, it counted steps if one tapped one’s leg. This was a threat when competitions were launched and people were not honest. Participants were scared that the programme</p>	<p>Fraud – the steps counts if you shake the pedometer. I know of people who clip it on their socks and tap with their foot while sitting at their desk. The pedometer actually counts those steps. This will have an integrity issue for the programme.”</p>

	would lose credibility.	
Theme 3:	<p><i>Sustainability</i> – Participants said that as soon as the novelty wore off, people tended to lose interest in the activity part. It appeared that it was easier for people to keep to nutritional guidelines. Participants said that the company should think of creative ways to ensure sustainability.</p>	<p>“Sustainability – the company will have to think of initiatives to keep the participants on their toes.”</p> <p>“...people losing interest after a couple of months.”</p> <p>“People need more structure – if the pedometer and nutritional guidelines on website are just given, the sustainability is under question. People will use it for a short while, while it is still a “gimmick”. The Company must manage such a programme more actively, launch competitions, provide water and healthy eats at meetings etc.”</p>

Question 15: What would you say is the benefit for the Company to embark on a wellness programme that focuses on activity and nutrition?

Most of the participants were clear on the benefits work and physical level. Participants also felt more engaged in their work and their perception of the performance was that their work performance improved. They also said that the work climate was more positive and pleasant to work in. Themes from this question are summarised in table 5.29.

Table 5.29: Themes and summary of comments for question 15

	Themes	Summary of comments
Theme 1:	<p><i>Benefits of the programme – Participants are in agreement that there were definitely benefits for the Company if they invested in a CWP. They did, however, say that it should be properly administered and managed. People lost interest if they were left on their own to actively participate in the CWP.</i></p>	<p>“It seems if the people who participated on the programme are more engaged and motivated to work harder.”</p> <p>“It seems is people are healthier and work better – also happier customers as people feel more positive towards the company.”</p> <p>“...people will think twice before they leave the organisation, as it creates a sense of care and sense of belonging the healthy employees.”</p> <p>“Productivity increases, because people are happy they choose to stay, companies have good retention.”</p>

5.7 Summary

Ninety eight (98) of the 113 participants completed the programme evaluation. Seventy nine (79) of the participants did their health risk assessments before and after six months. Thirty eight (38) of the 50 participants who were selected for the focus group discussions participated in these discussions.

The Fisher's exact test was carried out on the results of the corporate wellness evaluation questionnaire. The reason for this was to determine the significance between the question and the different categories of the respondents. Each question's result has been measured for a significant relationship between the question and the variable.

Only when p was less than 0.05 was there a significant relationship between the question and the different categories. Not all the questions had a significant relationship between the different categories and the questions. When looking at the feedback from the focus group discussions, it seems that the participants felt healthier. They also reported higher levels of work motivation, energy and concentration.

The results of the health risk assessments showed that three of the four measurements were significant, resulting in participants being healthier and feeling healthier.

The absenteeism rates did not improve when looking at the quantitative data over the two periods. Participants, however, did claim that they were absent less frequently.

The results of the focus group discussion were supportive of the findings of the quantitative research. The focus group discussions gave the researcher more detail to work with. The conclusions will be discussed in the next chapter.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

Corporate Wellness Programmes (CWPs) are aimed at improving employee wellness. Research shows that healthy employees are more productive, have higher job satisfaction, are less absent and have less job stress. Various international studies have been done to determine the effectiveness of CWPs; however, little South African data is available to determine if a CWP is effective in a South African context (Anderson & Kaczmarek, 2004; Dunkin, 2008; Marshall, 2004). The purpose of this mixed method study was to evaluate the effectiveness of a CWP, in Momentum, a large South African life insurance company. The results are presented and discussed in chapter 5 and the main conclusions of the investigation are presented in this chapter.

6.2 A discussion of the findings

A CWP that focussed on improving physical wellness was launched with the objective of increasing employee motivation and decreasing employee absenteeism. This study evaluated the programme's effectiveness by testing participant's physical wellness and perceived motivation. The differences in physical wellness before and after the launch of the initiative were compared using the BMI, blood glucose, and blood pressure and cholesterol measurements of 98 participants. These indicators were referred to as the health risk assessment. It was hypothesised that, if successful, there should be a decrease in the health risk indicators.

Based on the results of Fisher's exact test, there seems to be a statistically significant improvement in one of the four health risk assessment aspects, namely cholesterol. This means that cholesterol levels improved. One deduces that the CWP had some positive impact on employee health in terms of the CWP's value in practice.

Body Mass Index, glucose and diastolic blood pressure of the health risk assessment did change significantly but it was higher at the end of the participated period than before they started with the programme. Some of the assumed reasons for higher BMI and glucose levels are that although some of the participants did follow the nutritional guideline, others did not. They possibly ate more due to increased physical activity and therefore their BMI levels and glucose levels are higher. According to Curioni and Lourenco (2005) peoples' BMI and glucose levels will increase if they exercise and eat more.

Diastolic blood pressure increased slightly but was still in the normal range (below 80 mmHg). Systolic blood pressure was higher after the programme than before the programme. Systolic blood pressure is the blood pressure that goes up when the heart pulls together. It is not dangerous for general physical wellbeing and is not seen as a risk factor for wellbeing (Meyer, 1983).

The statistical significant of higher scores in BMI, glucose and diastolic blood pressure may be an indication that the unstructured monitoring and absence of monitoring participation is not the most effective way of ensuring that participants get the best health risk assessment results.

Feedback from the focus group discussions support this as people feel that they need more structure and monitoring during the programme to keep them disciplined to participate during the programme. Presently it is up to the participants to follow the nutritional guidelines, download their steps, and walking their 8 000 to 10 000 steps per day. There is no incentive or consequence should they not follow the wellness programme and it seems if personal motivation does not last long for most of them. Feedback from the focus groups seems to indicate that participants had a positive experience and those who participated actively did experience a perceived increase in their feeling of wellness. The link between overall wellness and nutrition and physical activity has, however, been well-established in research (Anderson & Kaczmarek, 2004; Dunkin, 2008; Travis & Ryan, 2004 and Vuori, 1998). However, to reach a final conclusion about the impact of the CWP on physical wellness drastic adjustments should be made in terms of how the programme is administered and monitored. Further research needs to be done to see what impact physical wellness has on workers absenteeism as well as motivational levels to work.

A limitation to this study was the lack of control/monitoring over the rigour and discipline with which the participants implemented the nutritional and activity guidelines. The programme was designed in such a way that guidelines were made available to participants, but no follow-up was made to ensure participants complied with these guidelines. It is therefore risky to assume that it is due to the programme alone that such improvements can be ascribed. However, this study relied not only on the quantitative results of the risk health assessment, but also on qualitative data from interviews where the participants' perceptions and comments about the programme were discussed with them. During the focus groups, participants mentioned that

they experienced weight loss after following the nutrition and activity guidelines of the CWP. This is an indication that some participants did access the website and did make use of the nutritional guidelines. Improvement in mood and sleeping patterns were mentioned by the participants as some of the results they experienced by participating in the programme.

Another hypothesis of the study was that participants in the CWP will be less absent due to ill health. This hypothesis was based on previous research that found that employee wellness decreases ill health absenteeism. Thompson (1997) finds that employees are less absent when they are healthy. McHugh (2001) highlights that workplace stress causes 88% of the absent “cases” which can be considerably decreased through wellness interventions that help employees to manage stress more effectively. One of the possible limitations that could play a role in the unchanged absenteeism statistics caused by ill health, is the treatment interaction effect explained in section 4.8.2. One of the possible reasons could also be that participants volunteered to be part of the programme because they were already health conscious. It is possible that people who are naturally inclined to exercise and eat healthily decided to participate in the CWP.

The t-test results of the absenteeism data of participants of the CWP before and after its implementation, however, indicated that there is no significant difference in data. On the contrary, more people seemed to be sick in the period after the implementation than in the period before the implementation. One of the possible reasons for this could be that the Company moved to a new leave administration system and absenteeism was monitored more

effectively for the period December 2008 to May 2009 than for the period December 2007 to May 2008

These two sets of data were compared to determine if there was any change in sick leave absenteeism. The benefits of using this method are that the payroll office was unbiased and gave all the data they had. One disadvantage is that there is no guarantee that all the absenteeism data was submitted to the payroll office – this could have an impact on the validity of the data. Information on the participants' sick leave days for the periods December 2007 to May 2008 and December 2008 to May 2009 was collected from the payroll office. Little literature is available to confirm the link between physical wellness and absenteeism. This could be a topic for further research.

There were a few challenges when collecting the data:

The first is that it was not possible to obtain six months' data for the first collection period (the reason for this was that the payroll office did not have the sick leave days for May 2008 due to conversion to another payroll system). Sick leave data could therefore only be measured for a five-month period and not for a six-month period as originally planned.

Due to the conversion of the payroll calculation of sick leave days, where a manual process was used, human error cannot be ignored as a potential threat to the accuracy of the data.

The participants in the focus group discussions indicated that they were less absent during the second period than the first period. This conflicts with the absenteeism data provided by the Company. The Human Resources Department also indicated that there was a strong

possibility that the first period's absenteeism data was not accurate, as people did not always submit their sick leave applications. This was one of the reasons why the division decided to implement a new leave administration system.

The focus group results also seem to contradict the t-test results. Most of the participants in the focus group discussions were of the opinion that it did make a difference to their days absent from work. Participants were also of the opinion that they were able to deal with stress more effectively, which theoretically should lead to a decrease in the number of days absent from work. The perceived effect of the CWP on employees' absenteeism data appeared to differ considerably from the statistical results.

Based on the theorised belief of an absenteeism decrease (McHugh, 2001), it was also hypothesised that the company would save costs due to employees being absent less often after the CWP. This hypothesis was based on the research by Maclean (2008) and Roslende, Stevenson and Kahn (2006) which showed that participation in CWPs results in fewer absent employees and, as a consequence, cost saving to the companies involved. Owing to the statistical result that showed the contrary, a calculation of the amount of costs saved could not be made.

A third hypothesis stated in this study states that employees who participate in the CWP will have a higher level of work motivation than before participating in the programme. Literature confirms that this should be the case (Hunt, 2008; Ho, 1997; Panepento, 2004; Thompson, 1997). A self-compiled programme evaluation questionnaire asked a question that tested the

perceived motivation of employees. Both the statistical results and the focus group data confirmed that employees who participated in the CWP had perceived higher levels of work motivation than before participating in the programme.

It is important to note that this is only perceived motivation by the participants as a standardised motivational questionnaire was not used. It is recommended that a standardised motivational questionnaire should be used if the impact of nutrition and activity wants to be linked to employee motivation.

Ho (1997) states that research found that exercise improves the mood, self-images and self-esteem of the employees who participate in physical exercise. This was confirmed by the participants in the focus group discussions. Most of the participants said that they felt better emotionally, had more energy and were less stressed since they started participating in the CWP.

Participants from the focus group discussions said that they experienced an increase in their work motivation as well as their work engagement levels, and this resulted in better productivity. This is in line with Shephard's (2002) findings that productivity is dependent on employee motivation. He further states that employees who exercise regularly have an increased sense of self-efficacy and elevation of mood state. Participants in the focus group discussions confirmed that they experienced an improvement in their sense of self, their ability to deal better with stress and their elevation of mood state. According to participants who were included in the focus group discussions, the elevated mood state had a direct impact on their motivation levels.

Shephard (2002) states that participants who participate in exercise programmes experience a decrease in their self-perception of workload as well as a decreased level of fatigue and enhanced levels of job satisfaction compared to the control group. A 7% gain in productivity was found. The researcher would therefore like to conclude that based on the perception of the participants it seems if by implementing a CWP it might improve employees' motivation to work, which will then have an impact on higher productivity. This is in line with the findings of Biddle and Fuchs (2009).

Findings from the qualitative data can be summarised by the themes that emerged from the data. Various relevant themes were identified from the focus group discussions.

6.2.1 Participation:

6.2.1.1 Need for health

It is clear from the feedback that there is a need for participants to be healthier – this was one of the reasons why most people joined the programme. For some their health status (results from health risk assessments) was a shock and motivated them to actively participate in the CWP. Feedback from the focus group also confirmed that participants felt healthier and some of them had lost weight. They were clear that the only intervention they had was participating in the CWP. The researcher would therefore like to conclude that the CWP had a positive impact on participants' health.

6.2.1.2 Incentives

Incentives are one of the factors that contribute to the sustainability of the programme (Anderson, 2008). The participants were of the opinion that incentives would play a role in getting more people interested in participation. This finding is in line with Parks and Steelman (2008), who indicates that incentives can increase uptake of participants by 25%. Participants also indicated that the people who needed it the most did not participate.

These observations made by participants were confirmed by Bushkin and Campbell (1999, p. 24); they said that it seems as if “Employees predisposed to good health are more inclined to be active in wellness programmes”. The participants were or would be motivated to participate as they would save some money. The company would also save some money, as their members would be healthier and would claim less days absent due to ill health (Robin, 2003).

6.2.2 Process

6.2.2.1 Supportive work environment

The work environment is one of the factors that will support the sustainability of a CWP. Anderson (2008) confirms through his research that the work environment has a great impact on employees' health. The company can support the CWP by structuring the work environment in such a manner that it will support the programme. Participants mentioned that some of the working conditions, like pay for performance, appear to be an obstacle for the sustainability of a programme.

Participants mentioned that people who were on a pay for performance remuneration structure were demoralised as they felt that they did not get the opportunity to be more active at work. It is important that the company align their people practices to the health strategy (Anderson, 2008). Participants indicated that having a canteen that serves health foods and a gym to exercise would help participation the CWP tremendously.

6.2.2.2 Structured administrative processes

Structured administration and follow-up processes were mentioned as something that would contribute to the sustainability of the programme. This is in line with the findings of Anderson (2008) which highlights the importance of dedicated staff to administer such a programme. Participants mentioned that having dedicated people who administered the programme would help them to stay on track in times when their motivation was low. They needed someone who could send them reminders, launch competitions and keep them accountable, especially in the times when they lost their motivation to exercise. Thompson (1997) mentions that incentives can play a huge role in helping participants to keep their interest in participation when they start to decline.

6.2.2.3 Continues education

Participants indicated on many occasions during the discussion groups that they found the nutritional guidelines extremely helpful and would like more health information on a regular basis. They wanted regular e-mails with health

information, but they also wanted the activities to be linked to nutrition. For example, they wanted to know how many steps they needed to take to prevent weight gain if they wanted to eat a muffin.

6.2.2.4 Family involvement

Family involvement, according to the participants, would support the wellness initiative if participants could involve their family members. They said if all of their family members had pedometers, they could all go and walk together after work. They did not have their family's support at that time and that made it difficult to continue with the activity side of the CWP. They did not want to walk all by themselves – should the family have the same goals, it would be much easier to participate on the long term. DeMoranville *et al* (1998) find in their study that involvement of family members in programmes results in increased participation of employees.

6.2.2.5 Management participation

Management's non-participation was also seen as a barrier, as well as comments made by some of the managers. Leadership can support the CWP or they can "kill" the initiative. Participants mentioned that very few managers were on the programme and that it would be easier for the participants if management were more involved, not only in participation, but also in supporting other participants when they want to disengage from the programme (Mason,1994).

6.2.2.6 Possible fraud

Fraud is one of the subjects that participants were concerned about, especially if incentives were involved. They said that they realised that the pedometer count steps if it was shaken. The conclusions were that possible fraud was a risk for the “spirit” of the CWP. The company should think of creative ways to address the possibility of fraud.

6.2.3 Results of outcomes:

6.2.3.1 Relationships and teamwork

Relationship building and teamwork were some of the results of the CWP. Participants spontaneously started to interact with one another. From the feedback, it seems that the programme contributed to relationship building within the work environment. People experienced it as positive and enjoyed the new friends they made at the office. People started to engage spontaneously with one another – they had a common topic to discuss. Informal walking groups also formed which contributed to friendly work environment. People who never spoke to one another started to engage with other participants. Participants also experienced that people were friendlier and more tolerant towards one another. They further mentioned that, due to more friendly relationships at work, they wanted to be at work and they experienced higher levels of job satisfaction.

Grant (2007) mentions in his research that interpersonal relationships have an impact on employee motivation. Participants confirm this by mentioning that there

has been a pleasant atmosphere at work after the CWP. People talked spontaneously with one another and made new friends. Based on this discussion, the researcher concludes that the CWP had a positive impact on relationship building and teamwork.

6.2.3.2 Enhanced productivity

Enhancement of productivity was also mentioned as one of the results of participation in the wellness programme. Participants said that they could work harder as their motivation levels were higher. They were of the opinion that this is because they had more energy because they were active and they ate better (Ho, 1997). They also reported improvement in their concentration. Dunkin (2008, p. 50) mentions that “the one thing you get from people when they are active and fit is that they feel better. They are more productive and more engaged at work and at home”.

6.2.3.3 Stress reduction

Reduction in job stress was mentioned by participants. They said that they experienced an improvement in their moods. Due to the improvement in their mood, participants said that they were more able to deal with work demands and difficult customers. This is in line with research done by Ho (1997) that highlighted that employees will deal much easier with emotional demands if their moods improve. Participants stated that they had an increased emotional capacity to resist the impact of job stress. Ho (1997, p. 179) further states that “...regular physical activity has been shown to reduce muscle tension, anxiety,

blood pressure, heart rate and incidence of heart attacks”. The individual is less susceptible for the effects of stress. Participants reported that they started to feel better and as a result of this they could deal better with stress and work demands. This also resulted in a friendlier work atmosphere – participants indicated that it was more pleasant to be at work, as people were more tolerant towards one another.

6.2.3.4 Loyalty towards company.

Participants indicated that they felt more loyal towards the Company; they wanted to walk the extra mile and they would think twice before resigning. It seems that the CWP is a good retention tool. Participants also felt that the company cared about them and not only about their productivity. From the feedback, the researcher wants to conclude by saying that this CWP had a positive impact on the way participants view their employer.

6.2.3.5 Sustainability of the programme

The participants of the focus groups mentioned that the sustainability of the programme was one of the concerning factors of the CWP. Participants mentioned that most people wore the pedometer religiously for three to four months. They said that it was important for the company to have a support structure for people when they reached this point. Management should also fully support the CWP and live by example. Mason (1994) is clear about the fact that

management buy-in and participation is crucial to ensure that there is sustainability for the programme.

6.4 Overall conclusions

In summary, the researcher would like to conclude by saying that the study proves that the CWP is successful. Three of the four health risk assessments showed a significance effect between the before and after measurements. Based on the health risk assessment, employees have lower cholesterol levels. This is one of the risk factors for cardiovascular disease that can be fatal. (Watkins, Sherwood, Feinglos, Hinderlitter, Babyak, Gullette, Waugh & Blumenthal, 2003).

Motivational levels appear to be higher, resulting in a better work environment and higher job satisfaction, work engagement and productivity. Feedback from the focus group discussions gave a good indication that the CWP had a positive impact on participants' motivational levels.

Confirming or rejecting the impact of the CWP on absenteeism was challenging due to the data constraints, as discussed earlier. Regardless of the quantitative data, it can be confidently concluded that the programme had an impact on stress-related absenteeism. This is substantiated by the focus group discussions during which participants said that since their participation in the CWP, they have experienced an improved capacity to deal with stress and did not need to stay home due to work stress. This corresponds with the literature (Ho, 1997).

Finally the researcher concludes that the CWP had a positive impact on perceived motivational levels, perceived absenteeism as some positive impact on physical wellness.

6.5. Limitations

There were a few limitations of the study. The first one was that motivation was measured in terms of perceived motivation. This is a limitation because the data is based on subjective opinions of the participant. It is suggested that a standardised motivational questionnaire should be used as a pre and post measurement to ensure more data that is more reliable and valid. This research could therefore not determine if motivation increased it could only looked at perceived motivation .Another limitation was the absenteeism data could not be gathered for the six month period. The payroll office could only provide the researcher with five months of data due to system problems. It was therefore not possible to determine the cost benefit analysis indicating how much money Momentum is saving due to less absenteeism as a result of the CWP. Another limitation was the diversity of the group. It was mostly Indian people who participated in the study. Generalisation in terms of race will not be representing a diverse group of participants.

It is also a slight possibility that the presence of the Head of Wellness in the focus group discussions could have resulted in people giving a more favourable view as they would if the Head of Corporate Wellness was not present. It must however be noted that the Company's corporate culture is of such nature that it allows for open and transparent debate. It also highlights the importance of employees to challenge leaders should they differ from them.

6.6 Recommendations for further research

It is recommended that further research can be done in the following areas:

- a) South African research within a diverse work population is recommended to determine the impact of a CWP on different racial and gender groups.
- b) Research on the impact a CWP has on medical aid.
- c) Research on the impact of a physical wellness programme on.

6.7 Summary

This study has covered the experimental implementation of a CWP at a large Insurance Company's office in Durban, Umhlanga Rocks. This was done in an attempt to improve employees' activity and nutrition as a proactive way of workplace management. It was found, from both the literature and focus group discussions, that the design and support from a strategic level is important to the success of this programme. This study concluded that a CWP is something that companies should invest in as it has an impact on work motivation, employee morale and productivity. This study has also laid the foundation for similar South African studies in the future.

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APPENDIX A

LETTER OF CONSENT FOR RESEARCH

A research study is being conducted by Hannelie du Preez who is currently busy with her Masters degree in Industrial Psychology/Human Resource Management at the University of Pretoria. The purpose of the study is to evaluate the effectiveness of a wellness programme within MMSA.

As a participant of the wellness programmes you are requested to participate in this study. It will involve giving permission to your HRA results completing a questionnaire, which includes the completion of biographical information. This will take approximately 10 minutes. Participating in this study is voluntary. If you choose not to participate in the study you will not be penalised in any way. You can also withdraw from the study at any time.

The study will be conducted in a confidential manner; it is anonymous and your identity will be protected. If you agree to voluntarily participate in this research study, please give your consent by marking the boxes below.

I confirm that I have read the information above and that I understand my participation in this study is voluntarily.

YES

NO

Herewith I agree to participate in this study

YES

NO

LETTER OF CONSENT FOR RESEARCH – QUESTIONNAIRE

A research study is being conducted by Hannelie du Preez who is currently busy with her Masters degree in Industrial Psychology/Human Resource Management at the University of Pretoria. The purpose of the study is to evaluate the Corporate Wellness Programme.

You are requested to participate in this study. It will involve completing a questionnaire, which includes the completion of biographical information and 10 closed questions and one open questions. This will take approximately 20 minutes. Your participation is voluntary. If you choose not to participate in the study you will not be penalised in any way. You are also allowed to discontinue your participation at any time.

The study will be conducted in a confidential manner; it is anonymous and your identity will be protected. If you agree to voluntarily participate in this research study, please give your consent by marking the boxes below.

I confirm that I have read the information above and that I understand my participation in this study is voluntarily.

YES

NO

Herewith I agree to participate in this study

YES

NO

LETTER OF CONSENT FOR RESEARCH – FOCUS GROUP DISCUSSION

A research study is being conducted by Hannelie du Preez is currently busy with her Masters degree in Industrial Psychology/Human Resource Management at the University of Pretoria. The purpose of the study is to evaluate the Corporate Wellness Programme

You are requested to participate in this study. It will involve participating in a focus group discussion regarding your participation in the Corporate Wellness Programmes. This will take approximately 60 minutes. Your participation is voluntary. If you choose not to participate in the study you will not be penalised in any way. You are also allowed to discontinue your participation at any time.

The study will be conducted in a confidential manner; it is anonymous and your identity will be protected. If you agree to voluntarily participate in this research study, please give your consent by marking the boxes below.

I confirm that I have read the information above and that I understand my participation in this study is voluntarily.

YES

NO

Herewith I agree to participate in this study

YES

NO

PLEASE PROVIDE THE FOLLOWING BIOGRAPHICAL INFORMATION

AGE:

GENDER:

RACE:



LEVEL OF ACCOUNTABILITY: Indicate your level of accountability at work

Manager of self

Manager of others

Managers of managers

Manager of business unit

APPENDIX B

SELF-COMPILED PROGRAMME EVALUATION

QUESTIONNAIRE

Please answer the following questions by drawing a cross in the appropriate block.

	Yes	Indifferent	No
1. Did your participation in this Corporate Wellness Programme make you more health conscious?			
2. By participating in this programme did you experience an improvement in your physical wellbeing?			
3. Which of the following behaviours improved as a result of your participation in this wellness initiative:			
• Eating habits			
• Exercising			
• Drink more water			
• Sleeping patterns			
• General mood			
• Concentration			
• Mental focus			
• Ability to deal with stress			
• Energy levels			
• General health			
• Relationships			



• Feel more positive towards life in general			
4. Did your participation in this programme helped you to:			
• Smoke less			
• Thinking to quit smoking			
• Stop smoking			
• Drink less alcohol			
• Thinking of drinking less alcohol			
• Stopped drinking alcohol			
• Eat less take away foods			
• Drink less sugar fizzy drinks			
• Take less over the counter medication			
5. Did this programme motivate you to exercise more?			
6. Did this programme motivate you to eat healthier?			
7. Did this programme helped you to feel more motivated towards you work?			
8. Did your participation in this programme contribute towards your attitude towards work?			
9. Did your participation in this programme help you in increasing your work motivation?			
10. Did your attitude towards the Company change positively as a result of your participation in this programme?			
1. Will you encourage other employees/people to participate in such a Corporate Wellness Programme that focuses on activity and nutrition? Please motivate your answer.			

APPENDIX C

Focus group discussion questions

1. What motivated you to participate in the Corporate Wellness Programme?
2. What role did the pedometer play to increase your activity levels?
3. How long did you actively participate in the wellness initiative?
 - a. Why?
4. What did you expect to get out of the Corporate Wellness Programme?
5. In what way were your expectations met?
6. What is your opinion of the wellness programme?
7. What suggestions do you have on the wellness programme?
8. What impact did your participation have on your behaviour?
9. Did you experience behaviour changes?
10. What behaviours changed?
11. What role did your participation in this initiative play in your motivation levels at work?
 - a. Why?
12. What role did this initiative play in the way you view the Company?
13. What role did your participation in this initiative play in you being absent from work?
14. What role did this initiative play in you feeling more engaged at work?
15. What suggestions do you have to improve this programme?
16. What problems do you foresee with this programme?
17. What would you say is the biggest benefit the employee gets out of this Corporate Wellness Programme?

18. What would you say is the benefit for a Company to embark on such initiative?

19. Is there anything else you would like to add that would enhance the programme?

APPENDIX C

Focus group discussion answers

Progress of focus group discussion

The researcher explained the objective of the focus group discussions to the participants. The researcher started the sessions explaining to the participants the purpose of the research and also covered the following ethical issues with the participants:

1. Participation was voluntary – this included any question that was asked in the focus group discussions.
2. Answers were treated confidentially and no participant's name would be linked to any answer.
3. All participants were asked for their permission to use their answers for this research.
4. Participants could withdraw from the discussion any time.

In order to make sure that the data was accurately collected, the researcher asked for permission from the participants to tape the conversations. As a back-up the researcher also made detailed notes of the discussions.

The researcher started the discussions with an icebreaker – the objective of the icebreaker was to create an environment where participants feel comfortable and safe to share as much as possible. The researcher facilitated open discussions by all members of the groups.

Open-ended questions were posed to the participants in the focus groups. The main objective of the focus groups was to get more in-depth feedback from the participants about their experience about participating in the Corporate Wellness Programme. The researcher realised that some of the questions had fewer responses than other questions. The reason for this was that participants did not respond as actively to those questions or most of the participants agreed with the answers of their colleagues.

The researcher gave each participant an opportunity to answer to make sure that all participants got the opportunity to participate. Even in following this tactic, participants still agreed with views of others.

The objective of the focus group discussions was to get more supportive data and to explore the value of the Corporate Wellness Programme in more detail. Many of the participants shared views on the questions and gave the same answer.

1. What motivated you to participate in the Corporate Wellness Programme?

- Want to be more aware of my own health status.”
- Pedometer free (benefits)
- Health improve

- Questionnaire on website – want to better self
- Want to know more about my health
- Got the pedometer, it seems like a cool gadget
- Assess self in terms of health and lifestyle
- I want to improve my health
- Want to experience the CWP – want to know my health status
- More aware – health conscious – desire
- Inquisitive who is in it and what is in it for me
- Nice gadgets, wants to see how it works – hype around it
- Being part of a team challenge seems exciting.
- Help me to be more active and healthy
- The hype around the CWP made me decide to participate.
- Some of my friends decided to participate and convinced me to join them
- Participate great experience will add value to my health.
- Help me to be more healthy – challenges
- Motivated to do more. Experience it how to.
- My colleagues convinced me to join
- the pedometer is a cool gadget, want to know how it works

2. What role did the pedometer play in increasing your activity levels?

- The fact that I can track the results, motivates to achieve challenge
- It pushes me to walk more
- Walking together in a group – was like instant recognition
- Open communication channels – we shared to talk to one another, something we never did. We have something in common to share
- Building relationships
- Competitive between partners – helps with staying fit.
- Help to become more active.

- Not the only one who is active it motivate me and create great opportunity for building relationships
- In the beginning of the programme it was like participating in a novelty
- De-motivating when there's no opportunity to walk.
- Use stairs instead of lifts.
- Major team we got involved in own department challenges.
- Challenge to reach the benchmark.
- Before lazy – pedometer open a different mindset.
- Challenge – want to do more.
- Personal competition – want to improve on the previous day.
- Walk to Gateway approx. 5 000 in 30 minutes.
- Walking more.
- Parking far away.

3. How long did you actively participate in the wellness initiative? Why?

- 1 month – 2 months
- Fun to watch
- Battery life –about 3 month, was an effort to get new batteries
- 6 months – buddy system helped a lot
- Last pedometer – 3 months
- Motivated – competition with friend, Participated the full period
- March still motivate it
- Battle to set it up – s I left it there
- Wow – like a new toy, after 2 o 3 months the new toy became old
- Didn't use it – setting up
- Depends on my mood, on and off for 3 to 4 months
- 2 weeks – forget it at home and lost motivation to catch up
- 3 and a half to 4 months
- Lifespan of battery +/- 3 months

- Full period
- Didn't experience any results, as I didn't actively participate. So it is not the program's fault, but my own doing. There was also no one that kept me accountable – it would be easier to maintain if I had someone who keeps me accountable.”

4. What did you expect to get out of the wellness initiative?

- Lose weight
- More active
- Incentives (annual savings – heart ?)
- Create awareness
- Healthier lifestyle
- Incentive
- Activity with family
- Awareness to healthier lifestyle
- Start living ?
- Looking for something looking for it
- Self-awareness – should do, eat not eat
- Preventative of sickness
- Watch diet
- Active lifestyle
- Know about body
- Fitness
- Weight loss

5. In what way were your expectations met?

- Did experience weight loss while still participate
- www.whatsfordinner.co.za
- Did get a more active lifestyle
- Feeling changes

- Nutrition more active
- Want to lose weight – take more water
- Lost weight
- Education part helps
- Created an awareness – conscious
- Not reach goal weight
- Check up on you
- Try to lose weight
- More healthy, more active
- Lost weight
- Health status

6. What is your opinion of the Corporate Wellness Programme?

- Proactive – do something to prevent illness – health risk assessments create awareness
- Motivation – look and feel better
- Increased fitness – self-awareness
- Reward – increase savings
- Unique – different, first of kind
- Excellent idea – helps to do more
- Good start – need to be driven
- Inspiring
- Interactive
- Awareness
- Good initiative
- Positive
- Accessible (easy to attend)
- Prevention

- Starts to create an awareness
- I get something – reality check
- Healthy

7. What suggestions do you have to improve the CWP?

- More electronic information on health related topics
- Involve families – easier when family members have pedometers , will help to increase activity, we can walk together
- Different types off incentives
- Brought up previous results health risk assessments
- Correspondence of health risk assessment results
- Programme must continue
- Make it more fun – not a job
- Not boring
- Get children and families involved
- Closer link – activity impact of that on nutrition
- Do webpage on cell phone – easy access
- Include Calorie counter
- Website assessment (online profile is too long)
- More bits of info – in bags
- Passwords too difficult to remember
- Body fat testing

8. What impact did your participation had on your behaviour?

- Park further walk more
- Use stairs instead of lifts
- Walking more driving less
- Don't feel tired – have more energy, can do more have greater capacity to work harder
- Start eating better



- Making better nutritional choices
- Park further away from building
- Do feel lighter
- Sleep better and feel less anxious – is more friendlier
- Mindset is more positive, engage more with people feel better
- Feel good – enthusiastic
- Lively
- Happy
- More active
- Energised
- wisely
- Use the stairs instead of the lift
- Aware of what I eat
- Focus on healthier eating
- Improve exercise
- Motivates to walk more
- Challenges help to loose weight and activity
- Start sharing info

9. What role did your participation in the CWP play in your work motivational levels?

What behaviours changed?

- Changed eating pattern – high blood pressure
- Fitness level – walking more
- Eating better
- Stopped eating biscuits before bedtime – could notice the change of the scale
- More aware – had competition, create self awareness
- Walk more



- Choose long way when walking
- Do more, be active
- Walk more focused – measure
- Try to better myself
- Moods improve – feeling better
- Detox brain, the more active the more water you want to drink
- Attitude
- Life BP – life after BP
- More fulfilled day
- Help create goals
- Not as active as before
- Not be negative
- Outlook to life
- Eating healthier – not frying food
- Gave up sugar
- How get hype
- Health assessment once a quarter

9. What role did your participation in this initiative played in your motivation levels at work?

- Hype – motivated
- Positive environment
- Boost morale – work
- More energy
- Fully – have enough rest – lesser energy more energy
- Wake up rested
- More energy
- Work to control?
- More play full, contagious



- Energetic
- Feel more motivated
- Feel happy
- Feel relaxed
- Voluntary
- Did see performance
- Enhance energy levels – want to do more, less of burden
- Competition had big wow factor

Why?

- Over and above call of duty
- ?
- Self motivated – inspire people
- The more aware master ?
- Makes feel good – good to talk
- Have something positive to give
- Healthier body healthy mind
- Not tired

10. What role did this initiative played in the way you view the Company?

- Positive
- Worthwhile
- Care
- Walk extra mile
- Loyal
- Feels unity – more dedication
- Treat company as own
- Company gives opportunity
- Care about us

- Creative – want to be healthy
- Create sense of feeling valued
- I like them
- The company focus on you, not just a number
- They care for your wellbeing
- They have the best of it for us in mind
- We get it for free
- They think of our wellbeing
- We the first company – proud
- Makes me feel proud in organisation
- Sense of belonging
- Win-win
- Feels loyal
- Proud of company

11. What role did your participation in this initiative played in you being absent from work?

- Yes – decrease absenteeism
- Download at work – must come to work
- ? the more put in the more get out
- More active – well but not always like that
- Attitude
- Improve – I wasn't sick this year – was sick last year
- Am healthier no reason to stay home
- Decrease absenteeism
- More energetic want to do more
- Move from here to do to want to do????
- Can't say

12. What role did this initiative played in you feeling more engaged at work?

- It becomes exciting
- Because I was motivated I engaged better
- Stimulates relationships – create a sense of belonging
- More positive
- Share positive energy
- Improved energy – it shows
- Focussed
- Relaxed more at ease
- Previously very stressed
- More aware how to clear the mind
- Makes it ?
- Energy – feel loyal to company
- Creates a feeling of connection with one another and company
- Feeling of pride
- Happy in job
- Improved communication
- Easier to engage
- Enjoy work
- Staff retention
- Outside see the energy
- Happy to be at work and it shows

13. What suggestions do you have to improve this initiative?

- More direction - health starts?
- Sms tips of the day (nutrition)
- Personalised it – put my name on it
- Prompt where you are and much to go?

- Battery accessible
- Something visual
- Reward programme
- More nutrition focussed
- Make it easy – sweeping and practical
- Give more freebees – banner
- More focus on brand
- Go to schools – create an awareness
- Eye testing, sport
- Involve family
- Personalised weekly e-mail
- Healthy eating plan
- More personalised – individual needs
- Certain cost implication – to eat healthier cost more
- Branding and marketing
- People driving it
- Incentive
- Awareness
- Monthly focus – incentivised – yearly price
- Canteen
- Clips of easy?

14. What problems to you foresee in the initiative?

- Sustainability
- Fraud – weight loss – biometrics improved?
- PFP lots of problems
- Losing interest
 - Continue info
 - Sports club – create a spirit

- T-shirts
- Continuation, better way click it on watch strap
- Less bulky – after service and training how to get activated
- Nutritional information accessible
- Follow through
- Causes credibility
- Personalised?
- Access to work station
- Not access to internet

15a. What would you say is the biggest benefit the employee gets out of this WI?

- Complimentary incentive
- Free pedometer
- Health status – longevity
- More energy – less stress – feel better
- Health and wealth
- Free heart assessment
- More awareness – do some
- Education
- Health improve
- Being aware make better decisions
- Better lifestyle

15b. What would you say is the benefit for a Company to embark on such initiative?

- Benefit – more healthier – less absent
- More productive
- Less burnout
- Healthy body
- Care more – less people get sick



- Happier and livelier
- Better customer service
- More inclined to go beyond duty
- Tell other people and recommend to other people
- Bottom line?
- Increase production
- Taking care of staff – if I am well the company is well
- Helps to know people
- Motivate each other
- Provide awareness – what we eat makes us more aware
- Want healthy employees
- Motivate employees
- More active and more positive
- Team spirit
- Reputational benefit
- To create the spirit
- Health awareness day – weekly
- Challenges – incentives
- Target
- Leaders + HR
- Happy employees
- Saves costs on ?
- Company cares
- Increase loyalty
- Belong – place of feeling save

Is there anything else you would like to add what would enhance the program?

- Risk – focus group discussion in terms of health sessions
- People do test must be sensitive



- Canteen healthy meals
- Body beat in the morning
- Step classes
- Enjoyable
- Relaxation and stress management
- Testimonies before and after
- Will motivate others
- Pay for performance barrier
- Gym at office
- People motivated
- Linking to weight loss
- Show progression on health risk assessment
- Interdepartmental