IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES IN PUBLIC INSTITUTIONS: A CASE STUDY

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DECLARATION

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I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

SIGNATURE:  **DATE**: 4 January 2026

DEDICATION

This thesis is dedicated to my parents, Patricia and Dominic Khoabane, for their guidance and encouragement regarding the value of education. I want to sincerely thank my brother, Ntai Khoabane, and sister-in-law, Mmajane Khoabane, who paved the way for my academic journey. I also extend heartfelt gratitude to my husband, Galeboe Moletsane, for his patience and understanding of my chosen path. It is through your support and encouragement that I have achieved this qualification. Your trust in me helped me persevere, even during the most challenging moments of this journey. Thank you for showing interest in my academic journey.

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Lord God, you raised me so I can stand on mountains; on this note, I praise your holy name.

ABSTRACT

This study critically examines the implementation and effectiveness of employee wellness programmes (EWPs at the Road Accident Fund (RAF), a key public institution in South Africa. Despite extensive policy frameworks and financial investment, the RAF continues to experience low EWP participation rates, negative employee perceptions, and limited programme impact. This research examines the challenges and barriers that hinder the successful implementation of EWPs, with a focus on the RAFs at Menlyn regional office. Using a mixed-methods approach grounded in a pragmatic paradigm, the study combines quantitative data from 84 employee questionnaires and qualitative insights from 15 key informant interviews with wellness specialists, managers, and HR practitioners. The results indicate systemic challenges, including ineffective communication, limited leadership involvement, inadequate EWPs alignment with employee needs, confidentiality concerns, and over reliance on extrinsic motivators such as incentives. These issues contribute to the symbolic rather than strategic implementation of EWPs. In response, the study proposes an integrated wellness framework tailored to the public sector context. Drawing on the Job Demands-Resources Model, Maslow's Hierarchy of Needs, Social Exchange Theory, and the Transtheoretical Model of Behaviour Change, the framework emphasises participatory design, continuous feedback, contextual adaptability, and legal compliance with instruments such as the Protection of Personal Information Act and the International Labour Organisation Convention 161. The study offers an original contribution to the field of Public Administration by reframing wellness programmes as essential tools for organisational resilience, legal compliance, and employee empowerment. The study further recommends revising wellness governance structures, enhancing communication strategies, and embedding employee voice into all stages of programme design and evaluation. The findings have broader relevance for public institutions seeking to enhance employee engagement, reduce absenteeism, and improve service delivery through inclusive and sustainable wellness strategies.

KEY CONCEPTS

Employee wellness

Wellness participation

Public institutions

Perceived benefits

Communication

Employee wellness programmes

Road Accident Fund

Organisational culture

Public service motivation

South Africa

LIST OF ABBREVIATIONS

ACA	Affordable Care Act of 2010
AU	African Union
DPSA	Department of Public Service and Administration
DWCP	Decent Work Country Programme
EAP	Employee Assistance Programme
EHWP	Employee Health and Wellness Programme
EHW	Employee Health and Wellness
EWP	Employee Wellness Programme
GEMS	Government Employee Medical Schemes
ICAS	Independent Counselling and Advisory Services
ILC	International Labour Conference
ILO	International Labour Organisation
IMF	International Monetary Fund
JD-R	Job-Demand and Resources
NCDs	Non-Communicable Diseases
NHI	National Health Insurance
OSHC	Occupational Safety and Health Convention
OHSA	Occupational Health and Safety Act
PMG	Parliamentary Monitoring Group
POPIA	Protection of Personal Information Act 4 of 2013
RAF	Road Accident Fund
RISP	Regional Indicative Strategic Development Plan
RSA	Republic of South Africa
SA	South Africa
SADC	Southern African Development Community
SALII	Southern African Legal Information Institute
SDGs	Sustainable Development Goals
SPSS	Statistical Package for the Social Sciences
UK	United Kingdom
UN	United Nations
USA	United States of America

USD	United States Dollar
WB	World Bank
WHO	World Health Organisation

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CHAPTER 1:
GENERAL INTRODUCTION

1.1 INTRODUCTION

Employee wellness programmes in the United States (US) emerged in the 1880s to address alcoholism problems and then evolved into employee assistance programmes. This began as an entertaining adventure, in which employees were taken horseback every morning and walked along paths to stay physically fit and healthy (Smith, Damron & Melton, 2017:1525). Ideally, this initiative was designed to encourage employees to make informed decisions about their health and well-being, requiring a commitment from both employees and employers. The Affordable Care Act (ACA) of 2010, also known as 'Obamacare', was established to address the health needs of employees in the United States of America (USA). Additionally, this government-funded provision was available to all insured employees and their families, with premiums based on income and household size. The ACA allowed employees with incomes ranging from 139% to 400% of the federal poverty level to be included in the system to improve their wellness. Harlin (2015:1) notes that the USA developed a healthcare facility linked to employer-sponsored coverage to promote health and ensure a productive workforce. Organisations striving for a competitive advantage often struggle to meet compensation criteria due to insufficient funds. Had employees been serious about their wellness, they would not have waited for employers to initiate specific programmes for them (Bell, 2023:385).

The evolution of Employee Wellness Programmes (EWPs) in the United States, particularly the early interventions addressing alcoholism and, later, the ACA of 2010, had a notable influence on global policy frameworks, including those in South Africa. While South Africa did not replicate the ACA model directly, the global shift towards recognising workplace wellness as integral to productivity and social development resonated strongly in post-apartheid policy reforms. The South African government, informed by international best practices, progressively integrated wellness and occupational health into the Labour Relations Act 66 of 1995 and the Basic Conditions of Employment Act 75 of 1997, which emphasised employee rights, fair treatment, and

workplace health (Department of Labour, 1997). Moreover, South Africa's adoption of Employee Assistance Programmes (EAPs) in the 1990s mirrored the USA model by providing psychosocial support, substance abuse interventions, and counselling to employees in both public and private institutions (Naidu & Olivier, 2025:6). However, unlike the USA, where employer-sponsored health insurance formed the basis of wellness initiatives, South Africa pursued a broader public health approach through the establishment of the National Health Insurance (NHI) framework, aimed at universal health coverage and equity (RSA, 2017).

Increasing demands take a toll on employees, leading to health impairment, affecting attendance, and ultimately compromising service delivery. The World Health Organisation (WHO) (2020) states that everyone has a right to good health, irrespective of race, religion, political beliefs, or social condition. Therefore, since employees are trusted assets in any organisation, employers have a responsibility to prioritise their wellness (Gorgenyi-Hegyes, Nathan & Fekete-Farkas, 2021:3). Several scholars agree that employers must prioritise employee wellness because employees spend most of their waking hours at work, making the workplace an appropriate setting for promoting wellness initiatives (Sing, Naicker, Globber, Singh, Spiegelman & Shrestha, 2024:2). In addition, WHO (2019:4) states that the workplace becomes the most appropriate place for promoting employee wellness because the majority of citizens globally form part of the working class, thus translating to a considerable fraction being affected. As a result, numerous scholars argue that employers should invest in their employees' well-being (Koinig & Diehl, 2021:1). Thus, these scholars consider that employers institute employee wellness programmes as an intervention measure.

However, employee wellness programmes are succinctly defined as intervention mechanisms intended to assist employees in coping with challenges at work, at home and within the community in a desired manner (Pena, Andrade, Munoz & Barba-Sanchez, 2024:2). As various scholars expounded, these are employer-sponsored initiatives for creating health awareness, disease management and prevention, smoking cessation, weight loss and fitness management (Unsal, Weaver, Bray & Bibeau, 2021:671; Tringali, Fritts, Giandonato, Luehr, Moody & Alridge, 2022:13). In a similar vein, scholars like Vyas-Doorgapersad and Surujlal (2015:6685) and Vyas-

Doorgapersad (2024:2) describe employee wellness programmes as activities adopted to inculcate healthy behaviour by allowing employees to develop control, maintain and encourage sustainable healthy lifestyles befitting the work environment. According to Hegyes, Nathan, and Fekete-Farkas (2021:8), taking a holistic approach to categories such as physical, emotional, mental, social, financial, and occupational wellness achieves this goal.

The concept of EWPs, previously known as EAPs, has gained popularity (Torres & Zhang, 2020:1). EAPs primarily focused on helping employees with alcohol abuse, offering confidential counselling and rehabilitation referrals to support recovery and reduce workplace disruptions. (Badul and Subban, 2020:116). EWPs have been transformed into wellness initiatives, such as health educational endeavours, distributed through newsletters, seminars, and online platforms. EWPs included health coaching, counselling, health screenings and assessments, health-related fairs, on-site fitness facilities, and healthy food options (Click, Hammock, Omabeglo & Smith, 2019:364; Marin-Farrona, Wipfli, Thosar, Collino, Garcia-Unanue, Gallardo, Felipe & Opez-Fernandez, 2023:2). Swayze and Burke (2013:48) note that wellness education programmes keep employees informed about lifestyles to keep them healthy and improve their work performance. In their study, Ryan, Erck, McGovern, McCabe, Myers, Nobrega, Lin, and Punnett (2019:2) state that education alone may not be sufficient. For instance, Ryan et al. (2019) further criticise policies and practices that fail to prioritise employees' well-being, as well as structures that overwork employees, depriving them of time to engage in physical activity. In their argument, organisations must demonstrate an interest in wellness programmes to achieve sustained wellness.

Some studies indicate that EWPs offer benefits that vary significantly across organisations. Among other benefits, EWPs include reduced absenteeism, improved performance, fewer work conflicts, enhanced commitment, increased employee morale, and lower healthcare costs (Gubler, Larkin & Pierce, 2018:4967; Juba, 2024:14; Otto-Holland, Shepherd & Ryan, 2019:175). Richardson (2017:425) argues that strategically investing in employee wellness initiatives can lead to significant improvements in workforce health outcomes. Consequently, actively motivating employees to engage in these programmes fosters sustained healthy behaviours and contributes to a more productive and resilient organisational culture. Furthermore,

Ryan et al. (2019:1) state that workplace health promotion plays a significant role in helping employees recognise current and future health risks, which may lead to serious long-term health problems. Ryan et al. (2019) note that the wellness programmes provide periodic medical examinations, offering health screenings and risk assessments to capture a person's health history. However, Ryan et al. (2019) assume that identifying health risks motivates employees to participate in disease management programmes to receive support and prevent deterioration in their health. Ryan et al.'s (2019) assumption aligns with scholars such as Gubler et al*. (2018:4968), Juba (2024:14), and Otto-Holland et al.* (2019:175), who emphasise that proactive health screenings and early interventions play a crucial role in promoting employee engagement with wellness initiatives. These scholars highlight that, when employees are made aware of potential health issues, they are more likely to take preventive action, adopt healthier lifestyles, and utilise available support systems, eventually improving individual well-being and organisational performance.

Despite showing positive outcomes, some practitioners and scholars have not received wellness programmes well (Duffy, Jennings & Immekus, 2024; Cheo, Maufal & Kash, 2019), creating confusion for employees eager to transform their lifestyles. This scepticism often stems from concerns about the effectiveness, inclusivity, and long-term sustainability of such programmes, especially when organisations implement them without proper customisation or alignment with organisational culture (Cheo et al*.,* 2019). As a result, employees may feel uncertain about the value of these initiatives or question their authenticity, which can reduce participation and engagement. Addressing these concerns through evidence-based practices, transparent communication, and consistent support can help bridge the gap between theory and practical outcomes. In line with the above argument, some scholars argue that involving employees in wellness programmes is essential, as this enables employers to identify key services to invest in without wasting resources on underutilised programmes (Braganza, Markwell & Jayasekara, 2018:264). When employees contribute to the planning and evaluation of these initiatives, they are more likely to feel a sense of ownership and commitment, which can lead to higher engagement and sustained participation (Bah, Sun, Hange & Edjoukou, 2024). Moreover, this collaborative approach ensures that wellness offerings are relevant, culturally sensitive, and tailored to the workforce's specific health needs.

Apart from their health benefits, the EWPs are seen as tools for attracting prospective candidates and reducing turnover by retaining employees within the same organisation (Ganu, Ganu & Nyaranga, 2017:3). The study by Sanchez, Flegl and Depoo (2021:181), which focused on identifying employees' preferences in wellness programmes, found that poor wellness systems and motivation demoralise employees from participating in wellness programmes. Several scholars agree with Sanchez et al. (2021) that ineffectively implemented wellness programmes discourage employees from participating in wellness activities (Koinig & Diehl, 2021:17). Similarly, Smidt, Jimmierson, and Bradley (2021:1014) argue that unsupportive leaders deter employees from participating in wellness programmes. This lack of support can manifest in various ways, such as failing to communicate the benefits of these initiatives, failing to participate in wellness programmes, or neglecting to provide the necessary resources and encouragement. As a result, employees may feel that their participation is neither valued nor prioritised, which diminishes motivation and reduces overall engagement with wellness offerings (Smidt et al., 2021:1003). However, Song and Baicker (2019) argue that employer involvement in employee wellness programmes may not yield a favourable return on investment, as the programmes rely on self-reported health behaviours and provide no evidence of cost reductions. In this regard, employees share information they feel comfortable discussing, thereby compromising the accuracy and usefulness of the collected data. Furthermore, Song and Baicker (2019) and McQuillen (2024) highlight that there is no substantial evidence showing that such programmes result in actual cost reductions for organisations. The argument suggests that, despite good intentions, workplace wellness programmes may fall short of delivering tangible financial benefits or truly improving employee health outcomes due to limitations in how data is gathered and reported.

Despite the controversy around wellness programmes, many organisations continue organising wellness programmes for employees (Marsh, Lewis, Macmillan & Gruszin, 2018:1; Hull & Pasquale, 2018; Perrault, Hildenbrand & Rnoh, 2020:9). For instances, some scholars reported that some employees perceive wellness programmes as discriminatory because they believe employers prioritise hiring healthier candidates deliberately to reduce healthcare expenses (Jones, Molitor & Reif, 2019:1751).

Additionally, Marshall (2020) highlights concerns that these programmes can infringe on employees' rights, particularly when sensitive health information is required or when participation feels coerced. This perception creates an atmosphere of mistrust and reluctance, where employees may fear that disclosing health issues or opting out could negatively impact their job security or advancement. As a result, such concerns can foster prejudice against wellness programmes, discouraging participation and undermining the intended benefits of these initiatives. In addition, Passey, Hammerback, and Huff (2018:1703) found that other employers are reluctant to participate in wellness programmes because they feel the process interferes with employees' personal lives, which at times appears intrusive, as managers must peruse employees' confidential information. Passey et al*.* (2018) stress that some managers do not feel obligated to wellness programmes because they regard the process as not their responsibility. Conversely, Horn, Randle, and McNeil (2020) found that some employees perceive wellness programmes as inconvenient and time-consuming, noting that participants often spend entire days waiting in line for wellness services, which disrupts their regular work schedules and productivity. In addition to these logistical frustrations, there are also significant concerns about the confidentiality of sensitive personal information shared during these programmes. Motshudi (2015:54) attributes these privacy concerns to inadequate training among the officials responsible for implementing wellness initiatives, suggesting that insufficient preparation and professionalism can lead to lapses in data protection. According to Pfeffer, Vilendrar, Joseph, Kim, and Singer (2020), the decision not to participate may be influenced by employers who offer wellness programmes without the intention of bringing about behavioural change, but rather to generate profits. The issues raised by these scholars contribute to employees' hesitancy and dissatisfaction with workplace wellness programmes (Horn et al*.,* 2020; Motshudi, 2015; Pfeffer et al*.,* 2020).

Against the comprehensive foundation introduced above, which outlined the context, rationale, and guiding elements shaping the research, this introductory chapter also highlights the historical development of EWPs. The contextual background to the problem situates the research within the South African public sector, specifically focusing on the Road Accident Fund (RAF), where employee wellness remains a pressing concern despite ongoing efforts and policy support. The problem statement

articulates the persistent challenges in fostering meaningful employee engagement with RAF's wellness initiatives, noting low participation, inadequate managerial support, and limited programme impact. These challenges inform the central research questions, which guide the investigation into the theoretical basis, implementation barriers, perceived effects, and potential improvements to EWPs at RAF. The aim and objectives are clearly stated, focusing on critically evaluating these challenges to propose viable, evidence-based solutions. The study's contribution to public administration lies in its potential to enhance policy alignment, managerial practices, and employee outcomes in the public sector. The demarcation specifies the study's scope, focusing on the Menlyn branch of the RAF. The chapter also introduces the conceptual framework, comprising relevant organisational and behavioural theories, as well as the research design and methodology, which employ a mixed-methods approach. Finally, key concepts are defined for clarity, followed by an overview of the chapters, which sets the structure for the thesis.

1.2 CONTEXTUAL BACKGROUND TO THE PROBLEM

The cost of employee unwellness has implications for public-sector productivity and service delivery. The DPSA (2025) reported that workplace absenteeism due to illness and other causes was associated with substantial productivity losses in South Africa. The DPSA reported an estimated cost of approximately R7.26 million in sick leave for the 2024 calendar year in the departments covered by its reporting. These costs demonstrate that employee wellness is not only an individual health concern but also a public-sector productivity and service-delivery concern.

In South Africa, the EWPs were established in 1980 at the Chamber of Mines. This initiative was prompted by a feasibility study, which revealed resistance to the programme's development (Siberhagen, Pienaar & Els, 2011:2). As proclaimed by Nelson Mandela, South Africa is rooted in the principle of 'Ubuntu', which instils a sense of caring for one another in the workplace and within communities. His ideas were triggered by the emergence of the Sustainable Development Goals (SDGs), specifically SDG 3, which promises improvements in health and well-being for all (Singh et al., 2024:4). Various African leaders appreciated the concept. In 2020/2021,

South Africa, like other countries, experienced the spread of COVID-19, prompting employers to adopt new ways of working. The COVID-19 pandemic exacerbated the burden of existing problems stemming from communicable and non-communicable diseases, violence, crimes, and injuries. Both the public and private sectors recognised the need to implement wellness programmes in response to rising health problems contributing to mortality rates (Makhanya, 2021:2).

South African legislation has been enacted to ensure compliance with wellness practices. The Constitution of South Africa of 1996 (1996:11) highlights the importance of employee wellness programmes. The Constitution states that every employee has the right to a healthy and safe working environment that supports service delivery. Supporting this, the wellness policy addresses both personal and work-related factors that impact employee performance. The policy enhances and promotes the efficiency of employee wellness programmes in the public sector (Badul & Subban, 2022:118). Consequently, creating a positive working environment that keeps employees satisfied and motivated facilitates effective service delivery (Wellness Management Policy for the Public Sector, 2013:1). The Basic Conditions of Employment Act 75 of 1997 confirms that employees are entitled to paid annual leave, sick leave, family responsibility leave, study leave, and maternity leave. However, except for annual leave, employees must provide documentation explaining their absence. The Basic Conditions of Employment Act of 1997 was established to regulate and monitor the nature and frequency of absences. Hampson, Kirsten, and Singh (2016:4) note that South Africa ranks 28th out of 70 countries in the field of innovative health and wellness education and information dissemination. This ranking suggests that, while the country exhibits a moderate level of creativity and effectiveness in health education, there remains significant room for improvement.

Furthermore, Abe, Fields, and Abe (2017:52) highlight that the South African Public Service has actively introduced wellness programmes in response to various work- and family-related challenges faced by employees. In other words, Abe et al. (2017) imply that wellness programmes in the South African Public Service are designed to support staff in managing stress, achieving a better work-life balance, and addressing issues such as burnout, absenteeism, and family pressures that can negatively impact job performance and personal well-being. Similarly, the Employee Health and

Wellness Strategic Framework was developed and launched in 2008, comprising four pillars: HIV/AIDS and tuberculosis; health and productivity; occupational hygiene and safety; and wellness (Department of Public Service and Administration (DPSA), 2023). The initiative was influenced by the rising burden of diseases, accounting for 10 percent (%) in public institutions, and aimed to create awareness of wellness (DPSA, 2023). However, Whyte (2021:28) argues that, while the Employee Health and Wellness Strategic Framework was developed with good intentions, it falls short of offering a comprehensive solution because its four pillars tend to operate in isolation rather than as an integrated system. This lack of coordination and interaction among the components limits the initiative's overall effectiveness, as issues affecting employee health and well-being are often interconnected and require a more holistic approach.

The professionalisation of wellness programmes within the public service, as described by DPSA (2023), signifies a deliberate shift to ensure these initiatives are managed and delivered by individuals with specialised skills and appropriate academic qualifications. This move aims to enhance the credibility, effectiveness, and quality of wellness interventions by entrusting them to trained experts who understand best practices in employee health and well-being. The public service seeks to foster a more informed, evidence-based, and holistic approach to addressing the complex challenges employees face by setting higher standards for those who lead and facilitate wellness activities. Additionally, Section 7(3)(b) of the Public Service Act 103 of 1994 (Republic of South Africa, 1994) serves to protect managers in their roles, as they are responsible for the efficient management of employee behaviour while at work. Furthermore, it is crucial to ensure the effective utilisation of available resources, such as staff training, discipline maintenance, and the promotion of sound labour relations. In support, the Public Finance Management Act 1 of 1999 (as amended by Act 29 of 1999) (Republic of South Africa, 1994:4) was established to strengthen good governance and accountability in the use of public funds. The Public Finance Management Act of 1999 ensured the effective and efficient use of available resources to deliver outstanding service. Public institutions are compelled to maintain appropriate health standards, as they are under public scrutiny while struggling to provide quality services. Such legislation protects the rights of both employees and employers as they

collaborate to achieve quality wellness and enhance performance (Badul & Subban, 2022:117).

In particular, the study focused on the RAF as a case study. The RAF is a juristic public institution established under the RAF Act 56 of 1996 and became operational in 1997. The government of South Africa has mandated the RAF to compensate and rehabilitate all road users within South Africa's borders who are injured due to motor vehicle accidents (RAF, 2024b). Additionally, this Act covers individuals from neighbouring countries whose accidents took place upon utilising South African roads (Road Accident Fund Act 56 of 1996:2). The RAF, as a public sector institution, plays a crucial role in the lives of citizens, especially those who have been involved in road accidents, and their dependents or families. Fundamentally, most victims depend on the money compensated for medical care and the loss of loved ones because of motor vehicle accidents. Thus, the RAF must prioritise the wellness of its employees, given the high rate of road accidents in SA, which can translate into high workloads that have the potential to impair RAF employees' health (RAF, 2024b).

Respectively, the RAF has emphasised the value of Ubuntu in fostering a caring and supportive culture in public service institutions (Parliamentary Monitoring Group (PMG), 2024). The RAF's emphasis on Ubuntu, as highlighted by the PMG (2024), underscores the significance of this African philosophy in shaping a compassionate and collaborative culture within public service institutions. Ubuntu, which centres on the principles of humanity, mutual respect, and interconnectedness (Suliman, Mohale, Maphoto & Sevnarayan, 2024; Van Breda, 2019), encourages employees and leaders to treat one another with empathy and understanding, promoting a sense of collective responsibility and support. By prioritising Ubuntu, the RAF aims to create a work environment where individuals feel valued and cared for, thereby enhancing teamwork, morale, and overall service delivery. This approach reflects the cultural values inherent in South African society. It serves as a foundation for building stronger relationships among staff and with the communities they serve, ultimately contributing to the effectiveness and integrity of the public service (PMG, 2024). In addition, the employee wellness specialists at the RAF work with managers to ensure compliance with and implementation of the policy, provide resources, establish a budget, and advise on suitable wellness services (RAF Employee Wellness Service Policy,

2013:6). However, employees often prefer to share their personal information with strangers rather than colleagues (Wu, Roemer, Kent, Ballard & Goetzel, 2021). To address this, the organisation outsourced its wellness services to Independent Counselling and Advisory Services (ICAS), currently known as Lyra Well-being, a provider that supports employees and their families when facing difficulties (ICAS, 2022). Lyra Well-being employs trained specialists who provide 24-hour services. However, this type of service is not welcomed by everyone, as some employees feel their managers avoid engaging in their well-being and instead shift responsibilities to service providers who may not understand their work environment (Zhu & Dailey, 2019:3600). As a result, employees often come up with various excuses to avoid participating in wellness programmes.

Notably, the RAF often uses the term ‘employee wellness services’ when referring to employee wellness programmes (RAF, 2019). The RAF’s preference for using the term ‘employee wellness services’ instead of ‘employee wellness programmes’, as noted in the RAF (2019), reflects a broader and more inclusive approach to employee well-being. By framing wellness as a set of ongoing services rather than periodic programmes, the RAF emphasises the importance of providing continuous, accessible support that addresses employees’ diverse and evolving needs. In addition, the RAF believes that employees cannot solve the problems alone, hence they need the intervention of wellness programmes (RAF EWS, 2023:1). Since the RAF relies on the efforts of its employees to deliver services, it ensures that their health and wellness are prioritised (RAF, 2023:4). As a result, the RAF adopted the strategic framework for Employee Health and Wellness Programme (EHWP) structured by public service (RAF EWS, 2024). Thus, according to the RAF EWS (2024), the wellness programmes serve as an impetus for employers who have lost hope. RAF (2019) notes that, in South Africa, 132 workdays are lost due to premature deaths related to cardiovascular diseases, obesity, diabetes, and strokes. However, the RAF is amongst organisations struggling with such problems despite the availability of wellness programmes. Consequently, RAF management is committed to developing strategies, mechanisms, and interventions to implement effective health and wellness management (RAF, 2019:2).

Despite the RAF's significant investment in wellness services, employee participation remains disappointingly low, resulting in limited improvements in staff well-being and poor returns on investment (RAF, 2019; Kellar-Guenther, 2016). This underutilisation points to several barriers, including a lack of awareness, perceived stigma, and insufficient communication about the available resources. A critical issue highlighted in recent research is that many managers themselves are disengaged from wellness initiatives, as evidenced by their reluctance to participate in related studies. This suggests a worrying lack of confidence or understanding of wellness programmes among those in leadership positions, a concern that can be attributed to inadequate training and knowledge deficits (Passey et al. 2018:1702). Since managers play a pivotal role in influencing employee behaviour and guiding staff through wellness processes, their lack of engagement further weakens the effectiveness of these initiatives. The absence of continuous engagement and consultation with both employees and managers means that wellness messages are not effectively communicated or tailored to staff needs, leading to programmes that are either misunderstood or undervalued by their intended beneficiaries.

Additionally, the organisation's reliance on internal communication channels, which are often saturated with non-work-related information, increases the risk that crucial wellness updates are overlooked or dismissed. Employees are rarely consulted about their preferences or requirements for wellness services, leading to programmes that do not accommodate diverse needs and inadvertently exclude certain groups, such as those with disabilities (Van Niekerk, Maguvhe & Magano, 2022). The current focus on physical activities, for example, benefits able-bodied staff while sidelining others, potentially creating divisions rather than fostering teamwork. These shortcomings are particularly concerning, given the persistently high levels of absenteeism at the RAF (Southern African Legal Information Institute (SALII), 2016), which suggests that the current approach to employee wellness is not sufficiently inclusive or effective. As evolving workplace roles and service demands continue to put pressure on public institutions, it becomes even more essential for managers and wellness specialists to collaborate closely, proactively address employee needs, and implement well-communicated, accessible, and individualised wellness solutions that truly enhance the work environment and overall staff well-being.

The study is also theoretically justified because it provides an opportunity to examine the applicability of the Job Demands-Resources model and Social Exchange Theory within a public-sector environment characterised by organisational change, fiscal constraints and changing employee needs. Applying these theories to the RAF provides an opportunity to assess whether the assumptions concerning organisational resources, employee support and reciprocal relationships adequately explain employee participation in wellness programmes within this context.

Although employee wellness programmes are implemented across different public-sector institutions, this study does not seek to represent all public institutions. Its empirical focus is specifically the implementation of employee wellness programmes at the RAF, with the Menlyn regional office serving as the bounded case. The study therefore seeks to understand the organisational, managerial and employee-related factors that influence implementation within this specific context. Lessons arising from the case may be relevant to other public institutions, but such relevance should be considered in relation to their own organisational and institutional circumstances.

1.3 PROBLEM STATEMENT

Although employee wellness programmes are supported by legislation, policy and an expanding body of international and South African literature, there remains a limited understanding of the practical conditions that influence their implementation and sustainability within specific South African public-sector institutions. Existing studies have largely established the potential benefits of wellness programmes, but less attention has been given to how organisational culture, management support, employee participation, communication, confidentiality, monitoring and evaluation, and changing organisational conditions interact during implementation. The gap addressed by this study is therefore an implementation and sustainability gap within a specific public-sector context. By focusing on the RAF's Menlyn branch, the study provides a context-specific analysis of how these factors influence employee wellness programme implementation and uses the findings to develop an integrated framework that incorporates employee co-creation, continuous monitoring and evaluation, feedback, adaptability and attention to external structural determinants.

Despite substantial investments in employee wellness programmes, the RAF continues to face significant challenges in fostering employee well-being and enhancing organisational performance (RAF, 2019; Kellar-Guenther, 2016). Persistent low employee participation rates, high absenteeism, and employee dissatisfaction indicate systemic issues within the design, communication, and implementation of these wellness initiatives (Passey et al. 2018:1702; Southern African Legal Information Institute, 2016). Barriers such as limited managerial engagement, inadequate training, lack of individualisation in programme offerings, and ineffective communication have contributed to underutilisation and reduced impact. These challenges should therefore be understood not only as operational weaknesses but also as governance failures within the leadership, accountability and oversight structures responsible for wellness implementation. The persistent gap between wellness policy intentions and actual employee experiences suggests weaknesses in organisational accountability, leadership commitment, employee participation and monitoring of wellness interventions (Van Niekerk et al. 2022; Zhu & Dailey, 2019:3600). Furthermore, many employees perceive wellness programmes as irrelevant, inaccessible or even stigmatising, particularly when their personal needs and circumstances are not adequately considered (Dawad & Hoque, 2016:18; Wu et al. 2021). The result does not diminish the organisation's reputation but reflects a compromised ability to deliver high-quality public services to those in need (RAF, 2019; RAF EWS, 2023:1).

A further theoretical gap concerns the limited attention given to the institutional context in which employee wellness programmes are implemented. Although theories such as the Job Demands-Resources model and Maslow’s hierarchy of needs provide useful explanations of employee needs, motivation and workplace resources, they do not fully explain why organisations may adopt wellness policies formally while implementation remains limited or symbolic. Institutional theory provides an additional perspective by explaining how coercive pressures arising from legislation and regulation, mimetic pressures arising from the adoption of practices used by other organisations, and normative pressures arising from professional expectations can influence organisational behaviour.

The central problem addressed by this study is therefore the gap between the formal provision of employee wellness programmes and their effective implementation at the RAF. Although wellness programmes have been established to support employee well-being, participation, communication, managerial support and alignment with employee needs remain problematic. These challenges raise questions about how wellness programmes are designed, communicated, supported and implemented within the organisation. The problem is therefore not simply the availability of wellness programmes, but whether the organisational structures, leadership practices, employee engagement and accountability mechanisms support their effective implementation. The study consequently focuses on understanding the factors that influence EWP implementation at the RAF and how these challenges can be addressed within the organisational context of the Menlyn regional office.

1.4 RESEARCH HYPOTHESES / PROPOSITIONS

The inclusion of the following hypotheses aligns with the research problem by providing a focused framework for evaluating the effect of implementing an employee wellness programme on employee well-being and organisational performance at the RAF. Hypothesis 0 tests the assumption of no significant impact, while Hypothesis 1 explores the presence of an effect. These hypotheses are critical for addressing the identified knowledge gap regarding the effectiveness, uptake, and sustainability of employee wellness programmes in public institutions.

1. **Hypothesis 0**: The implementation of employee wellness programmes at the Road Accident Fund has no significant effect on employee well-being and organisational performance.
2. **Hypothesis 1**: The implementation of employee wellness programmes at the Road Accident Fund has a significant effect on employee well-being and organisational performance.

The decision to focus on these two hypotheses was informed by the study's central aim and objectives, which sought to critically evaluate the challenges the RAF faces in sustaining employee well-being through the implementation of wellness programmes. By framing the hypotheses around the measurable relationship between

programme implementation and its perceived effects on both employee well-being and organisational performance, the study ensured alignment with the identified problem, research questions, and objectives. This approach also allowed for a rigorous assessment of whether the wellness initiatives currently in place are achieving their intended outcomes or whether systemic barriers undermine their effectiveness. The dual-hypothesis structure minimised redundancy while providing a clear analytical path to determine whether the observed organisational and employee outcomes could be attributed to the design, communication, and operationalisation of wellness programmes.

Although hypotheses are presented to support the quantitative component of the mixed-methods design, the case study component is guided by the broader proposition that the effective implementation of employee wellness programmes depends not only on the availability of wellness interventions but also on organisational support, employee participation, leadership commitment and the broader institutional context. This proposition provides a qualitative and case-study-oriented lens for interpreting the relationships examined in the study. Ultimately, this structure positioned the study to offer evidence-based recommendations that are both relevant and actionable for improving the uptake, impact, and sustainability of wellness programmes in public institutions.

1.5 RESEARCH QUESTIONS

The central research question guiding this inquiry was: How can the challenges RAF faces in sustaining employee well-being through employee wellness programmes be effectively addressed? In addressing this question, the research contributes valuable insights into the field of Public Administration and informs the development of more inclusive, effective, and sustainable wellness initiatives within public sector institutions (Badul & Subban, 2022:119; Singh et al., 2024:9).

The following sub-research questions were explored: the underlying challenges and barriers affecting the effective implementation and uptake of employee wellness programmes at the Road Accident Fund, and the identification of potential strategies

and interventions to enhance employee well-being, participation, and organisational performance.

1. On which theoretical principles is the concept of instituting employee wellness programmes grounded within the Public Administration discipline?
2. What does the literature say about the need for public institutions to institute employee wellness programmes?
3. What are the perceived effects of employee wellness programmes in public institutions, specifically at the Road Accident Fund?
4. What challenges influence the design and implementation of wellness programmes in public institutions, specifically at the Road Accident Fund?
5. How can the challenges faced by the Road Accident Fund in sustaining employee wellness be resolved?

The following are the research aims and objectives that the study focused on to address the problem under study.

1.6 AIM AND OBJECTIVES

The primary aim of this research is to critically evaluate the challenges the RAF faces in sustaining employee well-being through the implementation of employee wellness programmes (RAF, 2019; RAF EWS, 2024). By examining the perspectives of employees and managers, and assessing the structural, cultural, and operational factors that hinder effective programme uptake and impact, the study can recommend targeted interventions that address the specific issues hindering participation and impact (Passey et al*.,* 2018:1702; Whyte, 2021:28). This increases the potential for meaningful change within the organisation, as strategies developed from this research will be grounded in a clear understanding of the underlying problems, fostering greater buy-in, relevance, and long-term success in promoting employee well-being.

The research objectives supporting the aim of the study are:

1. To explore which theoretical principles form the basis of instituting employee wellness programmes within the Public Administration discipline.

2. To conduct a literature review on the need for public institutions to institute employee wellness programmes.
3. To explore the perceived effects of employee wellness programmes in public institutions.
4. To establish the challenges that influence the design and implementation of employee wellness programmes in public institutions, specifically at the Road Accident Fund.
5. To investigate the challenges experienced at the Road Accident Fund in sustaining the wellness programmes.

The research relied on existing scholarly work and newly gathered empirical data to develop constructive arguments that may lead to solutions for how the RAF could overcome challenges to sustaining employee wellness. By integrating insights from prior studies with context-specific evidence, the study aimed to generate practical, evidence-based recommendations to address the challenges the RAF faces in sustaining employee wellness.

1.7 CONTRIBUTION OF THE STUDY

This study makes an original contribution to public administration by highlighting the critical importance of aligning employee wellness programmes in public institutions with employees' genuine needs and lived experiences (Abe et al*.,* 2017; RAF, 2019). While public administration as a discipline is tasked with ensuring the effective allocation of public funds and timely service delivery, it often overlooks the direct connection between employee well-being and institutional performance (Badul & Subban, 2022:119; Wellness Management Policy for the Public Sector, 2013). Focusing on RAF, this research demonstrates that consistent investment in employee wellness is not merely a policy requirement but a strategic priority essential for maintaining high-quality service, reducing absenteeism, and supporting the achievement of government mandates (RAF, 2019; Kellar-Guenther, 2016). Thus, this study highlights the need for adaptable, regularly updated wellness policies that account for the evolving work landscape and shifting employee needs, thereby

promoting a healthier work-life balance and enhancing institutional productivity (Hampson et al., 2016; Van Niekerk et al*.,* 2022).

In addition, this study advances an innovative, integrated framework for wellness in the public sector, addressing the deficiencies of previous models by foregrounding participatory co-creation, ongoing monitoring and evaluation, and explicit attention to external structural determinants (Korman, Steinberg, Gagliardi, Stewart, Acero, Davies, Maunder, Walker, DasGupta, DiProspero, Sinyor & Ellis, 2022; Caprez, 2020). Unlike traditional linear models, the proposed framework emphasises real-time feedback, continuous employee involvement, and the ability to dynamically respond to both internal and external challenges (Pant, Patro, Sedlander, Chandrana & Rimal*,* 2022; SoPact, 2024). By ensuring employees are engaged as co-creators from the outset, the model enhances the relevance and sustainability of wellness programmes and encourages a culture of shared ownership and innovation (Keller, Bermom, Scotty & Pinto*,* 2022; Totterdill, 2015; Bell, 2024). The inclusion of macro-level factors, such as job insecurity and inequality, responds to critiques that effective wellness solutions must extend beyond workplace boundaries (Goetzel, Henke, Tabrizi, Pelletier, Loeppke, Ballard, Grossmeier, Anderson, Yach, Kelly, McCalister, Serxner, Selecky, Shallenberger, Fries, Baase, Isaac, Crighton, Wald & Exum, 2014:928; Bayot, Tadi & Sharts-Hopko, 2024). In other words, this study contributes actionable insights to the field of public administration, offering a flexible, participatory, and systems-oriented approach to employee wellness that supports both individual well-being and organisational effectiveness (Lipshutz, Hall, Penman-Aguilar, Skillen, Naoom & Irune*,* 2021; Schwatka, Dally, Shore, Tenney, Brown, Scott, Dexter & Newman*,* 2022).

The contribution of this study should be understood primarily in relation to the empirical case of the Road Accident Fund. The study does not claim statistical representation of all public institutions. Rather, it provides an in-depth examination of the factors influencing employee wellness programme implementation within a specific public-sector organisational context. The findings and proposed framework may provide useful lessons for other public institutions, subject to consideration of their own organisational, institutional and resource contexts.

1.8 DEMARCATION OF THE STUDY

The study examined the roles of managers, wellness specialists, and employees in fostering a healthy working environment at the RAF to achieve a healthy work-life balance, enhance health, and boost performance. The RAF, as a public entity, is mandated to rehabilitate, provide counselling, and compensate road accident victims whose accidents occurred within South Africa's borders (RAF, 2019). The RAF strives to fulfil its mandate by ensuring citizens receive good-quality services within reasonable timeframes. This resonates from the Batho-Pele principle, which entails considering ‘people first’. Besides supporting accident victims, the RAF is responsible for ensuring that staff are content and healthy, and that the work environment is conducive to achieving institutional goals (Morgan, 2024).

1.9 LIMITATIONS OF THE STUDY

This study has limited generalisability due to its single-case design. As Walker and Carr (2021) implied, a single-case study focused on the Menlyn branch limits the generalisability of the findings to other RAF branches or public institutions. While in-depth insights were gained, contextual factors unique to Menlyn, such as workload volume and organisational culture, may not reflect experiences elsewhere within the RAF or the broader public sector. In addition, the study experienced low questionnaire response rates, partly due to organisational restructuring, high workloads, and employee apprehension. This limits the representativeness of the quantitative data and may introduce non-response bias (Wu, Zhao & Fils-Aime, 2022), especially if non-participants held different views on EWPs than those who responded.

Further, a potential bias in non-probability sampling may have occurred because participants are selected based on accessibility or availability rather than chance, increasing the risk of systematic error. Although a mixed-methods approach was used, as Palinkas et al. (2015) suggested, purposive sampling for qualitative interviews may have introduced researcher bias. Selecting participants based on availability and perceived knowledge may lead to the overlooking of dissenting or alternative perspectives, thereby affecting the depth and diversity of the findings. Nonetheless, technological and logistical disruptions affected the process. The study encountered

load shedding and scheduling issues that disrupted interview sessions conducted via MS Teams. Consequently, some interviews had to be rescheduled or cancelled, potentially reducing the breadth of qualitative insights and affecting data completeness (Monday, 2020).

More importantly, since the study was conducted during a period when the RAF was undergoing a structural transformation, there was limited access to current data, shifting employee roles, and uncertainty and fear among staff about participating. The researcher observed that most employees were sceptical about participating, as they feared it might jeopardise their employment. This transitional context may have influenced participant responses and hindered the collection of accurate, up-to-date information about the implementation of the wellness programme. The reluctance of some employees to participate during a period of organisational restructuring may reflect uncertainty, fear and limited trust within the organisation. This response behaviour is relevant because organisational trust and perceptions of safety may influence employees' willingness to participate not only in research but also in employee wellness initiatives. The response rate therefore provides an additional indication of the organisational climate in which wellness programmes are implemented.

1.10 CONCEPTUAL FRAMEWORK

For clarity, the conceptual framework and theoretical framework are treated as related but distinct components of this study. The theoretical framework refers to the established theories that provide the explanatory lens for understanding employee wellness and its implementation, namely the Job Demands-Resources model, Maslow's hierarchy of needs, Social Exchange Theory and the Transtheoretical Model of Behaviour Change. The conceptual framework, in contrast, brings together the key concepts emerging from the literature and the study problem to show how factors such as organisational support, leadership, communication, employee participation, resources and organisational culture relate to the implementation of employee wellness programmes at the RAF.

There are various theories underpinning wellness programmes. However, this study focused on the motivational theory of needs, Maslow's Hierarchy of Needs, social exchange theory, and the job-demand resource model (Schaufeli & Taris, 2014; Prochaska & Velicer, 1997; Nurjanah & Suherman, 2022). The motivational theory of needs emphasises the importance of positive outcomes, asserting that employees become motivated when their needs are recognised (Nurjanah & Suherman, 2022; Rojas, Méndez & Fassler, 2023). Maslow's Hierarchy of Needs includes physiological needs, safety needs, belongingness and love, self-esteem, and self-actualisation. In the context of employee wellness, the notions of belonging and love support the idea that employers introduce wellness programmes to show genuine care for their employees. The job-demand-resources model suggests that employees require sufficient resources to perform their duties effectively (Schaufeli & Taris, 2014). Based on this model, organisational support includes providing employees with time off to attend organised wellness initiatives and offering incentives to encourage participation. Social exchange theory posits that employers' gestures of providing care and support to employees are reciprocated by employees, who, in turn, respond by performing well (Ahmad, Ullah, Ryu, Ariza-Montes & Han, 2023a:1080; Ahmad, Nawaz, Ishaq, Khan & Ashraf, 2023b:4). The Transtheoretical Model of Behaviour Change proposes that employees who are willing to change their unhealthy lifestyles can do so by taking advantage of offered wellness interventions and understanding that they have a responsibility for themselves (Prochaska & Velicer, 1997). Employees are more likely to embrace such initiatives when they perceive genuine institutional backing for these programmes.

1.11 RESEARCH DESIGN AND METHODOLOGY

The study employed a mixed-methods research design, integrating both qualitative and quantitative approaches to comprehensively investigate the implementation and effectiveness of EWPs at RAF. The empirical and descriptive nature of the research enabled a nuanced exploration of employees' perceptions and experiences of the care and support provided by public institutions. Qualitative data were collected through semi-structured interviews with wellness specialists and departmental managers, while quantitative data were gathered via structured questionnaires distributed to

middle- and lower-level employees. This approach enabled the researcher to capture both in-depth personal insights and broad statistical trends, strengthening the reliability and validity of the findings (Creswell & Creswell, 2018; Punch, 2016). A case study methodology was employed, focusing specifically on the Menlyn branch of the RAF, due to its large and diverse workforce. The case study approach facilitated an in-depth examination of the unique organisational context, utilising triangulation through interviews, questionnaires, and document analysis to ensure comprehensive data collection (Yin, 2018). Document analysis included a review of policies, reports, and academic literature to provide context for implementing wellness programmes and identify best practices and gaps in the existing system. The combination of primary and secondary data enabled a thorough analysis of how EWPs are perceived, utilised, and managed within the RAF environment, thereby enhancing the generalisability and applicability of the results (Blaikie & Priest, 2019). Sampling for the study was purposive and representative, targeting permanent employees with at least one year of tenure at the Menlyn branch to ensure familiarity with the wellness programmes. Quantitative data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), employing descriptive statistics to summarise and visualise participant responses. Qualitative data from interviews were subjected to thematic analysis to identify recurring patterns and themes (Roestenburg, Strydom & Fouché, 2021:16; Bryman & Bell, 2021). The integration of these methods, guided by a pragmatic research paradigm, enabled the study to address complex research questions and provide actionable recommendations for improving employee wellness initiatives within public sector organisations.

1.12 KEY CONCEPTS

The following are the keywords that were used frequently in this study and are therefore defined to avoid confusion and ambiguity:

Employee wellness programmes

Employee wellness programmes are an integrated, comprehensive set of strategies designed to meet employees' health and wellness needs, contributing to their physical, emotional, and sustainable well-being and that of their families (RAF Policy on

Wellness Programmes, 2013). Sieberhagen, Pienaar & Els (2011:2) define employee wellness programmes as intervention strategies for assisting employees with personal and work-related problems.

Wellness

In the context of this study, wellness refers to an individual's or an organisation's state of being.

Employee performance

Employee performance is a feedback process obtained through employee efforts (Casio, 2010:334). Armstrong (2016:94) defines employee performance as a human process. Employee performance is some form of an individual's ability to achieve in a specific context (Boxall & Purcell, 2003:137). In the context of this study, employee performance is specifically understood in relation to the efficient and effective execution of employees' responsibilities in support of the RAF's mandated public services. Improved employee wellness is therefore expected to contribute to employees' capacity to perform their duties effectively and to support sustainable public service delivery.

1.13 OVERVIEW OF CHAPTERS

This section describes how the chapters are organised and sequenced.

Chapter 1

This chapter serves as an overall introduction and context for the research title, clearly stating the problem, main aim, research objectives, and questions. It serves as a critical chapter, establishing the research in the current body of knowledge and identifying the research gap the study addresses. The chapter also presents the study's theoretical framework, research methodology, and definitions of terms. The theoretical framework provides the lens through which the research problem is analysed, focusing on how concepts and variables are related and on how the literature informs them. This not only helps define the limits and range of the study but also directs data interpretation. In addition, the research methodology is presented to

provide the reader with a clear understanding of the research design, data collection methods, and analysis methods, aligning with the research aim and questions. The chapter defines key terms to prevent misunderstandings and to facilitate intersubjective comprehension of central constructs among readers.

Chapter 2

Chapter 2 examines the theoretical and legislative framework that guides the study. The chapter discusses the international legislative framework for wellness programmes, including initiatives by the World Health Organisation, the United Nations, and the International Labour Organisation. In addition, the chapter critically examines the significance of the South African legislative interventions on wellness programmes, including the OHSA 85 of 1993, the Constitution of South Africa of 1996, and the Basic Conditions of Employment Act of 1997. Thus, the significance of this conceptual framework chapter lies in its emphasis on the legal and regulatory context that underpins the implementation of wellness programmes in South Africa. Furthermore, the chapter discusses the employee health and wellness strategic framework, which comprises four pillars, and highlights their integration in promoting a holistic approach to employee well-being. Lastly, the National Health Insurance is examined as a policy intervention designed to enhance equitable, high-quality access to healthcare, underscoring the government's commitment to health as a fundamental human right.

Chapter 3

This chapter provides a literature review on employee wellness programmes, building on the previous chapter's focus on legislative and theoretical frameworks. It explores how workplace wellness initiatives protect both employers and employees, particularly amid rapid economic growth and organisational change that put pressure on human resources. Recognising employees as key organisational assets, the chapter emphasises the importance of prioritising their health and well-being to enhance performance and sustainability. It highlights how wellness programmes can mitigate operational risks and rising costs while also serving as strategic tools for attracting and retaining committed, productive staff. Keywords such as 'health promotions', 'employee wellness', and 'corporate wellness programmes' guided the literature exploration.

Chapter 4

Chapter 4 discusses the research design and methodology, including the study's objective and research paradigm. The current study employed a concurrent mixed-methods research design. The research approaches in mixed-methods research are discussed, specifically qualitative and quantitative research. Triangulation and the case study method were integral to the study. The data collection instruments for this study included a literature review, interviews, document analysis, and a questionnaire. The reliability and validity of the research instruments utilised are highlighted. The chapter explains the piloting of both the interviews and the questionnaire, as well as the population, sampling techniques, and sample size. The chapter also details the procedures for qualitative and quantitative data analysis, followed by an elaboration of ethical considerations.

Chapter 5

This chapter presents both quantitative and qualitative data analyses. It begins with an analysis of quantitative data, including participants' demographic information, the wellness interventions they attended, and the communication channels they used. Key findings are presented on the perceived benefits of RAF wellness programmes, gender differences in participation, and predictive variables identified through linear regression. Descriptive and inferential statistics, along with visual aids, enhance data interpretation. The second section focuses on qualitative data, beginning with demographic details and summarised interview responses. Analysis is organised under themes aligned with the research questions, with word clouds used to support thematic development. The chapter concludes with a summary of the main findings from both data sets.

Chapter 6

Chapter 6 presents the discussion of the research findings, highlighting their conceptual, legal, and practical implications. It begins by examining key themes, including employee participation, communication, the role of wellness in public institutions, primary wellness drivers, and the perceived impact of wellness programmes. The chapter critically evaluates two existing wellness frameworks: Korman et al.'s (2022) Seven-Step Knowledge-to-Action model and Caprez's (2020)

Ten-Step Health and Wellness Strategy, discussing their strengths, limitations, and relevance to organisational practice. Building on these insights, the chapter proposes a new wellness implementation model that incorporates participatory design, continuous feedback, and systems thinking. This model addresses the shortcomings of previous frameworks and is tailored for real-world adaptability and sustainability. The researcher argues that the proposed model offers a practical, evidence-informed roadmap for implementing effective wellness strategies, particularly within organisations like the RAF.

Chapter 7

Chapter 7 provides a comprehensive summary of the study by revisiting the research problem, consolidating the key findings from each preceding chapter, and highlighting their significance for the RAF. The chapter further outlines the practical and policy implications of the findings and offers targeted recommendations for the RAF, its governing bodies, and employees. In addition, it acknowledges methodological limitations, proposes areas for future research, and underscores the study's original contributions to the field of employee wellness.

1.14 CHAPTER SUMMARY

The chapter provided a comprehensive introduction to the study, establishing the foundation for a critical evaluation of EWPs in the public sector, with a particular focus on the RAF in South Africa. The chapter began by tracing the historical and global development of EWPs, from their origins in the 1880s as interventions for alcoholism in the United States to their evolution into multifaceted wellness strategies supported by legislative frameworks such as the ACA. The increasing pressures of organisational change and global health risks have heightened the importance of these programmes. Scholars argue that, since employees spend most of their waking hours at work, the workplace is a critical setting for wellness interventions. In South Africa, wellness practices are grounded in legislation, such as the 1996 Constitution and the 1997 Basic Conditions of Employment Act, and are influenced by the national value of Ubuntu.

The chapter presented the background to the problem and identified gaps between policy and practice within the RAF. Despite considerable investment, the RAF faces low employee participation in wellness programmes, persistent absenteeism, and growing dissatisfaction. These issues are exacerbated by managerial disengagement, ineffective communication, and a lack of individualisation in service delivery. It is important to mention that EWPs have been in existence for a long time at the RAF. However, employees often view wellness initiatives as irrelevant, coercive, or stigmatising, especially when they fail to address diverse needs or safeguard privacy. The problem statement outlined these challenges and underpinned the study's central aim: to critically evaluate the challenges the RAF faces in sustaining employee wellness through wellness programmes. The study is guided by a set of focused research questions designed to explore the theoretical grounding, implementation barriers, and improvement strategies for wellness programmes in the public sector.
The chapter further introduced the conceptual framework, drawing on Maslow's hierarchy of needs, the job demand-resources model, the motivational theory of needs, the social exchange theory, and the transtheoretical model of behaviour change. These theories explain employee motivation, organisational support, and behavioural change in the context of workplace wellness. A mixed-methods research design was adopted, combining qualitative interviews and quantitative surveys to enhance the study's validity and reliability. The chapter concluded by articulating the study's contribution to public administration, particularly its potential to inform inclusive and adaptable wellness strategies that align with changing work environments and diverse employee needs. This sets the stage for a robust analysis of employee wellness as both a strategic and ethical imperative in the public sector.

In the subsequent chapter, the study examines the theoretical and legislative frameworks underpinning employee wellness programmes, providing a global and national perspective. It explores international guidelines established by institutions such as the World Health Organisation and the International Labour Organisation, while also critically analysing South African legal instruments, including the OHSA and the Constitution. This chapter establishes a legal and conceptual foundation, reinforcing the relevance and necessity of structured wellness initiatives in public sector institutions.

CHAPTER 2:
THE LEGAL FRAMEWORK AND THEORIES GUIDING THE IMPLEMENTATION OF WELLNESS PROGRAMMES

2.1 INTRODUCTION

This chapter explores the legal frameworks and theoretical foundations that guide the implementation of wellness programmes, particularly in the workplace. By adhering to these legal processes, organisations ensure compliance with regulations while promoting the health and well-being of their employees. The discussion begins by examining the international legislative framework surrounding wellness programmes, focusing on how various countries, including those in Africa, have responded to employee wellness. The chapter then considers South Africa's legislative interventions in workplace wellness, highlighting the country's efforts to address employee health and well-being. The chapter further analyses critical theories associated with employee wellness programmes and their practical applications. This section on theories provides a deeper understanding of the psychological, social, and environmental factors that influence employee well-being. Moreover, the practical applications of these theories help bridge the gap between abstract concepts and real-world solutions, enabling organisations to implement wellness programmes that improve employee health, enhance productivity, and strengthen organisational culture. Finally, the chapter concludes with a review of how the legislative framework is applied in implementing Employee Wellness Programmes (EWPs), ensuring legal and ethical adherence throughout the process.

This chapter establishes the theoretical and legislative foundation for understanding the implementation of employee wellness programmes. The theoretical discussion identifies the established theories that provide explanatory perspectives on employee needs, organisational resources, employee-employer relationships and behaviour change. The legislative discussion establishes the legal and policy obligations within which employee wellness programmes are implemented in South Africa. These two dimensions are considered together because the implementation of wellness programmes in public institutions is influenced by both theoretical understandings of

employee and organisational behaviour and the legal and policy environment governing public-sector employment. The chapter therefore provides the foundation for the literature review and the subsequent empirical investigation of EWP implementation at the RAF.

2.2 INTERNATIONAL LEGISLATIVE FRAMEWORK ON WELLNESS PROGRAMMES

According to Rantanen, Muchiri, and Lehtinen (2020:1), 3.5 billion individuals, or 63% of the global population, are part of the worldwide workforce. These workers dedicate over a third of their adult lives to their jobs, contributing to the global GDP of US$88 trillion that supports the social structure and provides the economic foundation for nations, communities, families, and individuals. In 2012, the International Labour Organisation estimated that poor workplace conditions accounted for a third of back pain, 16% of hearing loss, and nearly 10% of lung cancer, as well as 8% contributing to workplace risks that caused depression (Van de Linde, 2018:35). This makes employee wellness a pressing issue for international organisations, such as the World Health Organisation (WHO), United Nations (UN), and International Labour Organisation (ILO), due to the global economic burden of mental health conditions, including employee burnout (Ma, Yi, Manta & ALzuman, 2024). According to Ma et al. (2024:1), the global economic burden of mental health conditions, including burnout, is significant, with estimated costs of almost USD 1 trillion annually. These scholars highlight the immense financial impact of mental health conditions, such as burnout, on the global economy. In other words, these scholars reinforce that mental health conditions are not only health issues but also contribute to a substantial economic burden, with annual costs nearing USD 1 trillion.

In addition, the above assertion by Ma et al. (2024) emphasises the need for more proactive measures in addressing mental health on a global scale. This aligns with the views of Lei, Alam, and Hassan (2023) as well as López-Núñez, Rubio-Valdehita, Diaz-Ramiro, and Aparicio-Garcia (2020), who argue that employee burnout is closely connected to the United Nations Sustainable Development Goals (UNSDGs). Specifically, burnout affects SDG 3, which focuses on ensuring healthy lives by

highlighting the importance of mental well-being. It also impacts SDG 8, as burnout can reduce workplace productivity and hinder sustainable economic growth. Burnout also connects to SDG 10, which aims to reduce inequalities, as mental health challenges disproportionately affect marginalised populations. Therefore, according to Ma et al. (2024), addressing burnout improves individual well-being and supports broader global health objectives, economic prosperity, and equality.

In the subsequent section, the researcher describes some international agreements and conventions related to employee wellness. Some of these agreements underscore the importance of organisations' inception of legislation to ensure that employees' health, safety, and fitness are well maintained (Whyte, 2020:27) since employees spend most of their waking time at work (Vyas-Doorgapersad, 2024:12). Such legislation can include policies on mental health support, workplace safety standards, and fitness initiatives, all aimed at safeguarding workers from burnout, stress, and other health risks. Similarly, these agreements emphasise that the law must protect employees from unreasonable employers attempting to access their health information to determine insurance benefits based on their health history (William & Mary, 2020:1667). William and Mary (2020) imply that employees should not be subjected to discrimination or have their insurance coverage influenced by their medical history or current health conditions. Such practices could lead to unjust decisions that may penalise employees for factors beyond their control. The researcher will discuss only the WHO, UN, and ILO in the following section.

2.2.1 World Health Organisation (WHO) Initiatives

The WHO plays a central role in shaping global health policies and standards, and forms part of the international law that focuses on improving the health and well-being of employees worldwide. According to Hall, Kelly, Burmeister, and Merchant (2016:391), on a global level, the World Health Organisation has declared the workplace a priority setting for health promotion in the 21st century. WHO's prioritisation means that organisations across the globe are being called upon to implement workplace health promotion strategies to enhance employees' well-being. The WHO's stance suggests that workplaces are not just sites of economic

productivity but also key platforms for addressing public health challenges such as stress, mental health issues, and lifestyle-related diseases. By prioritising workplace health, the WHO encourages businesses to take an active role in improving global health outcomes, which benefit employees and organisational performance.

In addition, the World Health Organisation (2013) proposed the institution of the constitution upon realising that non-communicable diseases like cancer, diabetes, chronic respiratory conditions, and cardiovascular disorders are the leading causes of death worldwide. The constitution regards health as complete physical, emotional, and social well-being, not merely the absence of disease (WHO, 2020:1). However, this definition varies across organisations, depending on their objectives. Maintaining and improving lifestyles does not require scientific development, but rather individual and societal commitment (Gorgenyi-Hegyes et al., 2021:4); hence, the significance of the national constitution in guaranteeing employee wellness. This highlights the need for national governments to protect and promote employee well-being by ensuring employers provide employees with the necessary resources to enhance it. According to WHO (2023), every year, Non-Communicable Diseases (NCDs) claim the lives of about 36 million people, making up 63% of all deaths worldwide. WHO stresses the urgent need for comprehensive global health policies and interventions, thereby shifting global health priorities and focusing on the prevention, management, and control of NCDs, which affect both developed and developing nations and burden healthcare systems, economies, and communities. This study recognises and accredits the WHO for developing a framework that outlines policies and practices for creating a healthy workplace (WHO, 2020).

In addition, the WHO took the initiative to advocate for the best possible health care by directing and coordinating health issues worldwide (WHO, 2017). The WHO is a global leader in healthcare, advocating for the best healthcare worldwide. It sets international health standards, provides technical support, and shapes the health research agenda. The WHO works closely with member states to develop public health policies, particularly in low- and middle-income countries with under-resourced healthcare systems, through initiatives such as the Global Health Observatory. The WHO also gathers and disseminates critical health data, allowing policymakers to make informed decisions based on evidence (WHO, 2023). The organisation offers

expertise in disease prevention, emergency response, and strengthening health systems. It also fosters international cooperation on health issues, such as pandemic management and the control of infectious disease spread. Its efforts to establish universal health coverage have made healthcare more accessible and equitable. The WHO's commitment to global health efforts has improved health equity and population well-being (WHO, 2017; 2023).

Furthermore, the WHO (2017) report confirms that health impairment is influenced not only by genetics and demographic characteristics such as age and gender, but also by income, educational level, physical environment, healthcare systems, working conditions, and individual behaviour. Thus, the WHO emphasises that organisations should improve working conditions and environments so that every employee can enjoy a healthy environment, regardless of their race, political affiliation, or social and economic conditions. According to WHO (2023), promoting workplace health standards promotes peace and reduces employee turnover. In addition, the WHO insisted on a global action plan for physical activity from 2018 to 2030, enabling employees to be active and safe in their daily activities. It ensures that individuals are healthy enough to contribute to the social, economic, and cultural development of all nations. According to the WHO (2018:6), as countries develop, the level of physical activity tends to decrease due to increased access to transportation and technology. Therefore, the global action plan for physical activity aims to reduce health risks by addressing the decline in physical activity caused by advancements in transportation and technology.

In conclusion, the WHO has played a pivotal role in shaping global health policies, particularly in the workplace, by emphasising the importance of health promotion for employees. The WHO's commitment to tackling NCDs and fostering comprehensive global health policies reflects its broader vision of health as complete physical, mental, and social well-being. Through its initiatives, such as the Global Health Observatory and the global action plan for physical activity, WHO continues to advocate for healthier workplaces, improved working conditions, and greater public health awareness. These efforts have far-reaching effects on global economies and societies, ensuring that employee wellness remains a priority in the 21st century.

Building on the WHO's contributions, the next section examines how the United Nations (UN) incorporates wellness into its broader development objectives, focusing on how it aligns with the UN's SDGs to promote global health, equity, and well-being.

2.2.2 United Nations (UN) Sustainable Development Goals (SDGs)

The UN works in collaboration with the WHO on budgetary matters so that administrative and financial processes may be efficient in the best possible way (WHO 2020:50). According to WHO (2024), employee wellness encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose. WHO (2024) further states that focusing on well-being supports tracking the equitable distribution of resources, overall thriving, and sustainability. This resonates with the UN's SDGs. SDGs were introduced at the Rio de Janeiro United Nations in 2012 at the United Nations Conference on Sustainable Development (UN Development Program 2016:7) to set global goals to tackle global political, economic, and environmental challenges worldwide. Sustainable development comprises 17 goals and gained prominence during the COVID-19 pandemic (WHO, 2020:12). The pandemic highlighted significant global challenges related to health systems, economic inequalities, and environmental vulnerabilities, underscoring the need for sustainable development even more urgently. Employee wellness is directly linked to several SDGs, particularly those focused on health, equality, and economic growth.

According to Vyas-Doorpersad (2024:5), SDG 3, which promotes good health and well-being, aligns with fostering healthy, balanced work environments and prioritising employees' physical and mental health. SDG 8, which focuses on decent work and economic growth, emphasises the importance of fair working conditions and the promotion of employee well-being as crucial to achieving productivity and sustainable economic development (Lei et al*.,* 2023; López-Núñez et al*.,* 2020). SDG 8 suggests that organisations and governments need to invest in creating healthier, safer, and more equitable workplaces to drive sustained economic progress. Economic growth may be short-lived or unsustainable without addressing employee well-being, as poor working conditions can lead to burnout, reduced productivity, and higher turnover.

Additionally, SDG 10, which emphasises reducing inequalities, highlights the importance of equitable access to resources and opportunities in the workplace, ensuring that all employees have the support they need to thrive (Ma et al*.,* 2024). Under SDG 10, the UN urges organisations to eliminate barriers such as discrimination, unequal pay, and limited access to career advancement opportunities. According to Ma et al*.* (2024), businesses promote fairness and social justice by fostering inclusive work environments, which, in turn, enhance overall performance and innovation. Promoting inclusion helps create a fair and just workplace where everyone can thrive, thus contributing to the overall goal of reducing inequalities. Promoting employee wellness contributes to achieving several SDGs by enhancing workforce health, productivity, and equality, ultimately supporting long-term sustainability.

According to the World Bank (2020:91), financial constraints may prevent developing countries from implementing sustainable wellness strategies aligned with the SDGs. Despite being a developing country with a relatively advanced economy compared to other developing nations, South Africa may still face financial constraints that could limit the nation's ability to implement sustainable wellness strategies aligned with the SDGs. South Africa faces challenges such as economic inequality, unemployment, and limited healthcare resources (International Monetary Fund (IMF), 2020; World Bank (WB), 2024), which could hinder its efforts to improve health and wellness at scale. This financial strain may hinder the country's ability to invest in public health infrastructure, education, and wellness programmes, particularly in underserved communities, potentially exacerbating existing health disparities. Therefore, South Africa may need to prioritise innovative funding solutions and international partnerships to overcome these financial barriers and make meaningful progress toward achieving its wellness and SDG targets.

According to Vyas-Doorspersad (2023:92), despite the existence of the SDGs, organisations remain obliged to safeguard employees' psychological, physical, spiritual, and emotional health. Despite South Africa's commitment to the SDGs, organisations must still take direct responsibility for preserving the comprehensive well-being of their employees. In South Africa, where economic inequality and social challenges persist (Maphumulo & Bhengu, 2019; Francis & Webster, 2019), failing to

prioritise employee wellness could exacerbate mental health disorders, absenteeism, and reduced productivity (Henke, 2022; Oliveira et al., 2022). Businesses risk higher turnover, reduced employee engagement, and slower economic growth. Therefore, South African organisations need to implement comprehensive wellness strategies that support employees' mental and physical health, thereby mitigating these risks and improving workplace outcomes.

Employee wellness is not only a corporate responsibility but also a key driver of sustainable development, especially in nations like South Africa, where economic inequality and social challenges persist. The alignment of wellness initiatives with the SDGs underscores the global importance of promoting healthy, equitable workplaces that foster well-being, productivity, and long-term sustainability. Despite its economic growth, South Africa faces financial constraints that may hinder the full implementation of these wellness strategies. Thus, the private and public sectors must work together to overcome these barriers, ensuring that wellness is prioritised in line with the SDGs to promote inclusive growth and sustainable development. In the subsequent section, the researcher turns to the ILO, which advances fair and decent work standards globally.

2.2.3 International Labour Organisation (ILO) Conventions

The ILO has played a crucial role in promoting employee wellness (Rantanen, Muchiri, & Lehtinen, 2020). For instance, according to Rantanen et al. (2020:1), twenty years ago, the ILO launched a new strategy, the Decent Work Agenda, to ensure human-oriented development in the globalisation of working life and to provide an adequate response to the challenges of globalisation. In 1998, a year before launching the Decent Work Country Programme (DWCP) approach, the 86th International Labour Conference (ILC) launched the Declaration on Fundamental Principles and Rights at Work, which was to apply to all working people in all 187 member states of the ILO, regardless of the level of economic development and whether the member states had ratified the fundamental conventions. Rantanen et al. (2020:3) further state that the ILO developed a 'Decent Work' approach to provide a social dimension to globalisation

and to initiate an intensive human-oriented approach to the challenges posed by the globalisation of working life.

In 2008, the 97th Session of the ILC adopted the ILO Declaration on Social Justice for Fair Globalization, which aligns with the Decent Work Agenda and its four key pillars: rights at work, job creation and enterprise development, social protection, and social dialogue (Rantanen et al*.,* 2020:4). Since 1999, the ILO has launched numerous Decent Work Country Programmes (DWCPs), which have been evaluated and reported on regularly to the ILO governing body and the ILC. These reports, presented during the annual meetings in Geneva, ensure ongoing oversight by the highest levels of ILO governance. According to Rantanen et al*.* (2020:1), the sustainability of the Decent Work approach is supported by the UN 2030 Agenda, the ILO Global Commission Report on the Future of Work, and the ILO Centenary Declaration. However, Rantanen et al*.* (2020) noted that the DWCPs did not include the objectives related to ILO Convention No. 161 on Occupational Health Services. Despite the comprehensive nature of the DWCPs, their failure to include objectives related to ILO Convention No. 161 on Occupational Health Services suggests a significant gap in the focus on workplace health and safety. This oversight could hinder efforts to ensure holistic employee well-being, particularly in occupational health, which is crucial to maintaining sustainable work environments.

Similarly, the ILO introduced Convention No. 155 (Occupational Safety and Health Convention (OSHC), 1981) to promote the development of national policies on occupational safety and health and the working environment. The convention emphasises preventing workplace accidents and injuries that affect health. According to the ILO (2019a:20), the quality of the working environment, as well as how employees connect with their work environment, work climate, and relationships, are essential aspects that contribute to employee flourishing at work. A positive and supportive work environment fosters higher motivation, creativity, and job satisfaction, leading to improved performance and increased retention. The ILO Convention No. 155 (OSHC, 1981) emphasises that fostering a healthy, nurturing work environment benefits employees' well-being and is essential to organisational success and sustainable development. In 1985, the ILO introduced Convention No. 161 (OSHC, 1985), which required member states to develop occupational health services to

advise employers and workers on health and safety measures, thereby ensuring workers' well-being. In 2006, the ILO launched Convention No. 187 (Promotional Framework for OSHC, 2006), promoting continuous improvement in occupational health and safety through national policies, programmes, and systems that foster a preventive safety culture.

The ILO promotes employee wellness by creating a global framework that addresses workplace rights, safety, and well-being. The ILO sets standards that compel member states to prioritise holistic employee well-being through initiatives such as the Decent Work Agenda and conventions, including No. 155 (Occupational Safety and Health) and No. 161 (Occupational Health Services). These standards encourage the development of national policies that foster safe and supportive work environments, enabling workers to thrive. Additionally, by embedding wellness into the core of labour rights, the ILO ensures that employee wellness is not just an organisational responsibility but a fundamental right critical for sustainable economic development. While some gaps remain, such as the exclusion of occupational health objectives in some DWCPs, the ILO's ongoing efforts to promote worker wellness contribute significantly to global social justice and fair globalisation.

In conclusion, the WHO, UN, and ILO play crucial roles in promoting global employee wellness. The WHO emphasises the workplace as a critical setting for health promotion, urging organisations to adopt strategies that enhance employees' physical and mental well-being. Its focus on combating NCDs and promoting mental health, as seen in initiatives such as the Global Action Plan for Physical Activity, ensures that workplaces become central to improving global health outcomes. The UN integrates employee wellness into its SDGs, particularly SDG 3 (good health and well-being), SDG 8 (decent work and economic growth), and SDG 10 (reducing inequalities), which emphasise the importance of equitable and healthy work environments. This alignment underscores the importance of workplace wellness in promoting long-term, sustainable development and economic growth. The ILO ensures that member states prioritise employee wellness by fostering safe and supportive workplaces through its Decent Work Agenda and conventions, such as Convention No. 155 (Occupational Safety and Health) and Convention No. 161 (Occupational Health Services). These organisations collectively advance a global framework that links wellness to broader

societal and economic goals, ensuring that employees' well-being is at the forefront of sustainable development efforts.

In the subsequent section, the researcher summarises how the African Union (AU) and the Southern African Development Community (SADC) address employee wellness issues.

2.3 AFRICA'S RESPONSE TO EMPLOYEE WELLNESS

The African Union (AU) plays a vital role in promoting employee wellness across the continent by addressing health, labour, and social protection through its policies and initiatives. The AU's Agenda 2063 prioritises inclusive development. It emphasises the importance of human capital, recognising that a healthy and productive workforce is essential for economic growth and sustainable development (AU, 2024), through collaborations with international bodies such as the WHO and the ILO. In addition, the AU advocates for the implementation of policies that improve working conditions, mental and physical well-being, and fair labour practices across member states. Moreover, the AU's African Charter on Human and Peoples' Rights highlights the right to work under favourable conditions, including health and safety provisions (AU, 2013). The AU also supports the development of social protection programmes to safeguard workers' well-being, particularly in vulnerable sectors such as agriculture and the informal economy. By fostering cooperation among member states, the AU encourages the creation of national policies and programmes that address occupational health, mental health, and wellness, ultimately contributing to a healthier and more productive workforce across Africa. In other words, the AU's efforts align with broader global initiatives, such as the United Nations' SDGs, particularly in promoting decent work (SDG 8) and reducing inequalities (SDG 10), ensuring that employee wellness becomes a key focus in Africa's path to sustainable development.

Furthermore, the SADC is crucial in promoting employee wellness across its member states by fostering regional cooperation on labour standards, health, and workplace safety. SADC's Regional Indicative Strategic Development Plan (RISDP) and its SADC Labour Policy Framework prioritise human and social development,

recognising that a healthy workforce is essential for economic growth, poverty reduction, and sustainable development in Southern Africa (SADC, 2021). Through these frameworks, SADC promotes policies that enhance employee well-being, including occupational health and safety, social protection, and mental health support. SADC member states collaborate to harmonise labour standards and practices, focusing on creating decent work environments (SADC, 2021). This includes promoting fair wages, ensuring safe working conditions, and implementing health and safety regulations to reduce workplace injuries and diseases. The organisation also emphasises the importance of social protection systems, such as health insurance and workplace wellness programmes, to protect workers from economic hardship due to illness or injury. In line with global goals, such as the UN SDGs, particularly SDG 3 (good health and well-being) and SDG 8 (decent work and economic growth), SADC's efforts aim to foster a regional wellness culture that enhances employees' quality of life. By promoting employee wellness, SADC helps create a more resilient and productive workforce, which is crucial to the region's social and economic development.

The AU and the SADC play pivotal roles in advancing employee wellness across Africa through their policies, frameworks, and regional cooperation. Through Agenda 2063 and collaborations with global bodies like the WHO and ILO, the AU focuses on human capital development, recognising that a healthy workforce is key to sustainable growth. It emphasises the importance of fair labour practices, occupational health, and social protection, particularly in vulnerable sectors. Similarly, SADC promotes regional collaboration to harmonise labour standards, focusing on occupational safety, fair wages, and social protection systems. Both organisations align their efforts with the SDGs, contributing to healthier, more resilient workforces that drive economic progress and reduce inequalities across the continent. Drawing on the roles of international organisations such as the WHO, UN, and ILO, as well as conventions, including those of the AU and SADC, in promoting employee wellness, the next section will examine South Africa's legislative interventions in wellness programmes.

2.4 SOUTH AFRICAN LEGISLATIVE WELLNESS PROGRAMME INTERVENTIONS

As discussed in Chapter 1, Section 1.1, Smith et al. (2017:1525) emphasise that even developed countries like the United States struggle to maintain employee health, prompting the introduction of the ACA of 2010, commonly known as “Obamacare”. This legislation aimed to encourage organisations to implement supportive wellness programmes. Saunders et al. (2018: 4) concur with Smith et al. that these programmes provide employers with a platform to motivate employees to take their health seriously and thrive. In addition to health benefits, participants in these programmes can enjoy incentives such as discounted insurance coverage. Similarly, like many other nations, South Africa seeks to prioritise employee wellness, recognising that these initiatives are crucial for economic growth.

South African legislation must address the psychological, physical, and environmental issues affecting employees by thoroughly assessing the risk factors associated with health and wellness. This is a complex challenge, as the current legislation lacks clarity in guiding stress management, primarily due to the influence of practices adopted from the United Kingdom (UK) (Sieberhagen et al., 2009:8). In contrast, the legislation appears to lack sufficient input on the implementation of wellness programmes, its prescriptions are still necessary for providing guidance (Chap, 2019:8). Therefore, there is a critical need for regular reviews of the legislation to ensure it aligns with contemporary living standards and adequately addresses the evolving health and wellness needs of employees. In this section, the study will review the following legislative framework for EWPs in South Africa: the OHSA 85 of 1993, the Constitution of South Africa of 1996, the BCEA of 1997, the Employee Health and Wellness Strategic Framework, and the National Health Insurance.

2.4.1 Occupational Health and Safety Act (OHSA) 85 of 1993

The OHSA (Act 85 of 1993) was established to ensure a safe, risk-free workplace, enabling employees to perform their tasks effectively. This legislation not only safeguards the health of those directly involved in the work but also protects individuals in the surrounding environment. For instance, mechanical failures caused

by a single employee can pose a risk to the entire workplace, jeopardising colleagues' health and safety. Furthermore, poor working conditions can lead to significant health issues among employees. The Act was implemented in response to the alarming increase in work-related injuries and illnesses that resulted in numerous fatalities worldwide (Sieberhagen et al., 2009:1). Such incidents often occur due to a failure to adhere to established safety protocols, highlighting the critical need for compliance to protect employee well-being.

Employees face significant dangers in the workplace due to the machinery, equipment, and chemicals they use daily, which can lead to injuries and premature deaths (RSA, 1993, Preamble). Ensuring the health, wellness, and safety of all employees is crucial, and organisations are responsible for enforcing precautionary measures, such as requiring protective gear and promoting vigilance when handling hazardous materials (RSA 1993, section 8 (1). Furthermore, inadequate training in healthy practices places organisations at risk (Van der Linde, 2018:40). According to the OHSA (Act 85 of 1993), employers must prioritise creating a safe, risk-free work environment before relying on protective equipment. This responsibility fosters accountability among managers (Mojapelo & Kok, 2017:52), as organisations should normalise regular inspections of the premises and ensure the proper maintenance of all machinery.

The OHSA 85 of 1993 establishes an advisory council that guides employers and employees on suitable health and safety standards in the workplace. This council is responsible for providing training and education, and for disseminating vital information related to health and safety. With the minister’s approval, the council can appoint occupational health and safety representatives empowered to identify, investigate, and report the causes of incidents in the work environment (RSA, 1993). Furthermore, the government collaborates with private institutions that address occupational health and safety concerns. Notably, some independent institutions employ dedicated professionals to conduct regular audits and inspections to ensure compliance with health and safety measures (Chap, 2019:31). It is essential to highlight that, although these institutions rely on government funding, they provide voluntary services and operate independently of government regulations.

Employers must identify and address reasonable and practical areas that may pose risks to the health and safety of employees in the workplace (RSA, 1993, section 8(1)(b). Both employers and employees must comply with health and safety regulations to effectively eliminate work-related accidents and illnesses (Sieberhagen et al., 2009: 9). This compliance is crucial to safeguarding employees from potential harm, as neglecting safety protocols can lead to serious consequences, such as a significant increase in production errors, accidents, absenteeism, and medical care costs, ultimately placing additional strain on both employees and employers (Sieberhagen et al., 2009:1). Furthermore, Mojapelo and Kok (2017:53) highlight that health and safety issues can be sensitive topics, with many the employers often overlooking problems at the grassroots level. This disregard is concerning, given the high incidence of daily occupational incidents. Yet, some organisations still fail to invest in employee wellness, viewing such cases as insignificant (Siberhagen, 2011:13). This lack of empathy is troubling, especially considering the potential for loss of life. Ultimately, non-compliance with occupational health and safety regulations poses significant challenges that can negatively impact service delivery (Mojapelo & Kok, 2017:52).

The following section explores South Africa's constitution, examining its foundational principles and the legal framework it establishes for protecting citizens' rights, particularly in the context of workplace health and safety.

2.4.2 Constitution of South Africa of 1996

As discussed in Chapter 1, Section 1.2, the Constitution of South Africa, enacted in 1996, affirms every employee's right to a healthy and non-oppressive working environment, and serves as the supreme law to enhance the quality of life for all citizens. This constitutional framework emphasises protecting human dignity and rights, as outlined in Chapter 1, Section 1, which extends to various aspects of wellness, including physical, psychological, social, and environmental well-being. Furthermore, the Constitution guarantees employees a safe and conducive working environment that supports their health and wellness, as articulated in Section 3(2)(a). Notably, the provisions of the 1996 Constitution address workplace issues and

encompass challenges outside the workplace, ensuring a holistic approach to maintaining stability and well-being for all individuals in South Africa.

The Bill of Rights, as outlined in the Constitution of the RSA, 1996, Chapter 2, Section 14(d), asserts that every individual has the right to protect their personal information, prohibiting any unauthorised invasion of privacy. This provision prohibits employers from disclosing employees' personal information to colleagues or external entities without their consent. Additionally, Section 23(3)(b) guarantees every employee the right to engage in labour practices and voluntarily participate in activities or programmes offered by their employer. This legal framework safeguards against potential power abuses by employers, ensuring they cannot suppress, threaten, or coerce employees into participating in programmes or initiatives against their will, thereby promoting a respectful, consensual workplace environment.

Section 23 of the Constitution (RSA, 1996) promotes employee wellness and health by recognising and safeguarding their rights and making employees feel valued when their employers show genuine concern for their well-being. The Constitution not only mandates the provision of a healthy, risk-free work environment (RSA, 1996, Section 24(a)) but also ensures equitable access to quality healthcare for all individuals, regardless of gender, race, or occupation (RSA, 1996, Chapter 2, Section 27(1)(a)). Given South Africa's rich diversity, neglecting to manage these rights effectively can adversely affect overall wellness (Mohapi 2019:2). However, the Constitution's effectiveness may be undermined by instances of preferential treatment in the workplace, suggesting a disconnect between its ideals and actual practices. For the Constitution to be meaningful, it must prioritise the rights and health of employees at the grassroots level (Kruger & Jacobs 2019: 189). These regulations ensure regular working hours that do not infringe upon employees' rights or well-being.

The researcher explores the Basic Conditions of the Employment Act of 1997 in the following section.

2.4.3 Basic Condition of Employment Act (BCEA) of 1997

The BCEA 75 of 1997 (RSA, 1997, Section 2) emphasises employees' right to fair labour practices, as derived from Section 23(1) of the South African Constitution. This Act establishes minimum employment standards and promotes economic and social justice (RSA, 1997, Section 2(a)). This study focuses on the provisions for leave and remuneration, which are essential for enhancing employees' quality of life and enabling them to recuperate during illness while working within reasonable hours. Specifically, the Act entitles employees to 21 consecutive days of paid annual leave within three years (BCEA, No. 75 of 1997, Section 20). However, this leave cannot be taken while an employee is serving a notice of termination (RSA, 1997, Section 20(5)(b)). Employees must arrange their leave in advance with their supervisors to ensure mutual agreement, enabling employers to make necessary adjustments to maintain workflow in the employee's absence. Additionally, the Act protects employers from having to pay employees who do not report their absence or who do not qualify for leave days (RSA, 1997, Section 20). Taking leave is vital for employees to escape stressful environments and recharge, ultimately contributing to their overall well-being and productivity.

According to Section 22 of the BCEA 75 of 1997, employees are entitled to a sick leave cycle after working for the same employer for 36 months. Additionally, employees with an employer for at least 26 days are eligible for paid sick leave during their first six months of employment. The Act requires employees to submit a sick note to justify their absence if they are away for more than two consecutive days, or if they have been absent due to illness on more than two occasions within eight weeks (RSA, 1997, Section 22). A qualified medical professional must sign the sick note, bear a date stamp, and include the practitioner's physical address, practice number, and the employee's name (RSA, 1997, Section 23). Employers must maintain records of all sick leaves for accountability purposes (Sieberhagen, 2009:5). If an employee fails to provide the necessary documentation or lacks sufficient evidence to justify their absence, the employer has the right to classify the leave as unpaid (RSA, 1997, Section 23). While the Act aims to foster a healthy work culture by allowing employees to take necessary sick leave, some individuals misuse this privilege by feigning illness,

which is unacceptable and can lead to disciplinary action. Such fraudulent behaviour undermines the intent of the sick leave policy and disrupts workplace integrity.

In addition to regulating leave provisions, the BCEA also governs working hours in alignment with the Health and Safety Act of 1993, specifically Section 7(a) (RSA, 1993). The Act permits employees to work a maximum of eight hours per day, with mandatory breaks, especially five days a week, to ensure adequate rest and time for other responsibilities (RSA, 1997, Section 4). Moreover, employees who work continuously for five hours are entitled to a one-hour break. If an employer opts to provide only 45 minutes, this decision must be documented in writing. This regulation protects employees' health and well-being against unreasonable demands from employers who might otherwise expect them to work without breaks (Siberhagen et al., 2009:5). Failure to take breaks can lead to decreased concentration, increased frustration, and a higher likelihood of errors in work performance, underscoring the importance of breaks for rejuvenation and productivity.

The subsequent discussion focuses on the strategic framework that governs employee health and wellness.

2.4.4 Employee Health and Wellness Strategic Framework

Effective wellness management is crucial for organisations aiming for success. To support this, the Employee Health and Wellness (EHW) framework was established in 2008, promoting a holistic approach to employee health, wellness, safety, organisational wellness, environmental sustainability, quality management, and productivity, ultimately leading to improved service delivery outcomes (DPSA, 2019:3). This framework works in tandem with South African legislation to address wellness-related issues, emerging from the recognition that employees' poor health significantly impacts both individual performance and overall organisational effectiveness (DPSA, 2019:3). The framework consists of four key pillars: (i) HIV, TB, and STI management, (ii) health and productivity management, (iii) safety, health, environmental, risk, and quality management, and (iv) wellness management, all aimed at addressing psycho-social stressors for employees and their families. However, it lacks detailed guidance

on customising these pillars into comprehensive health and wellness programmes (Whyte, 2020:28).

The absence of detailed guidance on customising the four pillars of the EHW framework into comprehensive health and wellness programmes represents a significant gap in its implementation. Without clear instructions or frameworks for tailoring these pillars, organisations may struggle to integrate these components effectively into practical, actionable strategies that meet the specific needs of their workforce. This lack of customisation can undermine the effectiveness of wellness initiatives, as organisations may implement generic solutions that do not adequately address employees' unique challenges and circumstances. Consequently, failing to provide this guidance can lead to suboptimal outcomes in employee health and wellness, potentially diminishing the benefits intended by the EHW framework.

The analysis conducted by prominent Government Employee Medical Schemes (GEMS), in collaboration with other medical aids, reveals that wellness programmes have evolved from traditional EAPs, which primarily addressed employee issues but faced criticism for their limited scope and effectiveness (DPSA, 2019). These EAPs were often inadequate in tackling the ongoing psychosocial problems and hostile physical work environments that many employees encountered. In contrast, the new wellness programmes aim to provide comprehensive solutions that encompass psychological, psychosocial, organisational, physical, and environmental challenges. The wellness management policy in the public service seeks to regulate and identify suitable programmes to support the sustainable development of organisations facing critical issues, ultimately fostering a healthier workplace culture that promotes a happy, energetic workforce, which is essential for effective public service delivery. Furthermore, the EHW strategy guides the implementation of operational policies and practices to enhance the wellness of public service employees, their families, and citizens. This approach acknowledges the struggles employees face in managing their wellness, highlighting alarming lifestyle behaviours, such as excessive alcohol consumption, lack of exercise, poor diet, and tobacco use, that contribute to significant health issues like diabetes, hypertension, and obesity. Such health concerns jeopardise individual well-being and threaten overall service-delivery standards in South Africa, underscoring the urgent need for effective wellness programmes.

Despite the availability of wellness programmes, a surprisingly high number of health problems persist, particularly among the working class, which constitutes the majority of the global population, as noted by the WHO (2019). WHO (2019) suggests that many employees struggle with health issues from their daily work and personal challenges. The demanding schedules employees often encounter further exacerbate these health concerns (Whyte, 2020). Whyte (2020) further argues that many of these issues could have been mitigated if employees had demonstrated a more significant commitment to improving their well-being. Furthermore, even with legislated wellness programmes, the low levels of awareness of the importance of self-care indicate a failure to take responsibility in the workplace. Therefore, it becomes crucial for employers to actively promote wellness initiatives within their organisations to empower employees to pursue healthier lifestyles and ultimately improve their overall well-being.

As noted by DPSA (2019), the introduction of wellness management as a strategic pillar, focusing on individual and organisational wellness, has emerged as a significant initiative to address the pervasive issue of unhealthy workplace cultures within public service institutions. This approach seeks to mitigate the negative impacts of such environments by fostering a more supportive and friendly culture that encourages productivity while minimising employee risks. Individual wellness encompasses various dimensions, including psychological, physical, mental, environmental, emotional, intellectual, and spiritual well-being, and is cultivated through a favourable organisational climate (DPSA, 2019). In parallel, organisational wellness emphasises creating a conducive work environment that promotes a healthy work-life balance and ensures efficient service delivery within the public sector (Badul and Subban, 2022:117). This dual focus not only strengthens the workforce but also enhances the capacity to meet public needs effectively. EWPs proactively address the interconnected issues faced by the organisation and its employees, thereby promoting a healthier, more productive work environment.

As highlighted by the DPSA (2019), implementing Solve, which includes comprehensive educational initiatives, is crucial to developing policies and actions focused on workplace health promotion. Solve addresses various health-related

issues, including stress management, healthy eating habits, quality sleep, and physical activity, to cultivate active human resources capable of fulfilling public needs. The employee wellness policy is supported by various stakeholders, including the department head, designated senior managers, wellness coordinators (forming a health and wellness committee), and labour representatives (DPSA, 2019). Their responsibilities involve drafting, implementing, and enforcing policies to align with employee and organisational requirements. Furthermore, the policy is based on the OHSA (1993) and the Constitution of the Republic of South Africa (RSA, 1996), ensuring that employees have the right to a safe and health-conducive working environment. However, a notable lack of effort remains to raise employee awareness of the benefits and privileges associated with wellness initiatives.

In the following section, the study discusses the national health insurance.

2.4.5 National Health Insurance

The National Health Insurance (NHI) is a government initiative aimed at ensuring that all individuals have access to quality healthcare services, in line with Section 27 of the South African Constitution, which emphasises the importance of adequate resources for everyone in need (RSA, 1996). Specifically, Section 27(2) emphasises that healthcare resources should be accessible, while Section 27(3) guarantees the right to emergency healthcare, underscoring that healthcare is a fundamental right for all individuals (RSA, 1996). Introduced on December 5, 2015, the NHI aims to provide financial assistance within South Africa's healthcare system, necessitating the funding of both public and private healthcare facilities (Passhier, 2017:836). Beyond merely delivering medical care, the NHI seeks to address and rectify the imbalances in healthcare systems that were exacerbated by apartheid, as well as to combat corruption in the distribution of medical resources (RSA, 2019, chapter 1 (3) 4). The act aligns with the constitutional principles of equality and human dignity, as outlined in Sections 9 and 10, ensuring everyone has the right to live and access necessary healthcare (RSA, 2019). In other words, South Africa designed the NHI to foster a healthy population capable of managing work pressures and challenges, contributing to sustainable economic growth.

WHO (2019: 2) defines the NHI as a robust and equitable healthcare system designed to address the essential needs of citizens. While the NHI encourages individuals to make voluntary repayments to cover healthcare costs, this process can often be cumbersome for many people. In South Africa, the NHI provides free primary healthcare services to vulnerable populations and those in lower-income brackets (Passhier, 2017:836). Despite the inconvenience this may pose, the South African government has implemented a tax-based NHI system aimed at alleviating poverty and fostering social unity (Pauw, 2021:8). Pauw notes that the financial well-being of the public appears to be overlooked, which is concerning given that employees contribute monthly taxes, yet the government allocates minimal funds for health services. In a country where diseases are prevalent, many individuals remain reluctant to pay for quality medical care, mainly when they are accustomed to receiving free services. Consequently, most South Africans contribute little or nothing toward public healthcare. Recognising that the NHI is integrated within the six building blocks of the World Health Organisation's health system framework, including governance, finance, health workforce, medical products, technologies, and service delivery, is essential.

The NHI fund prioritises the confidentiality of users' health information, ensuring it is securely stored to protect their privacy as mandated by the Constitution of South Africa (RSA, 2019) (Chapter 2(6) c). Access to this information is restricted to the individual unless explicit permission is granted, in line with the Protection of Personal Information Act 4 of 2013. While NHI services are advertised as free, with users not required to make any payments (RSA, 2019) (Chapter 2(8)1), there is a prevailing scepticism among the public regarding funded insurance due to concerns about lengthy waiting times and subpar healthcare quality, reminiscent of experiences in public health facilities. The scepticism is compounded by insufficient planning for high-quality medical service delivery, as evidenced by the lack of prioritisation of health workers, indicating a lack of preparedness for the system's demands (Smith, Ranchod Strugnell & Wishnia, 2018:24). Additionally, the absence of publicly audited and regularly updated healthcare statistics from the NHI raises concerns about the system's ability to assess the population's needs effectively, which is crucial for future healthcare planning.

Furthermore, public administration is essential in ensuring the effective utilisation of public funds, particularly within the South African healthcare system, where it promotes good governance, a critical factor in managing healthcare resources (Tlhogane, 2018:64). Good governance has the potential to eliminate maladministration of funds, ensuring that NHI resources, generated from taxpayers' contributions, are translated into high-quality medical services for the public. The absence of good governance and accountability can lead to significant deficits in healthcare delivery (Passichier, 2019:9). When governance structures are weak, it often leads to misallocation of resources, inefficiencies, and corruption, ultimately compromising the quality and accessibility of healthcare services. Without transparency and accountability, healthcare providers have little incentive to adhere to standards or improve service delivery, thereby exacerbating existing health disparities and undermining public trust in the system. Furthermore, the absence of oversight can prevent the identification of critical areas that require attention or improvement, leading to a cycle of poor health outcomes and a decline in public health infrastructure. Consequently, wellness programmes serve as vital mechanisms for identifying and addressing medical needs within the community, thus reinforcing the importance of proper governance in optimising healthcare outcomes.

2.5 THEORIES ASSOCIATED WITH EMPLOYEE WELLNESS PROGRAMMES

This study adopted four theories as the conceptual framework to guide the research: the motivation theory of needs, job-demand-resource theory, social exchange theory, and the transtheoretical model. These theories collectively provided a robust foundation for understanding the dynamics of employee wellness in public administration contexts. In this section, the researcher explores these theories, beginning with the motivation theory of needs, then the job-demand-resource theory, the social exchange theory, and the transtheoretical model.

The four theoretical perspectives adopted in this study are not treated as parallel or independent explanations of employee wellness. Rather, they are integrated to explain different but interconnected dimensions of employee wellness programme implementation. Maslow's Hierarchy of Needs provides a foundation for understanding

the range of physical, safety, social, esteem and self-actualisation needs that wellness programmes should address. The Job Demands–Resources Model complements this perspective by explaining how job demands and available organisational resources influence employee well-being and engagement. Social Exchange Theory extends the analysis to the relationship between employees and the organisation by explaining how perceived organisational support, trust and reciprocal treatment may influence employees' willingness to participate in wellness initiatives. The Transtheoretical Model of Behaviour Change adds an individual behavioural dimension by recognising that employees differ in their readiness and ability to adopt and sustain healthier behaviours. Taken together, the four theories provide an integrated explanation of wellness implementation in which employee needs, workplace demands and resources, organisational support and trust, and individual readiness for behavioural change interact to influence participation, perceived effectiveness and sustainability of employee wellness programmes. This integrated theoretical position is particularly relevant to the RAF because the findings indicate that wellness implementation is influenced not by a single factor, but by the interaction between organisational conditions, management support, employee experiences and individual responses to wellness interventions.

2.5.1 Motivation theory of needs

The motivation theory of needs, also known as Maslow's hierarchy of needs, is a theory of human motivation. According to Mullins (2002:2), Maslow published this theory in 1945, focusing on motivating individuals after realising that humans always strive to acquire what they want. According to this theory, paying attention to human needs is essential to keep them happy, stimulated, and energetic. Maslow (1954:24) depicts motivation as an ongoing situation in individuals, suggesting that human motivation is a continuous process driven by the pursuit of various needs, which he conceptualised in a hierarchy. According to DuPreez (2010:42), motivation is an individual's inner drive to accomplish tasks. This inner drive motivates people to pursue their goals, meet challenges, and achieve their desired outcomes (Safi, 2022; Taylor and Kare, 2010). It stems from personal desires, ambitions, or needs and influences behaviour by providing the energy and determination necessary for task

accomplishment. Therefore, motivation is an individual and intrinsic factor that varies from person to person, depending on their aspirations and priorities. Maslow's hierarchy of needs is shown in Figure 2.1 below.

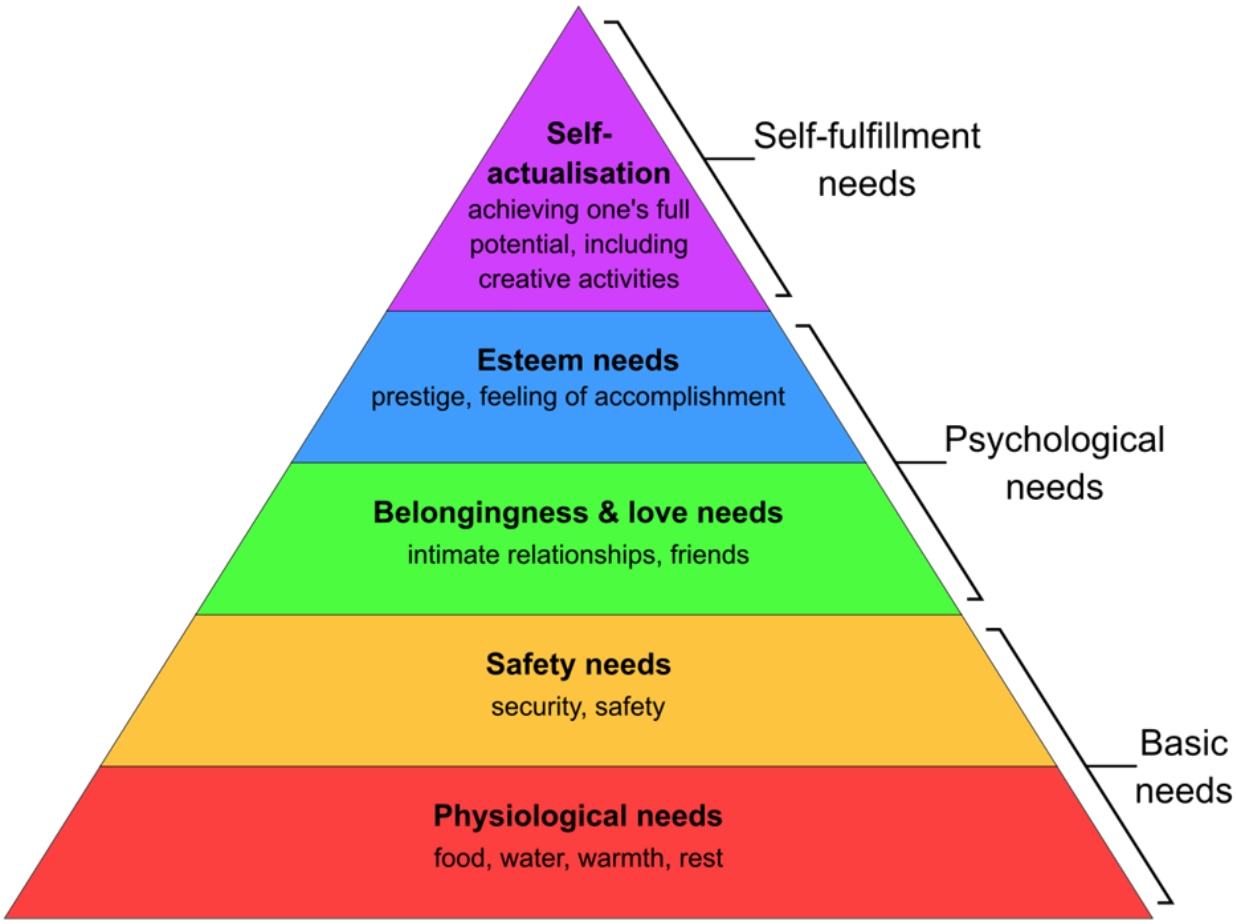


Figure 2.1: Maslow's hierarchy of needs

Source: Prochaska & DiClemente (1977)

As shown in Figure 2.1 above, the hierarchy of needs is depicted on five levels: physiological, safety, belongingness, self-esteem, and self-actualisation.

2.5.1.1 Physiological needs

Physiological needs are the most basic and essential for individuals. They include water, food, and shelter, which enable the body to function properly and reach a state of satisfaction (Maslow, 1954:36). Individuals cannot survive without these

fundamental needs. Additionally, physiological needs provide a foundation for fulfilling other needs. Thus, according to Maslow (1954:36), achieving higher-level needs becomes difficult if someone lacks these necessities. Maslow's (1954) assertion supports Mia's (2020:20) argument that individuals must first meet their physiological needs to achieve overall satisfaction. Physiological needs play a crucial role in EWPs as they address the fundamental requirements for an employee's well-being, such as access to healthy food, clean water, and adequate rest. Meeting these basic needs is essential for employees to function effectively and maintain their physical health, which in turn directly impacts productivity and job performance. EWPs that prioritise physiological needs, such as providing nutritious meals, promoting hydration, and ensuring proper work-life balance, help create a foundation for higher levels of well-being. When employees' basic needs are satisfied, they are more likely to engage fully in the workplace and focus on higher-level goals, thereby contributing to a healthier, more productive workforce.

2.5.1.2 Safety needs

According to Maslow (1954), when physiological needs are satisfied, individuals seek the next higher level of need, which is safety. The safety needs encompass physical and psychological security, including job stability, protection from harm, and a predictable environment. According to Maslow (1954), the care and support derived from safety needs make employees feel less threatened about their workplace and surroundings. For example, when their jobs offer insurance benefits such as medical aid and disability grants, they feel safe (Mia 2020: 21). Safety needs are vital to EWPs because they ensure that employees feel secure both physically and mentally in the workplace. This includes providing a safe working environment, job security, access to health benefits, and explicit policies on workplace safety and harassment. When employees feel protected from harm and have a sense of job stability, they experience reduced stress and anxiety, which enhances their overall well-being and productivity. EWPs prioritising safety needs create a foundation of trust and security, allowing employees to focus on their tasks and pursue higher levels of growth and engagement within the organisation.

2.5.1.3 Belongingness and love

According to this theory, belongingness and love are the primary motivations of human beings. According to Maslow (1954:20), the care and support employees receive demonstrate the affection and humanity that employers display. When such is missing, employees tend to be psychologically distressed, as they feel the work environment is unwelcoming. As a result, employees withdraw from work due to depression, as they are unable to accomplish their goals (Maslow, 1954:20). According to Garrin (2014:113), being recognised as part of the group leads to satisfaction, thereby fostering perceptions of belongingness and love. In this manner, employees can flourish in a conducive environment that enables them to associate with and identify with the group. In EWPs, addressing the need for belonging and love is crucial because it fosters a supportive, inclusive workplace environment. When employees feel that they are part of a team and valued within the organisation, they experience greater job satisfaction, motivation, and commitment. This sense of belonging enhances collaboration, reduces turnover, and boosts morale. EWPs that promote team-building activities recognise individual contributions and cultivate a positive organisational culture, helping employees build solid relationships and a sense of identity that is essential for their overall well-being and productivity.

2.5.1.4 Self-esteem

According to Maslow (1954:22), self-esteem refers to an individual's wish to satisfy a particular desire. According to Mia (2020:22), human beings tend to compete with one another to fulfil self-esteem needs, as employees may want to be appreciated or recognised by others after attaining this level. Maslow (1954:45) classified self-esteem as the desire to have the confidence to face the world and earn a reputation, status, or glory. In other words, Maslow (1954) highlights that self-esteem encompasses personal and social dimensions. On the one hand, individuals seek inner confidence and self-assurance to tackle challenges and pursue goals effectively. On the other hand, they also strive for external validation, recognition, and respect from others, contributing to their sense of accomplishment and social standing. Both aspects are crucial for achieving a balanced sense of self-worth and personal fulfilment.

Self-esteem is significant in EWPs because it directly impacts employees' confidence, motivation, and overall job satisfaction. Programmes promoting self-esteem, such as recognition initiatives, professional development opportunities, and supportive feedback, help employees build confidence in their abilities and feel valued. High self-esteem contributes to improved performance, increased engagement, and a more positive work environment. By addressing self-esteem, EWPs can enhance employees' sense of achievement and belonging, leading to improved morale, reduced turnover, and a more productive and committed workforce.

2.5.1.5 Self-actualisation

As the stages of needs progress, self-actualisation remains the last on the hierarchy. According to Maslow (1954:39), self-actualisation refers to individuals performing what they are good at and discharging their potential. When all the necessary needs for developing an individual have been met, self-actualisation potentially encompasses other needs (Maslow 1954:40). At this point, employees reflect on the significance of employee wellness programmes and realise the value of their participation (Garrin 2014:113). Self-actualisation is highly significant in EWPs because it represents the fulfilment of an individual's potential and the pursuit of personal and professional growth. When EWPs support self-actualisation, employees can explore their strengths, pursue meaningful goals, and develop their skills. EWPs need to support self-actualisation and may offer career development programmes, mentorship opportunities, and projects that align with employees' passions and talents (Maslow, 1954). By fostering an environment where employees can achieve their fullest potential, EWPs enhance job satisfaction and motivation, thereby increasing organisational innovation and creativity.

Moreover, when employees reach self-actualisation, they experience a profound sense of purpose and fulfilment, which can positively impact their overall well-being and engagement (Maslow, 1954). This heightened sense of personal achievement not only contributes to their professional success but also to their happiness. As a result, organisations that emphasise self-actualisation in their EWPs can benefit from a more

driven and committed workforce, higher retention rates, and a more robust organisational culture where employees align with the company's mission and values.

In the next section, the researcher describes the theory of job-demand resources, which examines how job demands and resources affect employee well-being and performance.

2.5.2 Job-demand resource theory

Job-demands-resources theories are meant to drive organisations towards a goal. Job-demanding resources encompass psychological processes, such as motivational and health-related factors, in determining organisational outcomes (Demerouti & Bakker, 2006:310). These processes help explain how job demands can affect employees' motivation and health, influencing their overall performance and satisfaction. Scholars such as Gauche, Beer, Brink, Beer, and Beer (2017), Hill (2014), and Bakker and Demerouti (2007) concur that, although job characteristics in each organisation differ in terms of the extent of accountability, they share compatible features, including demands and resources. Motivational processes occur when job resources, like support and autonomy, enhance employees' engagement and productivity (Bakker & de Vries, 2021:2). Conversely, health impairment processes arise when excessive job demands lead to stress and burnout, negatively impacting employees' well-being and effectiveness. Understanding these dynamics enables organisations to manage job demands and resources more effectively, fostering a healthier and more productive work environment. The tenets of the job-demand-resources (JD-R) model are discussed in this section, specifically focusing on job demands and resources.

2.5.2.1 Job demands

According to Bakker and Demerouti (2007:310), job demands refer to the physical, psychological, social, and organisational aspects of work that require substantial physical and psychological skills or effort. These demands encompass tasks and responsibilities that require considerable physical exertion, mental effort, emotional

involvement, and social interaction (Bakker & de Vries, 2021:5). For example, high workload, tight deadlines, complex problem-solving, and interpersonal conflicts all represent different dimensions of job demands. Employees must apply appropriate physical and psychological skills or efforts to meet these demands effectively. In addition, the job-demand resource theory also concentrates on the health impairment process stemming from poorly designed job structures, work pressure, and time constraints (Tetrick & Winslow, 2015:163; Bakker, 2015:724; Hill 2014:14). When job demands are excessive or poorly managed, they can lead to stress and burnout, highlighting the importance of balancing these demands with adequate resources and support to maintain employee well-being and performance.

The Bakker (2015:724) study suggests that public sector employees become susceptible to ill health due to high work demands. According to Bakker (2015), public sector employees become susceptible to ill health because large numbers of people flock to public institutions to receive services. The study by Roemer and Harris (2018) further reinforces the notion that public institutions can be a source of stress that leads to energy depletion and exhaustion in employees. These scholars (Huang, Wang, and You, 2015; Roemer and Harris, 2018) emphasise that the demanding nature of work in public institutions, characterised by high workloads, bureaucratic procedures, and public scrutiny, significantly contributes to employee burnout and fatigue. Such environments often require employees to expend considerable physical and emotional energy, which can decrease job satisfaction and lower overall well-being. However, the study by Rossouw and Rothmann (2019:2) states that when stress arising from high job demand is managed effectively, it yields positive results, as it compels employees to complete tasks within stipulated time frames. Rossouw and Rothmann (2019) indicate that, while high job demands can initially be overwhelming, appropriate management strategies can transform this stress into a motivating force. When employees handle stress effectively, they are more motivated to meet deadlines, achieve goals, and boost productivity. These scholars emphasise that stress can catalyse better performance and efficiency when addressed constructively, highlighting the importance of effective stress management techniques and support systems in leveraging the potential benefits of job-related stress.

The study by Van de Voorde and Beijer (2015:64) explored the role of high-performance work practices (HPWPs) in shaping appropriate job demands. They discovered that, when implemented correctly, these practices do not exploit employees. HPWPs, which encompass strategies such as employee development, performance-based incentives, and effective communication, can foster a positive work environment that challenges employees without overwhelming them. The study suggests that, with well-executed human resource management practices, job demands can be balanced to promote productivity and well-being, avoiding undue stress or burnout. Conversely, Ogbonnaya et al. (2017) suggest that management sometimes uses high job demands to control employees and manipulate workplace systems. The perspective arises when management imposes excessive workloads or unrealistic expectations on employees to increase productivity or maintain authority. Without proper mechanisms to reduce or manage workloads, employees may experience heightened stress, decreased morale, and a sense of being manipulated to serve organisational goals rather than fostering a healthy, sustainable work environment.

Jackson (2018:735) and Thuynsma and De Beer (2017:48) argue that excessive demands drain available resources, resulting in work overload that contributes to disengagement, burnout, and higher intentions to leave the organisation. As employees struggle to keep up with mounting tasks, they become mentally and physically exhausted. This results in a significant decline in their motivation and enthusiasm for the job, even if they were initially excited about their roles when they first joined the organisation (Bakker & de Vries, 2021:2). Over time, this exhaustion can lead to emotional detachment from work and a desire to leave the organisation.

However, the JD-R model assumes that healthy employees always flourish at work and are less likely to encounter burnout problems (Kaiser, Patras, Frode, Richardsen & Martinussen, 2020:2). This assumption is based on the idea that employees with good physical and mental health possess coping skills that help them manage job demands effectively. These skills enable them to maintain a positive attitude, manage stress more effectively, and remain engaged in their work. As a result, they can manage the pressures of the job without feeling overwhelmed, reducing the likelihood of burnout. The model emphasises the role of personal resilience and resources in

helping employees navigate workplace challenges and maintain well-being. The Bakker and de Vries (2021) study associates burnout with an individual's inability to self-regulate effectively, rather than solely with poor working conditions. Self-regulation is an employee's ability to manage their energy, emotions, and workload in a balanced way. When individuals fail to set boundaries, prioritise tasks, or manage stress, they become more prone to burnout, even in environments that may not seem particularly demanding. This perspective shifts the focus from external factors, such as job conditions, to internal factors, highlighting the importance of personal strategies for coping with stress and maintaining well-being to prevent burnout.

In the following section, the researcher deliberates on job resources, exploring the various physical, psychological, social, and organisational supports that enable employees to meet job demands and enhance their well-being.

2.5.2.2 Job resources

According to Bakker and Demerouti (2006:312), job resources encompass the physical, psychological, and emotional aspects of the job that facilitate goal achievement. Job resources encompass different aspects of support provided by the job environment. In addition, Halbesleben, Neveu, Paustian-Underdahl, and Westman (2014:6) define job resources more broadly as anything that aids in completing tasks, focusing on their functional role in achieving work outcomes. Both definitions highlight the importance of resources in enhancing job performance, though they emphasise different aspects of what constitutes a job resource. Schaufeli and Taris (2014) argue that resources serve both intrinsic and extrinsic motivational roles, meaning they motivate employees from within (intrinsic) by fulfilling personal growth or satisfaction needs and from external factors (extrinsic), such as rewards or recognition. These resources contribute positively to an individual's overall wellness, supporting psychological well-being and performance.

Intrinsic motivation enhances an individual's sense of competence, relatedness, and autonomy, promoting performance feedback and skill variety (Bakker & Demerouti, 2017:274). On the other hand, extrinsic motivation involves resources that help

employees succeed, such as support from leaders, colleagues, policies, and organisational operations (Nielsen et al*.,* 2017:105). When these resources are lacking, it can lead to reduced commitment, disengagement, job dissatisfaction, and poor performance. The absence of these elements can also lead employees to become consistently irritable and frustrated.

Nielsen et al*.* (2017) suggest that resources within an organisation enhance key areas, such as support, growth opportunities, learning and development, and the provision of proper feedback. These resources are essential in promoting employee development and enhancing overall performance. However, these authors (Nielson et al*.* 2017) note that these resources are not explicitly categorised or formally defined within the organisational structure despite their importance, implying that, while resources are recognised for their value, they lack a clear framework or classification, which could limit their effective management and utilisation. However, Halbesleben et al*.* (2014) critique the concept of resources, arguing that it can be problematic because it often pushes employees to maintain high performance even when they are tired or exhausted. The authors suggest that the emphasis on using resources to enhance performance can sometimes lead to overwork or burnout, as employees may feel pressured to continue performing well despite their physical or mental limits. Gaucher et al. (2017) align with Halbesleben et al.'s (2014) argument by stating that while resources are meant to aid performance, their availability can place excessive pressure on employees. Resources often come with unrealistic targets or expectations that employees are required to meet. As a result, the increased pressure can lead to emotional exhaustion and drain employees' energy as they struggle to meet their demands. These scholars point out the negative impact of resources when tied to unattainable goals, ultimately affecting employee well-being. In other words, scholars highlight the potential downside of relying too heavily on resources without considering employees' well-being (Gaucher et al., 2017; Halbesleben et al., 2014).

According to Bakker and Demerouti (2016:275), assumptions about job resources motivate employees to be goal-oriented, leading to high job performance. These resources, such as support, feedback, and development opportunities, encourage employees to focus more on achieving their goals. As a result, this motivation leads to improved job performance, as employees use the available resources to enhance their

productivity and success in their roles. In other words, Stewart, Mandell, and Beidas (2021) stress that job resources are crucial in driving employees to perform better by keeping them goal-oriented. Rothmann (2019) challenges the idea that job resources alone motivate employees, arguing instead that an employee's optimism is the key motivator. Rothmann (2019) believes that employees with a positive outlook and job satisfaction tend to stay with the organisation longer. These optimistic employees are more likely to look forward to future developments and growth opportunities within the organisation, which keeps them motivated. Rothmann's perspective shifts the focus from external job resources to internal personal traits, such as optimism and contentment, as the primary drivers of motivation and retention.

Furthermore, as Rossow and Rothmann (2020) explained, the JD-R model posits that sufficient job resources can mitigate the adverse effects of high job demands, thus protecting employees' well-being. In other words, when employees have ample resources such as support, feedback, and development opportunities, they are better equipped to handle the pressures of their jobs, reducing stress and burnout. However, Demeouti (2017) adds distinction to this by suggesting that, while a lack of resources can lead to burnout, it can also push employees to develop coping mechanisms. On one hand, when job resources are too plentiful, they may limit employees' ability to explore and challenge themselves at work, leading to feelings of redundancy and disengagement. In other words, limited resources increase the risk of burnout, while too many may stifle employee growth and creativity.

Various studies have highlighted that job resources play a significant role in reducing high job demands and in minimising stress occurrences (Bakker & Demerouti, 2006: 4; Gaucher et al*.,* 2017:1). This trend is also evident in the South African context, where research indicates that job resources help mitigate burnout and foster employee engagement (De Boer, 2012). However, the Job Demands-Resources (JD-R) model has been criticised for overlooking the importance of personal resources, which are essential for managing and effectively addressing job demands (Gaucher et al*.,* 2017). Employees' choices can significantly influence workplace operations, with personal resources being particularly effective in lowering burnout and fatigue (Bakker, 2021). Therefore, it is crucial to consider personal resources, as neglecting them could lead to adverse outcomes for both the job and available resources, ultimately resulting in

poor performance. The overall success of an organisation is closely tied to how employees perceive and interact with their work environment.

The JD-R model emphasises the importance of workplace resources, especially supportive systems of leaders and colleagues, in maintaining employee happiness and well-being (Rothmann, Diedericks & Swart, 2013). Conversely, wellness programmes are unlikely to succeed without ongoing organisational support (Henrico, Maritz, and Bezuidenhout, 2019:2). Employees often form close relationships at work, spending significant time together, which creates a familial atmosphere that fosters collaboration. The model suggests that support, as a resource, empowers employees by granting them autonomy and control over their tasks, allowing them to complete their work at their own pace (Ko & Hong, 2016). This autonomy can enhance learning and promote a positive attitude among employees. Additionally, organisations prioritising employee well-being can effectively buffer work-related stress and prevent burnout (Gaucher et al*.,* 2017). Constructive feedback is often provided to help employees thrive and find fulfilment in their jobs (Rothmann, 2019). Such a supportive work environment can facilitate professional growth and better equip employees to manage occupational stress. However, employees experiencing high levels of burnout may fail to recognise the support offered by leaders, leading to feelings of disconnection from the organisation (Bakker, 2021). Organisations that ignore employees' physical and psychological challenges while demanding high productivity undermine employees' right to well-being.

South African studies have demonstrated the significant influence of job demands and resources across various work contexts (Asiwe, Hill & Jorgensen, 2015; Gauche et al., 2017; Jackson, 2018). The Job Demands-Resources (JD-R) model primarily affects the public administration sector, where insufficient resources can hinder effective service delivery, often resulting in protests, a frequent occurrence in South Africa (Fihla & Chinyamurundi, 2018). Jackson (2018) suggests that these demonstrations usually arise from poor-quality services or delays, with some attributing these delays to employees' lack of seriousness toward their jobs. Furthermore, a lack of employee commitment can negatively impact work processes, leading to demands that exceed available resources. This imbalance creates a stressful environment for employees, leading to symptoms of energy depletion,

burnout, and emotional exhaustion, which ultimately result in a decline in productivity. Research indicates that high job demands and limited resources negatively affect employees and organisational well-being (Kaiser et al*.,* 2020).

The JD-R model is significant for EWPs because it provides a comprehensive framework for understanding how job characteristics affect employee well-being and performance. By highlighting the interplay between job demands and available resources, the JD-R model helps organisations identify ways to reduce stressors, enhance support systems, and promote a healthier work environment. This framework informs the design and implementation of EWPs by emphasising the need to balance high job demands with adequate resources, such as training, support, and feedback. Leveraging the JD-R model within EWP enables organisations to foster employee engagement, reduce burnout, and enhance overall job satisfaction, thereby improving productivity and organisational success.

In the following section, the social exchange theory, which posits that relationships are built on mutual benefit and reciprocity between individuals and organisations, is explored further.

2.5.3 Social Exchange Theory

The workplace is a dynamic environment where employees interact, share ideas, discuss problems, and learn collaboratively. These interactions are most effective when employees share common interests, fostering a sense of community and cooperation. Blau (1966) highlights that the social exchange theory posits that individuals learn from one another and are inclined to share their knowledge through social interactions. According to Cropanzano and Mitchell (2005), this theory describes a continuous process of mutual responsibilities among employees. The social exchange theory also serves as a framework for understanding the relationships between employees and their organisation, emphasising the goal of achieving mutual benefits while drawing on social cognitive processes (Kataria, Garg & Rastogi, 2013). However, the theory also acknowledges that self-interest can sometimes motivate exchanges, as noted by Yin (2018). If individuals perceive that the quality of rewards

from these exchanges is unsatisfactory, their motivation to participate diminishes, leading to a breakdown in the collaborative effort.

The social exchange theory suggests that organisations demonstrate their commitment to employees by facilitating wellness programmes, implementing supportive policies, and providing strong leadership (Milner et al*.,* 2013). This commitment aligns with the principles of social responsibility, highlighting an organisation's duty to care for its workforce. According to Cailler (2016), when employers invest in wellness initiatives, they demonstrate genuine concern for their employees by eliminating practices that could undermine their well-being (Milner et al*.,* 2013) and by incentivising, recognising, and developing their staff (Harris, 2018). Functional EWPs reflect an employer's willingness to allocate resources to support their employees. Additionally, the principle of reciprocity within social exchange theory suggests that when employees feel valued and supported by their employer, they are more likely to reciprocate by performing well, often going above and beyond without expecting immediate rewards (Harris, 2018). However, Letshaba and Chinomona (2019) expand on this, noting that unsupportive workplace relationships can be draining and potentially detrimental to employees' well-being, thereby increasing stress.

Social exchange relationships among employees are crucial for supporting and influencing behavioural change within the public sector (Ko & Hur, 2014). According to the social exchange theory, these relationships significantly encourage employees to engage in wellness programmes (Dailey & Zhu, 2017). For example, when employees communicate with their peers, they become more aware of the benefits of wellness initiatives, which in turn fosters a culture of participation. Conversely, a lack of these exchange relationships can disrupt work processes and create tensions among employees, particularly affecting those who are more vulnerable, potentially harming their health (Bodla, Afza, & Danish, 2015). Promoting healthy social relationships can cultivate a spirit of unity, motivating everyone to work collaboratively towards common goals (Yin, 2018). Although employees may have differing perceptions of wellness programmes, sharing information about their importance can lead to positive workplace outcomes. Conversely, adverse treatment in the workplace can lead to poor

performance and disengagement (Harris, 2018), whereas adhering to wellness programme protocols can help mitigate hostile situations.

Moreover, perception can foster a positive mindset. Organisational support is especially vital in South Africa, where employees face numerous work-related challenges (Mathibe & Chinyamurindi, 2021). Similarly, social relationships that employees cultivate enhance their well-being and enable them to deliver better services to the public. Therefore, employees need to receive training that helps them develop social relationships at work, manage their emotions, and interact with the public with humility, ensuring that workplace challenges do not compromise their performance. The concept of social exchange posits that both employees and their organisations can benefit from mutually beneficial relationships (Ko & Hur, 2014). For these relationships to thrive, both parties must recognise and understand their respective roles in fostering a positive environment. Employees often perceive benefits as additional incentives, motivating them to exert more effort in their roles (Ko & Hur, 2014). The model suggests that employees in social exchange relationships are entitled to a fair share of rewards commensurate with their performance (Letshaba & Chinomona, 2019), reinforcing the idea of aligning rewards with individual contributions (Yin, 2017).

However, even when such benefits are accessible to all employees, they may not necessarily enhance perceptions of organisational support (Mathibe & Chinyamurundi, 2021). Standard benefits are benefits awarded to all employees, regardless of their performance, and are not based on merit, which may fail to strengthen social exchange relationships, complicating interactions between employees and the organisation. Organisations must offer benefits beyond the standard to cultivate a positive social relationship, creating a sense of value and appreciation among employees (Mathibe & Chinyamurundi, 2021). Such exceptional benefits can transform behaviour, enhance organisational engagement and commitment. The significance of social exchange theory to EWPs lies in its emphasis on reciprocal relationships between employees and organisations, highlighting the importance of mutual support and benefit. When organisations genuinely implement wellness initiatives that address employees' needs, they signal their commitment to health and well-being, fostering loyalty and trust. Such EWP initiatives lead employees

to reciprocate with increased engagement and productivity. The social exchange theory also emphasises the importance of fair exchange, suggesting that employees expect rewards that align with their efforts; therefore, tailored wellness programmes are perceived as valuable and essential. Conversely, inadequate or insincere wellness initiatives can lead to dissatisfaction and disengagement. In conclusion, integrating social exchange theory into EWP enhances employee well-being and contributes to a positive organisational culture, benefiting both employees and the organisation.

In the following section, the researcher discusses the transtheoretical model, which provides a comprehensive framework for understanding individuals' stages of change concerning their behaviours, particularly in the context of health and wellness.

2.5.4 Transtheoretical model

The Transtheoretical model, developed by Prochaska and DiClemente in 1977, provides a structured framework for understanding behaviour change as a staged process that necessitates persistent effort and conscious decision-making from individuals, particularly in workplace settings (Fuglestad, Nicholson & James, 2021). Figure 2.2 below shows a schematic representation of the transtheoretical model.

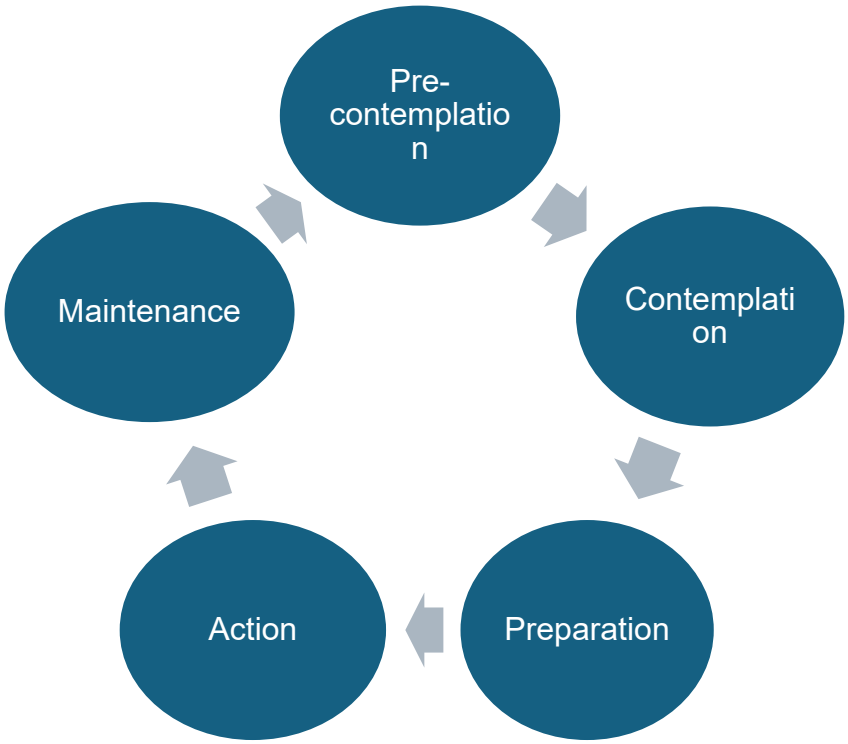


Figure 2.2: Stages of change

Source: Prochaska and Diclemente (1977)

This model outlines five key stages: (a) Pre-contemplation, where individuals lack the intention to change and may be unaware of the consequences of their behaviour; (b) Contemplation, in which they begin to consider change but have not yet committed; (c) Preparation, where individuals decide to change but feel anxious and unready to commit fully; (d) Action, the critical stage where individuals successfully implement changes and can inspire others; and (e) Maintenance, which focuses on sustaining the new behaviour and preventing relapse into old habits. Throughout this process, behavioural strategies can either facilitate or impede change, highlighting the need for individuals to become more informed and concerned about healthy behaviours as they progress (Prochaska & Velicer, 1997).

The model acknowledges that even individuals who are not yet ready to change can still influence others (Liu et al*.,* 2018), emphasising the importance of self-efficacy, which reflects an individual's confidence in their ability to maintain desired changes (Fuglestad et al*.,* 2021). Those with high self-efficacy are more likely to persist through challenges (Liu et al*.,* 2018), making this model a suitable intervention strategy for

health behaviour change, particularly for individuals willing to make a difference but are not fully prepared to commit. Exercise is highlighted as a vital component for stress relief and overall well-being among employees. However, the model faces criticism for neglecting social determinants, such as socio-economic status, that influence behaviour change outcomes (Selvaraj & Ramakrishnappa, 2021), thereby limiting its effectiveness. Furthermore, some argue that the model's stages could be streamlined to two to expedite the change process, suggesting that while simplification may help, it should not compromise the model's overall functionality (Selvaraj & Ramakrishnappa, 2021).

Globally, physical inactivity rates are rising, posing significant risks to public health despite the known benefits of an active lifestyle (WHO, 2020). South Africa mirrors this trend, experiencing a high prevalence of diseases linked to insufficient physical activity (Skaal & Pengpid, 2012). The diverse South African workforce faces unique challenges related to age, gender, and cultural backgrounds that can hinder individuals from adopting a healthy lifestyle (Skaal & Pengpid, 2014). Different age groups may have varying physical capabilities and motivation levels, which can influence their engagement in health-promoting activities. Gender dynamics can also play a role, as societal expectations and responsibilities may differ for men and women, affecting their availability and willingness to participate in wellness programmes. Similarly, cultural backgrounds may shape attitudes toward health, exercise, and nutrition, leading to differing perceptions of a healthy lifestyle. These factors create a complex environment that necessitates tailored approaches to promote health and wellness throughout the workforce.

In response to these challenges, the South African government has initiated wellness programmes that encourage employees to engage in physical activities, such as exercise and fun walks (Kolbe-Alexander et al*.,* 2012). Such initiatives boost employee morale, reduce stress, and enhance energy levels. However, a lack of awareness regarding the benefits of physical activity leads to low participation rates, contributing to obesity and increasing the risk of related diseases (Liu et al., 2018). The lack of awareness can stem from insufficient education, limited access to information, or misconceptions about the importance of regular exercise. Consequently, many individuals may neglect physical activity, leading to a rise in obesity rates and

heightening the risk of associated diseases, such as diabetes, cardiovascular issues, and mental health disorders. Failure to recognise the critical role that physical activity plays in overall health perpetuates a cycle of inactivity. It exacerbates public health challenges, underscoring the need for targeted education and awareness campaigns to promote the value of an active lifestyle.

The significance of the transtheoretical model lies in its structured approach to facilitating behavioural change among employees, as it provides a framework for individuals to reflect on their readiness and willingness to engage in wellness activities (Selvaraj & Ramakrishnappa, 2021). By guiding employees through various stages of change, the model helps them navigate their thoughts and feelings about adopting healthier behaviours, ultimately fostering a more proactive attitude towards physical activity and wellness. Additionally, while research on behaviour change is abundant, the limited data on the economic benefits of health interventions within South African companies (Skaal & Pengpid, 2012) highlights the need for employees to leverage available resources effectively. This model supports personal health improvement and enhances overall organisational productivity and service delivery despite the challenges that may arise during implementation.

The four theories provide complementary explanations for the implementation and sustainability of employee wellness programmes. Maslow's Hierarchy of Needs establishes the importance of addressing employees' fundamental and higher-order needs; the Job Demands–Resources Model explains the relationship between workplace demands, available resources and employee well-being; Social Exchange Theory explains the importance of trust, perceived organisational support and reciprocity in shaping employee participation; and the Transtheoretical Model explains differences in employees' readiness to initiate and maintain behavioural change. The integration of these perspectives suggests that effective employee wellness implementation requires more than the provision of wellness services. It requires an organisational environment in which employee needs are recognised, job demands are appropriately supported, management demonstrates commitment, employees trust the organisation, and wellness interventions are responsive to different levels of readiness for behavioural change. This integrated theoretical position provides the

basis for interpreting the empirical findings and informing the proposed wellness implementation framework in Chapter 6.

2.6 THE APPLICATION OF THE LEGISLATIVE FRAMEWORK ON EWPS

The legislative framework is essential to the study of implementing wellness programmes because it enables employers to motivate employees to improve their wellness. Often, employees feel that employers invade their privacy when they require their information. Although it is not comfortable, employers have the right to investigate when employees are not performing well. The legislation on the proper handling of the process guides the employer. The legislative framework raises employees' awareness of their democratic right to good health. The wellness programmes must be distributed equally to qualifying employees. At the same time, no employees should be forced to participate in the wellness programmes unwillingly. Therefore, if an employer requires health information about an employee, it must first obtain the employee's permission. If an employer fails to comply with such rules, the employees can sue them. The legislation protects employees from unreasonable employers who would penalise them for failing to meet targets because they have attended an organised wellness programme on a particular day.

2.7 CHAPTER SUMMARY

This chapter provides a comprehensive overview of the legal frameworks and theoretical foundations underpinning the implementation of wellness programmes, particularly in the workplace. The importance of adhering to legal processes and established frameworks cannot be overstated, as they ensure that wellness programmes are implemented ethically and effectively while complying with regulatory requirements. By promoting employee health and well-being, these programmes contribute to a healthier, more productive workforce that benefits both employees and the organisation.

The chapter began by examining the international legislative framework for wellness programmes, with particular attention to how countries worldwide have approached

employee wellness. This analysis revealed that wellness programmes are increasingly recognised as essential to workplace management and employee support. As global health concerns such as stress, mental health issues, and non-communicable diseases (NCDs) become more prominent, international bodies like the WHO and the ILO have encouraged countries to implement wellness programmes as part of their broader health and labour policies. These global efforts reflect a growing awareness of the interconnectedness between employee well-being and organisational performance, as well as the role that wellness programmes can play in mitigating health-related risks and improving overall productivity.

The African response to employee wellness was also explored, showing how the AU and SADC have adopted or adapted wellness initiatives to fit their unique economic, social, and cultural contexts. Although wellness programmes in Africa are still in their developmental stages compared to more developed regions, significant progress has been made in recognising the need for such interventions. African governments and organisations are gradually implementing legislative frameworks to support wellness programmes, emphasising the importance of protecting workers' physical and mental health. These efforts are crucial, especially in environments where economic pressures, limited access to healthcare, and high levels of work-related stress are prevalent.

Next, the chapter focused on South Africa's legislative interventions concerning workplace wellness. South Africa has made significant strides in establishing a legislative framework for employee wellness programmes to address workers' physical, emotional, and social needs. South Africa's approach is shaped by its unique historical, socio-economic, and political background, where workplace inequality, health disparities, and labour rights have been central issues. South Africa's legislation aims to create healthier work environments by mandating wellness initiatives that enhance employee well-being and support broader public health objectives. This section highlighted the critical role of laws such as the OHSA and the BCEA in shaping wellness policies and ensuring employees' rights to health and safety are upheld.

The analysis of theories related to employee wellness programmes added depth to the discussion by providing insight into the models that guide their development and

implementation. Theories such as Maslow's Hierarchy of Needs, the Job Demands-Resources (JD-R) model, and the Person-Environment Fit theory highlight the psychological and environmental factors that impact employee well-being. These theories offer a foundation for understanding how wellness programmes can be tailored to meet employees' needs and how organisations can create environments that foster health and well-being. Applying these theories in workplace settings enables the development of more targeted and effective wellness programmes that address employees' specific stressors and challenges. Finally, the chapter concludes with a review of how the legislative framework is applied to implement employee wellness programmes (EWPs). This section emphasised that successful implementation requires a balance between legal compliance and employees' practical needs. Organisations must ensure that their wellness programmes are aligned with legislative requirements and are accessible and relevant to their workforce.

CHAPTER 3:
EMPLOYEE WELLNESS PROGRAMME PERSPECTIVES IN THE WORKPLACE

3.1 INTRODUCTION

This chapter provides the main literature review for the study. Building on the theoretical and legislative foundation established in Chapter 2, the chapter critically examines scholarship on the implementation of employee wellness programmes, with particular attention to public-sector institutions. The review considers the factors that influence implementation, including organisational support, leadership, communication, employee participation, resources, organisational culture, confidentiality, accessibility and programme evaluation. The literature is used to identify areas of agreement, debate and gaps in existing knowledge, thereby providing the basis for understanding the research problem and informing the empirical investigation at the Road Accident Fund.

The following section provides insight into employee wellness programmes that promote healthy behaviour and improve employee performance.

3.2 EMPLOYEE WELLNESS PROGRAMMES

Health and wellness have become increasingly popular topics in today's rapidly evolving work environment. This stems from the daily experiences encountered in both work and personal life. To address adversities, employers recognised the need to introduce wellness programmes. Mutjaba and Cavico (2013:194) highlight that organisations worldwide struggled to define employee wellness programmes clearly, as definitions vary according to organisational objectives, mission, and structures. The definitions focused on explaining practices related to primary prevention measures, educational resources, and access to care (Vermuelen, 2016:237; Richemond & Needham, 2020:573; Edwards & Marcus, 2018:101). Smidt (2021:1004) cautions that, because the wellness construct is applied across disciplines such as psychology, management, marketing, and medicine, it is likely to have different meanings in these

fields. Organisations often define the concept to suit their needs, tailoring wellness programmes to align with their goals, workforce demographics, and operational structures (Juba, 2024:23). Consequently, wellness programmes may have different meanings for different individuals.

In academic literature, terms such as employee wellness programmes, workplace wellness initiatives, and wellness promotions are often used interchangeably, as they all address work-related and personal issues. In this study, the term ‘employee wellness programmes’ dominates. Employee wellness programmes, according to Pena et al. (2024:2), relate to activities or practices that promote healthy lifestyles to improve employee wellness. Notably, our case study, the Road Accident Fund, often uses “employee wellness services” when referring to employee wellness programmes (RAF online, 2019). The current research examines the implementation of effective wellness programmes at the RAF as a public institution. This aims to ensure that wellness programme practices are well-executed and that employees, as recipients, understand them clearly. Various academic sources were consulted to gain a deeper understanding of the concept.

Wellness programmes are catalysts that drive employees to function effectively. The definitions appearing in employee wellness programmes remain complex globally because of a lack of uniformity and inconsistent implementation (Mujtaba & Cavico, 2013; Sieberhagen et al., 2011a; Albayaydah, Alrwashdeh, Alrwashdeh, and Alhadid, 2023:283), particularly in the public sector (Mattke & Liu, 2015; Mattke et al., 2013:2). Varying levels of resources, organisational priorities, and differing workplace cultures across countries and sectors often drive this inconsistency. In the public sector, where budget constraints and bureaucratic processes are typical, wellness programmes may be underdeveloped or inconsistently applied. Despite the unclear definitions of employee wellness programmes, many organisations continue to introduce them to improve well-being (Hoert, Herd, & Hambrick, 2018:1055). The ongoing commitment stems from the growing recognition that, despite misinterpretations, employee wellness programmes play a crucial role in enhancing productivity, reducing absenteeism, and promoting a healthier work-life balance. The EWPs serve as a guiding life journey toward wellness. Additionally, socially responsible organisations understand that investing in employee well-being can lead to sustainable long-term

benefits (Guest, 2017), such as increased job satisfaction, higher retention rates, and a more engaged workforce.

Wellness programmes benefit an organisation and its employees. Sieberhagen et al. (2011:2) define wellness programmes as strategies that promote well-being through healing, managing, and preventing existing and emerging health problems. Wellness programmes are defined as goal-oriented initiatives to resolve work-related issues and enable employees to be productive, inspire behaviour change, attitude, and morale (Chap, 2019:17; Miller, Ailey, Buchholz, Fogg & Ingram, 2019:382), and ultimately foster a positive workplace culture that enhances productivity, reduces absenteeism, reduces healthcare costs, and improves overall job satisfaction (Sabhwarwal et al., 2019:26; Ochurub and Ndafenongo, 2023:948). Herzog's (2016:47) definition of employee wellness programmes aligns with Chap's (2019) in emphasising a holistic approach to employee well-being that focuses on physical, mental, emotional, and social well-being. Although wellness programmes may be beneficial, employees often question their intentions due to their vagueness (Smidt, Jimmieson, Bradley, & Edwards, 2023:616) and a thoughtless application (Smidt, 2021:1004).

Wellness programmes are employer-sponsored initiatives that are popular for creating health awareness, disease management, and prevention; smoking cessation, weight loss, and fitness management, as well as therapeutic interventions (Unsal et al., 2021:671; Tringali, Fritts, Giandonato, Luehr, Moody & Alridge, 2022:13; Vyas-Doorgapersad, 2024:2; Baid, Hayles & Finkelstein, 2021:256). The scholars articulate that these comprehensive interventions are initiated freely to help employees lead healthy lifestyles. Similarly, Vyas-Doorgapersad (2023:92) defines employee wellness programmes as initiatives that promote a healthy workplace culture and encourage employees to take responsibility for their health by adopting positive lifestyle habits. Workplace wellness programmes, according to Ott-Holland, Shepherd, and Ryan (2019:2), are initiatives designed to improve employees' overall well-being by incorporating health interventions, policies, and educational sessions, creating a supportive environment that promotes healthy behaviours, enhances work-life balance, and reduces stress. Effective policies are crucial as they establish clear guidelines and support structures that ensure the consistent implementation and reinforcement of wellness initiatives across the organisation. This study defines

employee wellness as holistic, progressive, and goal-oriented in organisational initiatives. Propelled interventions promote and support employees' physical, mental, emotional, and social well-being through targeted activities, education, and effective policies.

In the subsequent section, the study discusses the dimensions of employee wellness.

3.3 DIMENSIONS OF EMPLOYEE WELLNESS

Wellness refers to an employee's state of being in good physical and mental health. It correlates with disease prevention and health management within organisations. Pena et al. (2024:3) describe wellness as encouraging employees to adopt healthy behaviours and avoid unacceptable lifestyles that may harm health. According to the World Health Organisation (2020), health is a state of complete physical, mental, and social well-being, not merely the absence of disease. Dillette, Douglas, and Andrzejewiski (2021:795) stress that health and wellness are inseparable and are explained simultaneously. Henrico et al. (2019:2) state that wellness is characterised by paying attention to the emotional, intellectual, social, and financial dimensions, which they believe enable individuals to achieve ambitious life goals. Gorgenyi-Hegyes et al. (2021:8) explicated the approach by dividing the dimensions into external and internal factors: internal factors encompass physical, emotional, mental, and spiritual aspects, whereas external factors encompass environmental, social, financial, and occupational elements. The scholars share sentiments similar to those of the WHO (2022), stating that the wellness dimensions help employees achieve high-quality wellness.

In their study, Vyas-Doorgapersad (2023:92) found that employee wellness encompasses physical, mental, psychological, occupational, and spiritual wellness. One could deduce that it is worth mentioning all the dimensions explored by various scholars to gain insight into the origins of wellness. Several dimensions that corroborate the case under investigation are noted in this research. As a caring employer, the RAF recognised the importance of incorporating physical, emotional, occupational, psychological, and financial wellness into its wellness plan (RAF, 2019). These dimensions are believed to resonate with the organisation's objectives and

mission. The listed categories have been extracted from different wellness structures. Importantly, such categories form a crucial base, correlating with those developed by Hettler (1997). Figure 3.1 below illustrates Hettler's (1977) six dimensions of employee wellness.



Figure 3.1: Six Dimensions of Wellness

Source: Hettler (1977)

Hettler (1977) identified six dimensions of a holistic wellness model: occupational, physical, social, intellectual, spiritual, and emotional. These dimensions help employees manage stress in both their work and their lives. Scholars of wellness emphasise that these dimensions are essential because they represent the achievement of comprehensive care. Stoewen (2017:861) emphasises the importance of encompassing all dimensions, as neglecting one may impact the functioning of the others. Rothmann, Van Zyl, and Rautenbach (2019) concur with Stoewen (2017) in stating that a holistic approach to wellness is crucial, rather than focusing on a single

component, because the dimensions depend on one another for positive health outcomes. The authors advocate adopting a multidimensional approach to develop functional employees. In support of the above argument, some scholars argue that the widespread use of wellness dimensions to prepare employees for integration into organisational operations has limited the use of broader academic perspectives on employee well-being (Ariza-Montes, Molina-Sanchez, Ramirez-Sobrino & Giorgi, 2018). This thesis proposes that public institutions should adopt a comprehensive wellness approach in their programmes to foster a flourishing workforce that is both healthy and happy, thereby delivering high-quality services. Rothmann et al. (2019) describe flourishing as a multidimensional approach that motivates employees to be purposeful. The dimensions must be regarded as the compounded fabric of the organisation.

Occupational wellness relates to preparing for work, which provides individuals with happiness and enrichment (Koen, 2017). It also ensures employees' safety while at work. Additionally, these provisions make employees feel appreciated and valued. This is supported by Maslow's hierarchy of needs, which emphasises that when individuals are appreciated, they develop a sense of belonging, enhancing their well-being. Gubler et al. (2018:4970) found that, in return, employees go the extra mile, benefiting an organisation through increased performance. Ni Luh Dwi NIndrayani, Jing-Jy, Jer-Hao, and Henny (2022:2) emphasise that paying attention to the work environment, by designing a comfortable space, is crucial to mitigating ergonomic risks associated with musculoskeletal problems. However, Richardson (2017:424) argues that even when stringent measures are applied to occupational wellness, stress may still arise, as it is inevitable. Employers must strive to create a comfortable environment to prevent unforeseen consequences.

According to Jasson, Du Plessis, and Simons (2022:231), the physical dimension refers to physical fitness and nutrition, medical self-care, safety, and lifestyle contingencies. Employees often prioritise physical wellness because it reminds them to exercise and eat healthily to sustain energy. However, Gorgenyi-Hegyes et al. (2021:6) refute the claim that when employees commit to physical fitness and nutrition, this shows they are satisfied with the organisation. Even when wellness initiatives are implemented, employees may become disgruntled if their work environment is not

conducive to their flourishing (Gorgenyi-Hegyes et al. 2021:6). Batool, Tahir, Gul, and Nawaz (2022:3780) emphasise the importance of personal hygiene. These are daily practices individuals must adopt to minimise ailments. However, Marshall (2022:223) criticises employers who often undermine other physical wellness initiatives by paying them little attention. For instance, employees must be encouraged to take brisk walks, engage in moderate physical activity, or use stairs to exercise. However, Marcus and Pekmezi (2023:301) found that EWPs are not taken seriously, as they appear only on paper as a tick box rather than in practice. The study by Cipriano, Kilag, Echavez, Book, Taboada, and Rabi (2024:53) examined the effectiveness of fitness programmes for encouraging physical wellness. The scholars found that such activities play a pivotal role, especially in sedentary workplaces, helping reduce health risks, including hypertension, cardiovascular disease, and obesity. The scholars found that such practices are most common in public institutions. Offering such initiatives should not be viewed as luxurious, since they are preventative.

Social wellness refers to building relationships that enable individuals to collaborate and achieve a specific goal (Harrison & Stephens, 2019:621). It is vital to have a healthy connection with colleagues to support one another and create a positive working environment (Gawlik, Teall, Zeno, Newtz, Conrad, Kolcun, Bobek, Deerhake, Sullivan, Rengers & O'Hara, 2024:27). Furthermore, social wellness plays an essential role as it enables employees to seek clarity or learn from others rather than being in isolation. Often, employees who avoid interacting with others end up experiencing psychological issues. As highlighted in Chapter 2, Section 2.5.3, social exchange theory emphasises the importance of fostering strong employee-employer relationships to ensure workplace success and productivity. Social wellness precisely reflects this idea. Retrospectively, organisational support through wellness interventions plays a crucial role in alleviating stress in others. The Department of Health US services (2022) states that intellectual wellness involves proactively thinking and exploring various aspects of life. This relates to reasoning sensibly. Individuals' intellectual capacities vary based on their behaviours or environmental factors (Gawlik et al., 2023:77). In this instance, an employee's decision to participate in wellness programmes or not determines their perception of the interventions.

Spiritual wellness refers to maintaining inner peace (Harrison & Stephens, 2019:621). It involves one's belief in something, which may relate to religion, culture, or meditation (Gawlik et al., 2024:27). As individuals explore these practices more deeply, they realise their value within the ecosystem. Through this process, an employee can engage in self-reflection to avoid annoying colleagues. Rothmann et al. (2019) define emotional wellness as an aspect of feeling good or bad. According to Stoewen (2017:862), the emotional wellness dimension can be associated with sexuality, awareness, and management. Emotional wellness involves understanding and respecting each other's feelings in the workplace and entails employees' contentment with their jobs or lives.

However, Williams (2022) identified financial wellness as a crucial dimension of employee wellness, as it brings additional concerns and ultimately affects performance. This dimension is essential, as employees go to work to earn a living and support their families. Marshall (2022:225) stipulates that improving wellness organisations includes financial wellness. Williams (2022) concurs with Marshall (2022:225) that financial wellness is essential in the workplace, as several studies have shown that many employees struggle with personal financial management. Williams (2022) and Marshall (2022) concur that the economic dimension is central to achieving the anticipated goals of other dimensions. It is essential to guide employees in managing their finances, as financial problems can lead to stress, decreased attendance, and reduced performance. In addition, Altman, Firebaugh, Morgan, and Epstein (2023:495) criticise scholars for listing the dimensions in the wellness literature without indicating how they correlate with employee wellness. Altman et al. (2023:495) further argue that some scholars often focus on physical and emotional wellness, thus considering them to be the core elements of employee wellness, thereby neglecting other critical dimensions such as social, intellectual, occupational, and financial wellness, which are equally vital in fostering a holistic approach to employee wellbeing. According to Altman et al. (2023:495), this narrow focus undermines the comprehensive nature of wellness programmes, leading to fragmented interventions that fail to address the diverse needs of employees in dynamic workplace environments. Consequently, this study advocates for a balanced framework that integrates all wellness dimensions and aligns them with organisational goals to enhance employee satisfaction and productivity.

The subsequent section presents the historical evolution of employee wellness programmes.

3.4 HISTORY AND EVOLUTION OF EMPLOYEE WELLNESS PROGRAMMES

Rucker (2016:1) credits the Italian physician Bernardino Ramazzini for establishing the connection between employee wellness and work exposure in a publication on the effects of work-related health issues. Half a century after Ramazzini's death, the Industrial Revolution emerged, bringing numerous health challenges and occupational injuries due to the harsh workplace settings of the time. Smith et al. (2017:1523) note that as the concept gained popularity, 49% of companies globally implemented wellness programmes and reported reduced healthcare costs within a year. The report by Smith et al. (2017) reflects the impressive progress of wellness programmes ever since their inception. However, this discussion draws on the historical evolution of employee wellness in the US, as the US is a global pioneer in developing and implementing employee wellness programmes.

Employee wellness in the US was commonly known as employee assistance programmes, focusing on employee problems affecting their performance (EAPs) (Abe, Abe & Fields, 2017:55). According to Weinstein (2022:2), the prevalence of wellness programmes in the US increased after World War II due to economic growth, advancements in medical knowledge, and the changing nature of workplace dynamics. Furthermore, in the 1970s, the US enacted the Safety and Health movement, which aimed at improving health and reducing costs (Makhanya, 2021:27). The practice was significant in enhancing employee wellness at work, since workplace is regarded as a suitable place to promote employee health and well-being (Singh et al., 2024:2; Vyas-Doorspersand, 2023:96; Singh et al., 2021). Suppose the organisation has unsupportive policies, structures, and practices. Vyas-Doorspersand (2023:6) argues that employers must prioritise employee wellness despite financial challenges, as employees are an asset to the organisation. De-La-Calle-Duran and Rodriguez-Sanchez (2021:15) posit that employees are more interested in wellness

initiatives when they are engaged. A considerate employer feels a need to care for employees as human beings.

In the 1980s, many companies began investing in wellness programmes due to the lucrative benefits they offered both employers and employees (Smith et al. 2017:1528). Additionally, in 1985, the US Centers for Disease Control (CDC) established the first workplace health administration survey to assess behavioural problems in the workplace. The survey findings informed the CDC's 1990s Healthy People report on the nature of comprehensive wellness programmes. According to this report, comprehensive employee wellness comprises five (5) dimensions: health education programmes, supportive social and physical work environment, integration into the organisation, linkages to related programmes, and health screening follow-up. The framework provided a standardised and evidence-based approach to implementing workplace wellness programmes. In addition, according to Ryan et al. (2019:3), in the 1990s, the CDC further introduced personalised health risk assessment to detect health complications that can deter employees from performing as expected. Such an initiative came to practice after noticing the uncontrollable obesity rates among American adults, accounting for two-thirds, which resulted in the manifestation of other health complications like diabetes, heart disease, and high blood pressure (Ryan et al*.,* 2019).

According to Guegan, Suzan, Kati-Coulibaly, Bonpamgue, and Moatti (2018:12), it was during this period that employers began to show interest in employees' well-being. As a result, mindful employers became concerned about deteriorating workplace health. Yet, according to Zhu and Dailey (2019:3590), it became daunting for organisations to enforce employee participation in wellness programmes. According to Ryan et al. (2019:2), in the 1990s, employers in the USA began providing medical insurance to employees and their families by offering incentives to encourage lifestyle changes. Jones et al. (2019:1748) comment that large employers with 200 or more employees adopted this, unlike smaller organisations with limited financial resources. However, Ryan et al. (2019) argued that a problem emerges when some employees are not interested in participating in wellness offerings, as they believe they will change at their own pace; there is no need to remind them how to live.

On the other hand, according to Song and Baicker (2019:1492), as employee wellness programmes gained momentum in the US, the Affordable Care Act (ACA) emerged in 2010, funded by the government to help employees improve their health. The ACA represented a significant overhaul of the US healthcare system, increasing access to affordable health insurance and improving employee wellness. According to Altman, Firebaugh, Morgan, and Epstein (2023:495), despite efforts to provide affordable health insurance, employee participation remained low, and healthcare costs continued to rise. Furthermore, Altman et al. (2023) argue that it is unfortunate for companies to invest in wellness programmes that employees do not utilise. The study by Tringali (2020:10) confirms that only 4 out of 5 employers in the USA benefited from implementing employee wellness programmes. Tringali (2020) further reports that low employee participation in wellness programmes demoralised some employers, underscoring the importance of designing programmes that are relevant, engaging, and responsive to employee needs. Employers should do away with making wellness programmes a tick-box exercise.

Developing and implementing employee wellness programmes in the US impacted other countries by serving as a model for promoting workplace health and productivity globally (Marshall 2020:223). India has been selected because of its remarkable progress in strengthening community healthcare. Namibia and Botswana, as members of the Southern African Development Corporation, are chosen for comparison with South Africa. This aims to identify progress in wellness across African countries. The subsequent section describes employee wellness in India, Namibia, and Botswana.

3.4.1 Employee wellness in other countries

3.4.1.1 India

The Indian government's healthcare expenditures account for only 1% of the country's gross domestic product (Keane & Thakur, 2018: 434). Lahariya (2020:916) explains that India began to experience changes in primary healthcare after its independence; however, government spending on healthcare remained underutilised because only a small percentage of the population, approximately 16%, is covered by insurance. India

has made significant improvements in health literacy and affordable healthcare services, in which the population pays medical expenses themselves without seeking government assistance (Sriram & Khan, 2020:2; Keane & Thakur, 2018:435). In other words, implementing employee wellness programmes in India was successful. For instance, Kacheria and Prasad (2020:21) highlight that public service in India successfully implemented wellness programmes to assist employees in overcoming work-related and family challenges. In addition, the success of employee wellness in India suggests that the country prioritises the wellness of everyone without prejudice. This aligns with the WHO, which states that every citizen has a right to good health (WHO, 2023). However, the study by Banerjee (2018:515) reports that most employers in India have not adopted employee wellness programmes. Banerjee (2018) further noted that, in India, most employees do not utilise workplace health services, such as screenings and testing, due to their beliefs. Thus, several factors may have contributed to India spending less on healthcare in 2010, including budgetary constraints and the prioritisation of other development sectors.

3.4.1.2 Namibia

According to Ochurub and Ndafenongu (2024:953), Namibia adopted Employee Enhancement Programmes (EEPs), such as EWPs, in the 1980s. In addition, the Namibian employee wellness programmes reflected a holistic approach to assisting employees struggling with addictions like smoking and overeating. In 2017, Namibia initiated a public service workplace initiative focused on wellness, occupational safety, and health (Ochurub & Ndafenongo, 2024:953). Unfortunately, the study by Ochurub and Ndafenongo (2024:953) confirms that, after introducing a public service workplace wellness initiative, Namibia continued to struggle with employees' health problems and wellness. This occurred because the Namibian government shifted its focus more towards HIV/AIDS, thus limiting the expansion of wellness programme implementation in the public sector (Amadhlila, 2022:42). Kaputu (2018:46) argues that such an approach misrepresents other necessary elements that should be included in wellness programmes.

According to Ochurub and Ndafenong (2024:954), the intentions behind the implementation of employee wellness programmes were excellent; however, the programmes failed to achieve their goals due to poor implementation. In addition, the Human Resource Activity Report of the Office of the Auditor General (2022) study found that Namibian employee wellness programmes did not include financial literacy, emotional well-being, or physical fitness in their support for employees' wellness. The absence of these critical elements of employee wellness made this health initiative insignificant. Ochurbu and Ndafenong (2024:949) posit that resistance to adopting international practices to improve Namibian wellness exacerbated the problem. The failure to implement employee wellness programmes in Namibia was due to a lack of support from top management, resulting in inadequate resource allocation and insufficient prioritisation. Employees are less likely to engage in wellness programmes when the leadership does not actively participate. In addition, a lack of commitment by top management hinders the development of policies, infrastructure, and funding necessary for effective programme implementation.

3.4.1.3 Botswana

Botswana adopted wellness programmes in 2007 to respond to the prevalence of health issues (Ledikwe, Semo, Sebego, Mpho, Mothibedi, Mawandia & O'Marley, 2017:867). The study by Ledikwe et al. (2017) affirms that employee wellness in Botswana is focused on addressing the high rates of HIV/AIDS, non-communicable diseases, and other workplace-related health challenges affecting the country's workforce. A training-for-trainers model was developed to equip healthcare workers with the skills to deliver health-related activities that promote holistic health and wellness improvement. According to Maphangela and Ramalivhana (2022:4), employee wellness in Botswana aims to support healthcare workers in managing occupational stress resulting from their demanding work environment and the clients they encounter. The focus was primarily on healthcare workers, who were viewed as vulnerable due to the nature of their jobs, necessitating equipping them with the skills and knowledge to navigate the dynamics of healthcare systems (Boitshwarelo, 2024:342). The situation caused most of them to be emotionally drained and develop burnout, thus hindering them from delivering as required (Masoloko, Koen &

Serapelwane, 2024:4). In addition, according to Mboweni and Risenga (2022:11), the exponential rise in health problems such as stress, diabetics, heart problems, high blood pressure, HIV and with Covid19 influenced a stringent inception of wellness programmes in African countries to reduce health costs. These health issues have placed a significant burden on both public health systems and workplace productivity.

Evidence from other Global South contexts further demonstrates that employee wellness programmes operate within conditions that differ from those of high-income countries. In countries such as Brazil, India and Kenya, workplace wellness interventions are influenced by resource constraints, socioeconomic inequality, occupational pressures and differences in access to health services. These contexts are particularly relevant to South Africa because they demonstrate that wellness interventions cannot simply be transferred from North American or European settings without considering local institutional, economic and social conditions (McCart, Bergman, Green & Rose, 2022:2-3).

Employee wellness in South Africa is elaborated on in the following section.

3.4.2 Employee wellness in South Africa

As highlighted in Chapter 1, Section 1.3, the wellness programmes in South Africa emerged in 1980 at the Chamber of Mines, initiated after a feasibility study that indicated resistance to the programmes (Sieberhagen et al., 2011:2). Employees started to show resistance to the employee wellness programmes because they believed the programmes were explicitly for alcoholics and were skeptical about confidentiality (Sieberhagen et al., 2011:2). Organisations that promoted wellness provided training on occupational safety, employee assistance programmes, and screening and counselling for human immunodeficient viruses and AIDS (Patel, Goetzel, Beckowski, Milner, Greyling, da Silva, Kolbe-Alexander, Tabrizi & Nosse, 2013:172). The idea was to improve workplace health. However, due to a lack of evidence-based preventive information, public interest and support for the programmes remained dormant (Patel et al., 2013:173). An exception is the work of Churchill, Gillespie, and Herbold (2014:50), who realised that employers could curb

employee resistance to wellness initiatives by introducing incentives to attract participation, since they become interested when there is a promise of personal gain. Initially, the employee assistance programmes (EAPs), which existed before EWPs, targeted employees with substance abuse problems; hence, their lifestyle, causing them to miss work, was given serious attention (Badul & Subban, 2022:123). This prompted employers to expand their wellness services, aiming to improve employees' quality of life.

Conradie, Smith, and Malan (2016:46) found in their study that the organisation's fiscal status enables employers to implement progressive wellness programmes to improve employee wellness. Bataineh (2019:100) argues that organisational interventions help employees avoid conflicts between work and life responsibilities in the South African workplace, which exacerbate employees' problems. Ryneveld, Schneider, and Lehmann (2020:2) note that South Africa is among the countries still struggling to resolve workplace health challenges due to the persistent burden of diseases and poor working conditions. Given that a proportion of South African employees spend most of their waking hours at work, the workplace is expected to make them happy and healthy to be able to reach anticipated performance levels (Torres, Mukoma, Neophytou & Gradidge, 2023:571; Singh et al., 2024:2). Therefore, the workplace must be a place bringing safety and hope because of available interventions.

According to Churchill, Gillespie, and Herbold (2014:56), employers often select wellness programmes that suit employees' wellness needs to help them achieve organisational goals. Furthermore, the idea was excellent as it helped employers to fulfil their mandate. Gubler et al. (2018:4968) reiterate that aligning wellness initiatives with business goals ensures programmes support productivity and employees' well-being (Stoewen, 2017:864; Koen, 2017). This approach may neglect broader employee health concerns that do not directly align with immediate organisational objectives. For instance, focusing solely on reducing absenteeism or increasing efficiency might lead to overlooking essential mental health support or preventive care measures. Additionally, employees' diverse needs, including support for chronic illnesses, mental well-being, and work-life balance, may not always align perfectly with organisational priorities.

In a rapidly growing economy, South Africa's wellness industry has been innovative in shaping employee wellness initiatives. Following the study by Click, Hammock, Omabegho, and Smith (2019:363), South Africa developed employee wellness initiatives to address the social, financial, and environmental health needs of its community. In other words, the country's wellness spectrum has expanded to encompass factors beyond health. Recently, wellness programmes offered ergonomic assessment fitness and nutrition classes, intramural sports programmes, stress management courses, and EAPs to provide services such as counseling, life and family resources, and health referrals (Zhu & Dailey, 2019:3591), on-site laundries, wholesome meals, nap areas and massages (Zhang, 2015:25). Despite these developments, studies show that South African employee wellness programmes lack a holistic approach, as these initiatives exclude other dimensions of wellness (Vyas-Doorspersad, 2024:7). In their study, Vyas-Doorspersad et al., (2024) found that yoga and meditation should form part of employee wellness as they harmonise the mind, body, and soul, providing a sense of meaning with an apparent reason to inculcate positive attitudes and behaviour. The scholars further assert that these activities enhance overall wellness and accommodate individuals with various abilities. However, the study by Torres, Mukoma, Neophytou, and Gradidge (2023:571) highlights the limited evidence of health and wellness initiatives in South Africa. It is suggested that organisations regularly offer proactive wellness services to address daily real-life problems. Wellness should not be an annual occasion; instead, it should be a daily routine.

The significance of wellness programmes made it crucial for organisations to consider health risk assessments, a vital factor in implementing programmes (Sabharwal et al*.,* 2019:31; Smith et al*.,* 2017:1528). The process involves collecting participants' data to predict potential risks and tailor programmes to individual needs. It could be argued that fascinating offerings may be initiated to entice employees to change their lifestyles; reciprocally, employers benefit from a workforce with a positive mindset. Edwards and Marcus (2018:101) found that employers undertake wellness programmes as a social responsibility, since employees' wellness matters not only through achieving work goals. Makhanya (2021:27) confirms the latest transition, whereby the wellness programmes instituted health education and incentive systems to encourage participation. Makhanya (2021) said this newest development occurred

after realising the dwindling numbers of employees participating in wellness programmes. This becomes worrisome since employees miss out on available benefits. Furthermore, participation remains core to any wellness study, as it enables employers to identify areas for improvement (Keller, Berman, Scotty & Pinto, 2022:3). For this reason, low participation levels in employee wellness programmes remain a concern in South Africa. Lack of awareness about the benefits of such programmes, poor communication from employers, and the stigma surrounding health issues, particularly mental health, can explain low participation in employee wellness.

However, educational efforts alone may not be practical if organisational structures, policies, and practices are not supportive (Ryan et al., 2019:2). Engaging employees in wellness topics helps them make informed choices about their healthy lifestyles (Badul & Subban, 2022:122). In addition to educational efforts, employers must identify and support employees' wellness needs to achieve the desired goal. Similarly, Altman (2023:495) criticised employers who offer wellness-related brochures, onsite fitness centres, and workplace wellness facilities for addressing various problems. Altman (2023) further adds that employers must adopt well-balanced employee wellness programmes to support employees' well-being. It is suggested that employers should not assume what is best for their employees. Instead, employers must facilitate sessions where employees can give their input on wellness.

According to Baker (2022:4), today, technology has brought drastic changes with the rise of self-appointed content creators who provide health tips, exercises, and individual nutritional plans online. Thus, technology has significantly enhanced workplace wellness. The study by Zhu and Dailey (2019:3591) resonates well with the significant contribution of technology in promoting employee wellness. The discussion in this section highlights the significance of employers adopting wellness programmes that encompass most, if not all, dimensions of employee wellness. Scholars like Wentzel (2020:39) argue that research on wellness programmes in South African companies is limited, underscoring the need for extensive research in public institutions.

3.5 PUBLIC ADMINISTRATION'S CONTRIBUTION TO EMPLOYEE WELLNESS

Public administration systems have implemented the ultimate version of wellness programmes due to the proliferation of public needs and demands. Since public administration is concerned with controlling, planning, and organising processes effectively and efficiently, wellness programmes remain a priority (Louw, 2012:89) to maintain a healthy workforce and high-performance standards. Public sector employees face the challenge of serving many citizens despite limited resources (Steen & Schott, 2019:3). Camarillo (2021:356) argues that the public sector lacks sufficient research on wellness due to its complex structures, which creates significant problems. Besides, the South African public service is under pressure to ensure its employees provide effective and efficient services (Badul & Suddan, 2022:117; Mathaphuna, Roestenburg & Mokwele, 2024). The sector must work diligently to achieve this goal, avoiding public criticism.

The current public administration system has changed in response to rising public demands. According to Louw (2012:89), public administration controls, plans, and organises processes effectively and efficiently to achieve its mandate. This happens to prevent disparities in the distribution of services. Despite resource shortages, public sector employees strive to deliver services to the public on time (Steen & Schott, 2019:3). At other times, they are unable to cope under excessive workload pressure. Audenaert, George, and Decramer (2019:13) believe difficult work situations are not always harmful, especially when employees receive support from their leaders. As highlighted in Chapter 2, Section 2.8.4, the Department of Public Service and Administration, often known as DPSA, devised a health and productivity policy aimed at mitigating health hazards in the public sector to reduce such inequities (RSA, DPSA 2019:2; Cohen, Pignata, Bezok, Tie & Childs, 2023). The department enacted the employee health and wellness strategic framework to build a healthy workforce ready to deliver effective services. This framework aims to consolidate all programmes promoting wellness and ensure effective management and monitoring within the public service (RSA, DPSA 2019). Furthermore, the framework addresses health and wellness issues that may impact development in the public service. This indicates that employee wellness in public institutions is a significant concern.

The current study aims to provide effective wellness programmes to support RAF employees in achieving optimal well-being and a healthy work-life balance. When these aspects are accomplished, costs related to absenteeism, presenteeism, and medical bills may decrease (Venkel, 2020:238). The literature on wellness emphasises the importance of encouraging employees to be health-conscious to alleviate unnecessary expenses. Safeguarding the wellness of the workforce and maintaining organisational performance, especially in a changing environment, seems to be a daunting task, for it entails achieving a balance between demands and available resources (Steen and Scott, 2018:8). However, public sector employees have less flexibility due to elaborate institutional constraints and external political influences (Ryu & Bae, 2020:13). Public institutions must put in place effective processes enabling appropriate reporting on wellness. However, the challenges experienced in the public sector provide an opportunity to improve how things are done.

Imperatively, wellness management emerged after it was realised that employees' poor health and imbalanced well-being interfere with performance (RSA DPSA, 2019:3). It should be noted that employees' efforts play a significant role in all sectors. Therefore, their wellness needs serious attention. Kruger and Jacobs (2019:188) focused on teachers' wellness to highlight the importance of public service employees. Their study revealed that this would compromise the quality of education unless teachers' health is prioritised. This demonstrates that employee wellness is essential in all aspects to allow organisations to fulfil their mandate. In support of this, Whyte (2020:27) conducted a study to investigate the well-being of public sector healthcare workers. They found that healthcare workers often work irregular hours, making it difficult for them to care for themselves. For instance, the nature of their job prevents them from going to the gym and preparing healthy food. Most of them grab instant food available to keep going due to their hectic schedules. Since their jobs entail educating patients about healthy living, one would expect them to practise healthy habits. However, they are unable to achieve their health goals due to an unsupportive work environment.

Academic research shows that the state of unwellness in the public sector has reached a concerning proportion. Rossouw and Rothmann (2020:11) conducted a study on the wellness state of judges in South Africa. The scholars found that judges work under

extreme pressure, without rest. This exposes them to significant strain, leading to fatigue and exhaustion. Furthermore, such conditions prompt judges to make mistakes when assessing cases because they are often tired and fail to think decisively. The compromise on the quality of work leads to public dissatisfaction. According to Audenaert et al. (2019:13), employees can overcome such difficult work situations, especially when they receive support from their leaders. This implies that a support system is imperative in all organisations. The study by Audenaert et al. (2019:16) focused on analysing public sector organisations' high expectations for their employees. They realised that producing more with less can leave employees feeling overwhelmed, ultimately affecting their health. Jasson, Du Plessis, and Simons (2022:89) confirmed in their study investigating the wellness needs of academic employees that academic employees work under pressure and with heavy workloads. This leads to occupational stress and compromises the quality of students' education. Such practices are standard in public institutions that claim to display a caring demeanour. However, Cipriano et al. (2024:53) found that accessing wellness initiatives in the public sector remains tedious, as the industry operates under regulated budgets and administrative processes that may prolong the approval process. Sabharwal et al. (2022:37) argue that budgets should always be available for wellness programmes to support initiatives to reduce costs. One way or another, neglecting employees' well-being leads to disaster in the delivery of public services (Vyas-Doorpersad 2023; Mediva-Garrido, Biedma-Ferrer & Sanchez-Ortiz, 2020). Such practice is not expected in public institutions that budget wellness services. Employers must prioritise implementing effective wellness programmes to improve services.

In the subsequent section, this discussion focuses on approaches to employee wellness.

3.6 KEY STAKEHOLDERS IN EMPLOYEE WELLNESS PROGRAMMES

Stakeholders are any individuals or organisations that can influence action (Ruvalcalba, 2022:417). For instance, employees, managers, and wellness

practitioners were identified as key stakeholders for this study. Ruvalcalba et al. (2020:418) insist that it is essential to note the roles of stakeholders in the creation of wellness programmes. These stakeholders have the potential to drive an organisation toward success. The following paragraphs illuminate the role of potential EWP agents in programme implementation.

3.6.1 Managers

Managers in many organisations play a critical role in wellness initiatives by bringing happiness and hope to the group, monitoring wellness awareness, and making crucial decisions that may influence participation (Kava, Passey, Harris, Chan & Hannon, 2021:180; Hoert et al., 2018:1060; Passey, Brown, Hammerback, Harris & Hannon, 2018:1789). For instance, managers design and implement wellness promotion policies and determine the necessary budget for pursuing wellness activities (Passey et al., 2018:7; Torres, 2019:15; Hoert et al., 2018:1060). Activities such as training in healthy habits, medical check-ups, spaces where to play sports and cafeterias offering healthy meals are managers' responsibilities (Penez et al., 2024:9). Given that managers have vast knowledge about the organisation, their discretion on the selection of appropriate wellness programmes become paramount (Penez et al., 2024: 9). These roles are entrusted to them because they can advise on what can work best for steering the organisation in the right direction through their significant input.

According to Wieneke et al. (2018:307), historically, some managers have not viewed employee wellness as part of their responsibilities, leaving this task to wellness practitioners. However, with an increasingly diverse workforce, managers realised they must actively participate in improving wellness. Since managers directly interact with employees, they serve as mediators between staff and upper management (Sigblad, Savela, & Emegwa, 2020:2). Their understanding of the work environment and its challenges uniquely positions them to address wellness concerns effectively. Marsh et al. (2018:3) posit that participating in wellness events demonstrates managers' commitment to these initiatives and encourages employees to prioritise their well-being, thus reflecting leading by example. Badul and Suban (2022:124) affirm that since managers work closely with employees, they can identify consistent

declines in performance and refer employees who need assistance to professionals while maintaining appropriate boundaries. Public institution managers must cherish their responsibilities by executing government mandates as prescribed, including implementing EWPs (Badul & Suban, 2022:127). Ochurub and Ndafenongo (2024:954) emphasise that managers should regularly remind employees about the significant benefits of these initiatives. Bringing testimonies to the forefront may reduce doubts about the effectiveness of wellness interventions. Active involvement in wellness programmes gives managers insight into how to provide sound support.

However, there is limited evidence on the strategies managers should employ to support participation in wellness programmes. Managers need to understand their roles in supporting employees' health and wellness to enable them to meet organisational objectives purposefully (Marsh et al*.,* 2018:3; Passey et al*.,* 2018:1789). Furthermore, employers must organise enjoyable activities to ensure employees are engaged in wellness initiatives to keep fit. In support of this idea, Wieneke, Schaefe, Eggington, Jenkins, Block, Riley, Sifuentes, and Clark (2019:301) confirm that supervisors also play a critical role in supporting employees' wellness as co-workers. Harry and Galie (2019) argue that most managers do not take wellness seriously, as they often ignore initiatives organised to improve employee performance. Because they are employees, they need support just like anyone else. Furthermore, Wieneke et al. (2019) regard managers as essential drivers in retaining organisational talent through effective EWP implementation. However, managers are often referred to as ambassadors of wellness culture because they motivate employees to adopt healthy lifestyles (Singh et al., 2024:8; Badul & Subban, 2022:124). Wieneke et al. (2019:301) advocate for training to upskill managers in gaining extensive knowledge of wellness programmes to enhance their job performance. Organisations must make it mandatory for managers to work hand in hand with wellness programme specialists to bring about health improvements within the organisation (Quirk, Crank, Carter, Leahy & Copeland, 2018:7). In other words, the academic approach provides managers with the tools and expertise of wellness programme specialists.

3.6.2 Employees

Employees are reliable resources that employers depend on to evaluate the effectiveness of programmes; they play a vital role in implementing EWPs (Penez 2024:2). Many organisations are interested in improving and investing in the well-being of employees because they are a key to success (Mitchell, Amaya, Battista, Melnyk, Anridge, and Kaye, 2021:100; Chang, 2024:372). To achieve this, it is crucial to ensure their well-being is prioritised.

3.6.3 Human resources practices

Employees are key resources organisations depend on to achieve a competitive advantage; it is imperative to invest in their wellness and make them happy (Bella, 2023:20; Abdelmotaleb & Saha, 2020:385; Pena et al., 2024:2). Human resources and practices act as catalysts to encourage employees to perform well by creating conducive work environments where they can thrive and support their overall well-being (Bella, 2023:20). According to Alboyaydah, Alrwashdeh, Alrwashdeh, and Alhadid (2023:283), human resource management combines the work environment and employee potential to establish a suitable atmosphere. Therefore, human resource practices are crucial for implementing strategies that reduce workplace stress-related frustration. Additionally, human resource practices encourage employees to participate in wellness programmes to develop coping mechanisms (Fihla & Chiyamurundi, 2018:225). Ruvalcabo, Akdevelioglu, and Schroeder (2022:424) note that wellness specialists embedded in the human resources structure provide wellness services and collaborate with service providers to promote effective wellness programmes.

Human resource practices involve designing policies and initiatives prioritising employee well-being, such as flexible work schedules, access to health benefits, and participation in wellness activities. Ogbonnay, Daniels, Connolly, and Veldhoren (2017:111) confirm that organisations benefit from building a functional human resources system, the backbone for managing and optimising workforce potential. A well-structured human resources system ensures that policies, processes, and resources align with organisational goals, enabling effective recruitment,

development, and talent retention (Shabanabi, Nawaz & Harikrishna, 2025:214). In other words, a functional HR system supports the implementation of wellness programmes, conflict-resolution mechanisms, and performance management strategies, thereby creating a supportive and cohesive work environment. Ruvalcaba et al. (2020: 418) posit that employees, employers, and wellness practitioners are trusted to form a workplace wellness network. One would expect the stakeholders to have strong ties to develop valuable wellness programmes.

In the subsequent section, the benefits of employee wellness programmes are explored.

3.7 BENEFITS OF EMPLOYEE WELLNESS PROGRAMMES

Having reviewed the outcomes of various research findings, Vyas-Doorgapersad (2024:2), Bontrager and Marshall (2019:274), and Varga, Mistry, Ally, and Cobanuglo (2021:3334) acknowledge that employee wellness programmes are beneficial for both organisations and employees. In essence, organisations prioritising employee wellness experience increased performance, improved wellness, reduced absenteeism, higher job satisfaction, and lower medical expenses (Vyas-Doorgapersad, 2024:2; Stajkoric & Luthans, 2020:76; Whyte, 2020:28). The scholars suggest that when companies invest in their employees' well-being, this directly leverages overall work performance. Despite the growing evidence of positive outcomes, conflicting debates about wellness programmes persisted, inevitably resulting in varied thoughts (Marsh, Lewis, Macmillan & Gruszin, 2018:1; Hull & Pasquale, 2018; Perrault, Hildenbrand & Rnoh, 2020:9). They are viewed in this manner since other employers' doubt if these programmes have the potential to produce results as projected (Buxton, 2019:110). Tringali, Fritts, Giandonato, Luehr, Relilly, Moody, and Alrdige (2022:14) and McQuillen (2024) argue that some employees are naturally dedicated and responsible; nothing deters them from carrying out their roles diligently, with or without assistance from the wellness programmes.

Wellness components such as health risk assessments, biometric screenings, and tobacco cessation programmes are trusted for capturing relevant health data about an

employee (Click, Hammock, Omabeglo & Smith, 2019:364; Eatough, 2022:2; Marin-Farrona et al., 2023:2). Marshall (2020:225) explains that such interventions help employers to establish the kind of wellness programmes appropriate for improving wellness of the workforce within the organisation. However, these may not be entirely trusted, as they rely on self-reported data that may not always be realistic (Cipriano et al*.,* 2024:54). Cheo, Maufal, and Kash (2019:31) express doubts about their effectiveness in providing the required data, despite their potential benefits. Harrison and Stephens (2019:620) underscore that WPs are not helpful, as they do not benefit employees. Despite the contrasting views, organisations continue to organise such programmes for their employees (Perralt et al., 2020:9). Extensive work is needed in the wellness literature to develop a definitive solution. The work by Marshall (2020) aligns with this study, as it provides insight into the interventions employers must invest in, rather than pay for services that may not yield positive results.

From another perspective stated by Bontrager and Marshall (2020) and Haraldsson and Kellam (2021), wellness programmes function as a two-way strategy where employers and employees benefit from improved health and work performance, creating a cycle where both parties (employers and employees) gain from the implementation of wellness programmes, resulting in a healthier, more productive workforce and improved organisational outcomes. Nevertheless, despite the benefits stated in this argument, Goetzel (2020) found no significant differences in performance between employees who participated in wellness programmes and those who did not. The findings by Goetzel (2020) suggest that, while wellness programmes may have theoretical or perceived benefits, they do not always translate into measurable improvements in workplace performance. Goetzel's findings challenge the assumption that wellness programmes automatically lead to enhanced productivity or better outcomes. The scholar suggests that the effectiveness of these initiatives may depend on factors such as programme design, employee engagement, and the extent to which the programmes align with workers' needs. Numerous studies concluded that only well-designed wellness programmes can produce elevated outcomes (Lazaveric & Nicolik, 2021:94; Marshall, 2020:225). These scholars suggested that employers struggling to prove themselves can seek advice from others who have succeeded, emphasising the importance of benchmarking and collaboration in refining programme implementation.

Although the literature lists numerous benefits (Abe, Fields, & Abe, 2017; Richardson, 2017), this study focuses on eight benefits: work-life balance, job satisfaction, performance improvement, social support, improved communication, work engagement, reduced healthcare costs, and absenteeism. The study discusses these benefits in the subsequent section, starting with work-life balance, which is considered fundamental in promoting employee well-being and preventing burnout. A healthy balance between professional and personal life allows employees to recharge, manage stress effectively, and return to work with renewed focus and motivation.

3.7.1 Work-life balance

Work-life balance involves the equilibrium between work and family responsibilities. It affects employees' understanding of their work environment and family conditions (Abe et al., 2017:52). This influences the balance between family and professional obligations, requiring attention to both without favouring one over the other (Yadav, Pandita, & Singh, 2022:512). It is essential to recognise that although the work and family domains differ, they can intersect and influence each other, potentially leading to conflicts (Bisschoff, Koen, & Ryke, 2019:322). Today's demographic shifts in the workforce compel both men and women to earn a living (Pink-Haper & Rauhaus, 2017:354), making work-life balance impossible, since both genders play significant roles within organisations. Gone are the days when certain jobs were gender specific. De Lange and Naidoo (2018:51) confirm that determined employees can simultaneously meet work and family demands without suppressing the other. Integrating workplace wellness programmes helps employees achieve a quality balance.

A study by Bataineh (2019:99) found that a healthy work-life balance is essential for the quality of life of organisations and employees. Juba (2024:19) notes that employees can concentrate on their jobs with reduced work-related stress when work-life balance programmes are implemented. Yadav et al. (2020:519) mention that considerate employers make efforts to make employees happy, helping them function well without disturbance. The study by Bhende, Mekoth, Ingalhalli, and Reddy

(2020:259) highlights that when employees perceive a poor balance in their roles, they tend to develop strategies to address the imbalance and alleviate emerging work-life conflicts. A good work-life balance plays a significant role in overall well-being, reducing the stress caused by family challenges and work pressure, which can sometimes lead to an employee missing work (Cvenkel, 2021:447; Razai, Koonar, and Majeed, 2023). How employees handle personal and work issues determines their attitude towards life. Wellness programmes are crucial in coaching employees to be disciplined and make responsible choices (Adams, 2019). However, other organisations discourage work-life balance because of employees' misuse of resources, especially when they are unsupervised (Wolor, Kurnianti, Zahar & Martono, 2020:1105). This typically occurs in remote or flexible work arrangements, where monitoring productivity becomes challenging, causing some employees to abuse the freedom by engaging in non-work-related activities during work hours. For example, employees may exploit access to company devices and internet services for personal use. At the same time, the lack of direct supervision can lead to missed deadlines, reduced collaboration, and poor performance (Wolor et al., 2020).

However, some scholars argue that employers should improvise to ensure employees are satisfied with their jobs and motivated (Gubler et al., 2018: 4968; Seward, Goldman, Linakis, Werth, Roberto & Block, 2019). They contend that rigid, one-size-fits-all approaches often fail to address the diverse and evolving needs of a dynamic workforce. Improvisation allows managers to respond quickly to unforeseen challenges, such as sudden shifts in employee morale, personal crises, or organisational change, by tailoring support mechanisms accordingly. For instance, flexible schedules, spontaneous recognition efforts, or temporary role adjustments can significantly boost motivation and job satisfaction. Nonetheless, critics caution that excessive improvisation may lead to inconsistency, perceived favouritism, or blurred expectations, potentially undermining formal structures and fairness (Gubler et al. 2018:4968). Therefore, while improvisation can be a powerful tool in enhancing employee engagement, it must be grounded in clear policies and aligned with broader organisational goals to ensure equity and sustainability.

Although technological advances offer flexibility, they simultaneously deprive employees of their autonomy (Richardson, 2017:426). Nevertheless, the problem with

this setting is that it enables employees to access highly intensive information, compelling them to work constantly without rest, thus leading to conflicts at home (Erdirencelepi, 2020:54). Consequently, employees are forced to spend less time with their families, leading to disputes, intensified stress, and eventually burnout. The intention of bringing technology into our homes is to make professional life easier amid family responsibilities. Unfortunately, this negatively affects employees' health, as they are compelled to sit for long hours to complete assigned tasks (Richardson, 2017: 426)—a prolonged sedentary lifestyle deprives them of physical activity and impairs their health. Dyas-Doorgapersad (2024:2) argues that employees are not obliged to relentlessly spend excessive time surfing the internet after hours instead of connecting with their families. Often, this decision is made by individuals who want to complete specific tasks. Maina (2020:20) indicates that employees become concerned about their inability to contribute to either work or life experiences, which can lead to poor health. Excessive worrying exposes employees to illnesses and harms their work performance. If nothing is done about the situation, an employee might leave an organisation that does not care about their well-being (Bhende, 2020:258). Thus, this leads to increased turnover. Organisations must devise strategies that help employees achieve a quality work-life balance.

In essence, wellness programmes intervene by initiating telecommuting, flexible work schedules, and friendly work-life policies that enable employees to work comfortably and to balance their responsibilities (Yadav et al., 2022:519; Mazzetti et al., 2021; Tzenios, 2019:30). In a nutshell, Kacheria and Prasad (2020:22) describe telecommuting as performing work anywhere where there is internet connectivity without being office-bound. Saks (2021) notes that such a working environment resembles a caring, supportive one, thereby encouraging employee engagement. Bisschoff, Koen & Ryke (2019:322) argue that, while telecommuting may be compatible with rapid economic growth, it is not universally favoured, as it creates family tensions by allowing employees to take their work home and neglect relationships. Kacheria and Prasad (2020:24) argue that incorporating job and family approaches into wellness programmes would help employees manage their issues. Bhende et al. (2020:258) agree with Kacheria and Prasad that imbalances in family and work involvement create frictions, leading to high stress levels, particularly when the employee favours work over family. The study by Kacheria and Prasad aligns with

this research, which strives to elucidate the significance of wellness programmes on personal and work responsibilities. Furthermore, favourably balancing personal and work responsibilities increases employees' contentment.

3.7.2 Job satisfaction

According to Richmond and Needham (2020:569), job satisfaction is associated with employees' enthusiasm for their work and associated activities. Scholars such as Tzenios (2019:26) and Ott-Hollard et al. (2019) demonstrate that satisfied employees are likely to go the extra mile in their work because of the outcomes of effective wellness programmes. Marshall (2020:228) reiterates that employers interested in wellness pay more attention to satisfying employees to benefit the organisation. Employers make efforts to introduce lucrative wellness programmes once they notice their worth. In their work, Ledikwe, Kleinman, Mpho, Mothibedi, Mawandia Semo, and O'Malley (2018:6) confirm that participating in wellness programmes increases employees' happiness. This is demonstrated when physically active employees become happy participating in wellness programmes, basically because exercising is their passion (Gubler et al., 2018:4967; Baicker, 2021:2). When employees are offered what they like, they tend to display a positive attitude towards their work environment, as they develop a sense of belonging (Subibjo & Sutarji, 2020:2478). However, in their study, Marshall (2020:230) examined the relationship between wellness programmes and job satisfaction and found no empirical evidence to support the assertions. Employees become satisfied when the privileges offered provide personal benefits.

Organisations offering wellness programmes often trust that such interventions may improve job satisfaction (Marshall, 2020:238; Stringer, 2016:20; Viseu, Pinto, Borralha & de Jesus, 2020). Typically, employees feel satisfied when their essential needs are met. This idea aligns with Maslow's hierarchy of needs, suggesting that, for employees to achieve their goals, they expect to be recognised to acquire a sense of belonging within the organisation. Tzenios (2019:29) illustrates that receiving all the support makes their working environment safe and provides the necessary tools, alleviating their work stress. However, Badul and Subban (2022:117) assert that driven employees who understand the work principles function well, regardless of whether

tools are provided. Culibrk, Delic, Mitrovic, and Culibrk (2018:8) contend that when employees are dissatisfied due to unclear procedures in their work environment, this compromises their commitment. It is essential to provide clear guidelines that create a conducive work environment to achieve positive outcomes.

According to Kurniawarty, Ramsley, and Ramlawati (2019:879), job satisfaction derived from wellness programmes reduces employee turnover, as employees prefer working for an employer who values their workforce's well-being. Lekalake (2017:76) confirms that satisfied employees feel comfortable and intend to extend their stay with the organisation. Speace (2020:12) and Arena, Guazzi, Briggs, Cahalin, Myers, Kaminsky, and Forman (2013:607) provide evidence for this, noting that happy employees are healthier and engage in activities that promote their well-being, leading to positive health outcomes. However, dissatisfied employees tend to underperform, develop resistance, and lack commitment and energy, resulting in decreased concern for workplace happenings (Roemer & Harris, 2018:2; Steen & Schott, 2019:5). Nevertheless, job satisfaction measures employees' feelings about their jobs and work environments; however, it fails to identify essential determinants (Gorgenyi-Hegyes, et al. 2021:4). They are likely to leave the organisation prematurely, as nothing satisfies them. Job satisfaction reduces employee turnover because employees value the care they receive, motivating them to exert more effort. In contrast, their counterparts who find little worth in the programmes tend to leave. Scholars such as Ott-Holland (2019) and Speace (2020) agree that employers must strive to boost employees' morale to avoid losing capable and talented candidates.

3.7.3 Performance

Performance relates to abilities gained after learning job responsibilities, after training employees to fulfil organisational goals and objectives (Bataineh, 2019:103; Juba, 2024:15). Performance is an outcome of having effective workplace wellness programmes (Vyas-Doorpersad, 2024:4). Employees are essential assets that organisations rely on to succeed (Richemond & Needham, 2020:569). They can bring the organisation's reputation into disrepute or enhance it. The scholars insist that healthy employees can perform at their best and engage constructively, benefiting the

organisation. EWPs significantly impact performance by addressing employees' physical, mental, and emotional well-being, which are critical for sustained productivity (Sabharwal, Kiel & Hijal-Moghrabi, 2019:25). These programmes promote a healthy workforce, leading to increased energy levels, reduced absenteeism, and higher morale and motivation, all of which drive them to pay full attention to their work (Gubler, et al., 2018:4969; Juba, 2024:13; Ott-Holland et al*.,* 2019:176). Given such gratuity, employees excel to the best of their abilities.

Studies reporting significant relationships between EWPs and performance improvement include the work of Gubler et al. (2018:4968), which found that employees participating in wellness programmes displayed substantial performance gains compared to non-participants. These programmes also support employees with health challenges in improving their health, thus enabling them to integrate effectively into the workforce. Flammer, Zhu, and Dailey (2019a:3590) note that wellness programmes improve organisational reputation, consumer loyalty, and investor attractiveness, which are by-products of improved employee performance and morale. Similarly, Fihla and Chinyamurundi (2018:217) noted that committed employees supported through wellness initiatives contribute towards competitive advantage by fostering a productive work environment. However, Jeha et al*.* (2022) posit that disengaged employees lack motivation, making them unproductive since they are disgruntled about everything. Vyas-Doorpersad (2024:4) asserts that well-designed employee wellness programmes (EWPs) aim to improve employees' wellness, thereby enabling them to achieve enhanced performance. The idea behind creating wellness programmes is to cultivate a happy workforce that can serve as the organisation's brand through its remarkable services.

However, studies that fail to establish a relationship include Grimani (2019:10), who noted that there is insufficient evidence linking wellness interventions directly to performance improvements. Hull and Pasquate (2018:203) also found that compulsory wellness programmes can lead to employee resistance, potentially negating their intended benefits. Moreover, Dai (2015) observed that specific operational policies can impede performance, particularly when unrealistic targets and poorly structured roles are imposed, despite the existence of wellness programmes. The significance of EWPs to performance improvement lies in their ability to address

both health-related and motivational aspects of work. By investing in wellness programmes, organisations enhance employee productivity and foster a culture of care and inclusivity, ensuring sustained performance and long-term success (Gubler, 2018:4968; Sieberhagen et al*.,* 2011:11).

3.7.4 Perceived social support

In the world of work, social support is a crucial element that reflects acts of compassion. Nevertheless, some employees perceive that wellness programmes are not explicitly instituted to address their needs, but rather a strategy employers use to reduce organisational costs (Ogbannaya et al., 2017:110). This implies that employers force employees to be responsible for their benefits. Employers demonstrate their support by offering workshops on quitting smoking and dietary habit plans, and by implementing policies aligned with healthcare (Chemyak-Hai & Rabenu, 2018:459). These initiatives are funded, meaning they must yield positive results for the organisation. Roemer and Harris (2018:9) believe that providing only organisational support is insufficient. Instead, consideration needs to be based on personal development. On other occasions, employers extend their care by showing curiosity about the welfare of the workforce's families or by knowing family members by name. Some employees often feel acknowledged when the employer asks about their family. This does not happen to investigate one’s personal affairs, but rather to offer moral support, as employees spend most of their time at home. It has been observed that an employer driven by success strives to ensure that employees' needs are well catered to (Zhu & Dailey, 2019:3592). Although these principles may not work for everyone, they motivate others to put in more effort, suggesting that the employer and employees must address wellness issues for an organisation to flourish.

Typically, employees who receive such support from their employers communicate their gratitude to their peers. Employees must enjoy wellness experiences, especially when such support is provided by management (Smith et al*.,* 2017:1524). In this regard, employees perceive organisations offering wellness programmes as extremely caring and supportive of their workforce (Zhu & Dailey, 2019b:3395; Ott-Holland et al*.,* 2019:164). Cultivating such a culture attracts committed and loyal candidates to an

organisation. Also, forward-looking employees would want to stay with such an organisation for a long time, thus reducing the influence of employee turnover. A healthy, supportive environment is crucial for public service employees, as they serve a multitude of citizens (Kayame, 2019:4). This helps to improve public service delivery. It is well known that managers in public institutions do not want to be involved in wellness programmes. In contrast, a healthy work culture in the public sector helps employees work harmoniously and perform outstandingly in their positions (Redelinghuys & Rothmann, 2020:3). Organisations that ignore wellness programmes tend to lose talented, hardworking employees. Mathibe and Chinyamurindi (2021:7) argue that the problem does not lie solely with employees but also with employers who fail to foster a healthy working culture, thereby contributing to a hostile environment. A lack of support can lead to frustration, which in turn can reduce performance and contribute to poor interpersonal relations.

The support employees receive motivates them to participate in organised wellness activities. Zhu and Dailey (2019b:3599) and Jones (2019:1788) found that employers' organisational support significantly influences identity, thereby encouraging participation in wellness programmes. Their study highlighted that such employers have the power to persuade employees to practise self-care, though this is not easy to do. Organisational support may significantly influence employee behaviour, as employees spend most of their waking hours at work (Zhu & Dailey, 2019b:3560). Moreover, employees connect with organisations that take them seriously by acknowledging their efforts and showing interest in the workforce's well-being. In addition, this keeps employees happy with a positive spirit. Even when work conditions are unappealing, employees strive to serve because of the support they receive.

Tlapu, Klopper, and Lekalakala (2015:359) echoed similar sentiments with Zhu & Dailey (2019b:3599), who noted that leaders' involvement in authorising appropriate wellness programmes brings about positive changes. In other words, if employers allow team building to be organised, this may enhance team spirit and foster healthy interpersonal relationships. These wellness initiatives encourage teamwork outside the office, where employees compete with one another through fun games, fitness, or puzzles. This teaches employees that they need each other to accomplish an organisational goal. Similarly, organised workshops educate employees about the

significance of leading a healthy life. As highlighted in Section 2.2, the social responsibility theory posits that employers must provide a safe and conducive environment for employees to be productive (Ganu, Ganu, & Nyaranga, 2017:4). This reciprocity fosters hard work. It reflects an appreciation that extends to good working relations.

The contributions of Zhu & Dailey (2019b:3599) and Tlapu et al. (2015:359) correlate with the current study, as they focus on providing moral support that employees need. In this regard, employees become motivated to participate in wellness programmes when employers appreciate their efforts and are willing to invest in activities that yield positive results for their well-being. In this manner, employees become attached to an organisation that values them as human beings. For this reason, wellness programmes become successful when they address both work and family aspects.

3.7.5 Healthcare costs

Healthcare costs are a significant source of stress. Rising healthcare costs significantly burden employers, so they have developed proactive measures to mitigate organisational expenditures (Marshall, 2020:228; Rezai, Santa Barbara, Almiron, 2020:650 & Calitz, 2022). Most employers have realised that investing in wellness programmes significantly reduces healthcare costs and improves employees' health simultaneously (Richardson, 2017:425; Otenyo & Smith, 2017:4; Jones et al., 2019:1788; Ott-Hollard et al., 2019:164; Goetzel, 2020:443; Sabharwal et al*.,* 2019:24). The scholars believe that as employees receive health tips, their health becomes better, thus preventing them from frequenting health facilities. This has been evidenced in a systematic review by Baiker, Cutler and Song (2010)., Clarke, Probst, Guldenmund, and Passmore (2016), and Jones et al. (2019:1749), who reported that for every dollar invested in EWPs, medical expenses drop by an average of $3.00, and absenteeism-related expenses drop by $2.73. In addition, Rezai et al. (2020) confirm in their study, which focuses on the efficacy and cost of workplace wellness programmes, that the medical expenses of each obese participant who engaged in physical activity decreased drastically to $2,208. This indicates the effectiveness of wellness programmes in preventing organisations' impulsive spending. Such a

significant decline in medical care expenses prompted most employers to consider implementing wellness programmes (Ott-Hollard et al*.,* 2019:163).

Healthy employees are an asset to an organisation. Lloyd et al*.* (2019:677) confirm that healthy employees are more productive and can help reduce direct and indirect healthcare costs. Hence, other employers prefer to select healthy workers because they incur fewer medical expenses, are consistently present at work, are less frequently exposed to occupational accidents, and are less likely to be disrupted by family issues (Goetzel, 2020:442). This can be evidenced by comparing the health costs of employees participating in the programmes with those of employees who do not. However, no conclusive evidence has shown that wellness programmes significantly reduce healthcare spending (Richardson, 2017:4; Rothstein, 2017:5; Song & Baicker, 2019; Baid et al., 2021:364). Instead, employers tend to shift costs to low-income earners to curb expenses; they fail to establish strategies to help employees struggling to maintain healthy habits (McIntyre, Bagley, & Frakt, 2017:62; Otenyo & Smith, 2017:6; Jones et al*.,* 2019:1788). Furthermore, Jones et al. (2019) emphasise that employers often introduce such programmes without consulting employees, with negative consequences. Employers usually assume that implementing interventions to promote behavioural change can reduce costs; however, this is not always the case.

According to Song and Baicker (2019:1500), workplace wellness programmes focus on behaviour change, which may influence positive outcomes. The varying interventions make it difficult to determine differences in healthcare spending over time. The work by Song and Baicker, who applied a randomised clinical trial, found that the availability of workplace wellness programmes did not significantly reduce healthcare costs, even when employees committed to physical activity and healthy dietary habits. Instead, it led to improved self-reported health behaviour. In contrast, Baid et al. (2021:264) found that wellness programmes are cost-effective because they improve health by initiating expensive interventions that yield results in a short period. Ryan et al. (2019:8) illuminate that potential gains do not come without costs and side effects. Goetzel (2020:443) shares similar sentiments with Song and Baicker (2019) that if employees take upon themselves to engage in healthy eating, exercising regularly, stop smoking, participate in organised screenings, avoid excessive alcohol

consumption, and adopt healthy behaviours at home and in their communities, healthcare costs can be reduced. Health care costs can be minimised by encouraging employees to adopt simple lifestyles.

3.7.6 Absenteeism

Garcia (2019: 2121) defines absenteeism as an employee's conscious or unconscious decision not to be present at work. Absenteeism is a habitual pattern of absence displayed by an employee, and arriving late at work is also included (Shah, Uddin, Aziz, Ahmad, Khasawneh, & Saraf, 2020:1). Whether planned or unplanned, absenteeism brings serious consequences for organisations because employees leave work unattended. Various employers are concerned about the widespread absenteeism, as it affects work processes and service delivery (Kanjere, Thaba, & Makgato, 2014:1287). Unplanned absenteeism increases employers' expenses due to the large number of sick leave cases arising from unhealthy lifestyle behaviours (Kanjere et al., 2014:1287). Consequently, employers respond to the problem by implementing wellness programmes to reduce workplace absenteeism (Marin-Farrona, Wipfli, Thosar, Colino, Garcia-Unanue, Gallardo, Felipe & Lopez-Fernandez, 2023:2). Rezai et al. (2020:650) argue that, despite the clear benefits of wellness programmes in reducing absenteeism, only a few employers have considered this initiative. Previous research shows that workplace wellness programmes have the potential to reduce unplanned absenteeism as employees receive advice on managing and preventing diseases and coping mechanisms, leading to happy employees who are always at work to deliver services as expected (Lloyd et al., 2019:670; Whyte, 2020:27; Deloitte, 2022:31). Rezai et al. (2020:650) and van der Feltz-Cornelis (2020) caution inactive employees have higher absenteeism than active employees because of low morale. Richemond and Needham (2020:592) concur with Rezai et al. (2020) by stating that, unlike their counterparts, healthy employees take advantage of wellness initiatives, thereby qualifying them for reduced absenteeism. This is because of personal experiences they acquired from the wellness programmes.

In South Africa, information relating to absenteeism is available in most organisations due to devastating health-related issues most workers find themselves in (Crous,

2016:30). The reports show that South Africa has a high prevalence of lifestyle diseases such as obesity, which subsequently gives rise to diabetes, heart attacks, strokes and cancer (WHO, 2018:5). Failure to manage these chronic conditions, weakens one's body, thereby resulting in increased sick leave. According to Whyte (2020:27), unwell employees are likely to exhibit less energy and become more susceptible to accidents and injuries, yet they often resist wellness programmes. The researchers claim that workplace wellness programmes have the potential to reduce sickness absence by 28%, workers' compensation by 30%, and improve overall health by 26% (Torres & Zhang, 2021:3). In other words, EWPs hold significant potential to deliver measurable benefits for both employees and employers, as investing in such programmes not only benefits individual employees but also contributes to a more sustainable and high-performing workplace.

According to Anderson (2007: 24), most organisations considered it fitting to introduce wellness programmes to help employees avoid unacceptable lifestyle behaviours. The wellness programmes are therefore instituted to assist employees in managing their health and coping with challenges that affect their work performance (Kanjere et al., 2014:1287). Rasool, Wnang, Tang, Saeed, and Iqbal (2021:2) assert that a toxic work environment affects wellness to the point that an employee deliberately stays away from work to avoid it. The study by Crous (2016:30) found that employers who take employees' well-being seriously by accepting the inception of such programmes experience a sudden decrease in absences. Crous (2016) and Krekel, Ward, and De Neve (2019) attributed these drops in absenteeism to wellness interventions, such as health screenings, stress management workshops, and fitness activities, which help employees maintain better physical and mental health.

In the subsequent section, criticisms of the EWP are discussed to examine various perspectives on the shortcomings and challenges of employee wellness programmes.

3.8 EMPLOYEE WELLNESS PROGRAMME CRITICISMS

While these programmes have clear benefits, measuring their effectiveness can be challenging (Ganu, Ganu & Nyaranga, 2017), as many employees are reluctant to

participate in EWPs (Zhu & Dailey, 2019). The reluctance may stem from various factors, including a lack of awareness about the programmes, scepticism regarding their value, or concerns about privacy and potential repercussions related to health assessments (Unsal et al., 2020:67). When employees do not actively engage in these programmes, the potential benefits are diminished, creating a cycle in which low engagement perpetuates inadequate measurement and evaluation. According to Otenyo & Smith (2017), employers must develop strategic plans to motivate employees to participate in wellness initiatives, as these programmes are crucial for effective service delivery and recognition. In addition, scholars such as Cavico and Mutjaba (2013) and Mattke, Schnyer, and van Busum (2012) argue that EWPs are often employer-sponsored initiatives aimed at reducing insurance premiums. McCleary, Goetzel, Roemer, Berko, Kent, and De La Torre (2017:256) emphasise that not all programmes are developed with the same intentions, as some lack the necessary materials to be effective. These scholars suggest that the motivation behind these wellness initiatives may be more about financial benefits for companies, such as reducing insurance premiums, rather than prioritising employees' health. Similarly, McIntyre et al. (2017) and Herzog et al. (2016) suggest that incentivising employees to participate in wellness activities may not always be ideal, as employees should take responsibility for their health without relying on external rewards. The ideal, according to scholars such as McIntyre et al. (2017) and Herzog et al. (2016), is for employees to engage in wellness activities voluntarily, driven by intrinsic motivation rather than external incentives.

The studies by Caillier (2017) and Koruda (2016) found that many employees become disheartened by wellness programmes due to the punitive measures associated with these programmes. The discouragement often arises from the perception that these initiatives impose financial penalties or other negative consequences for failing to meet specific health criteria or participation requirements. McCleary et al. (2017:256) criticise the programmes for discriminating against those who do not intend to participate by portraying them as defiant. Furthermore, Hull and Pasquale (2018:193) suggest that wellness programmes target employees by controlling how they should conduct themselves without providing them with sufficient time. Herzog, McClain, and Rigard (2016:48) contribute to this discussion by noting that the implementation of wellness programmes is often biased, driven more by employers' desire to reduce

healthcare costs than by a genuine concern for improving employee health. As a result, the study by Rothstein (2017) noted insufficient evidence that workplace wellness programmes effectively lower health costs, mainly due to the political influences surrounding their implementation. According to Passey, Meagan, Hammerback, Huff, Harris, and Hannon (2018:1789), wellness programmes often fail to engage employees, indicating that employers must develop more effective strategies rather than distancing themselves from the problem.

Furthermore, scholars like Motshudi (2019) and Campmans, Smit, Van Osstron, Engels, and Proper (2023:2) view wellness programmes as a means of enforcing workplace compliance, creating the risk that employees may feel coerced into joining, which diminishes the programme's value. These scholars suggest that when organisations implement these programmes primarily to meet compliance standards or to appear socially responsible, employees may feel pressured or coerced into participating. Such feelings of compulsion can lead to disengagement (Berry, Mirabito & Baun, 2020:4), as employees perceive these programmes to be mandatory rather than beneficial. According to Braganza et al. (2018:265), employers must consult with employees on wellness topics to effectively tailor programmes to meet their workforce's specific needs and preferences. Engaging employees in discussions about what wellness initiatives they find valuable ensures that the programmes resonate with them and address their unique challenges and interests. According to Amaya, this collaborative approach increases the likelihood of cooperation within the organisation. It fosters a sense of ownership and commitment among employees, as they feel that their voices matter and that the organisation prioritises their needs. Additionally, by incorporating employee feedback, organisations can design wellness programmes that are more attractive and effective (Nohammer, 2022:164), ultimately leading to improved health outcomes and a more positive workplace culture.

In the next section, the study explores key challenges to implementing wellness programmes.

3.9 KEY CHALLENGES TO THE IMPLEMENTATION OF WELLNESS PROGRAMMES

Several scholars agree that employers face challenges during EWP implementation, primarily when focusing on programmes with a single lifestyle approach instead of integrated health programmes (Robroek, 2021; Schubin, 2020; Marshall, 2020:225). In the following paragraphs, the challenges such as a lack of participation, privacy concerns, and insufficient resources that hinder the effective implementation of wellness programmes are discussed.

3.9.1 Resources

Respectively, resources are tools that enable employees to carry out assigned tasks effectively. Employers prioritising employee wellness foster a healthy culture. Chapter 2, Section 2.5.1, highlights that high job demands can become an impairment, especially when the work environment is unsupportive (Bakker, 2015:274). A lack of resources, such as a labour shortage, puts pressure on wellness and eventually prevents employees from attending to their wellness needs, which could deter performance (Wright, Kapwata & Du Preez, 2021; Gauche et al., 2017:2). Employees often worry more about their work than their health. In the process, they overlook the most crucial part of self-care. Demerouti (2017:274) shares similar sentiments with Bakker, stating that, as much as individuals need the job for survival, when this commodity is unfairly discharged, health becomes compromised. This builds upon the work of Quick, Crank, Crank, Leahy, and Copel (2018:11), who illustrated that staff shortages cause employees to be uninterested in organised wellness initiatives because they feel unsupported by the work system. In their study, Harrison and Stephen (2019:620) confirm that academic residents thought it pointless to prioritise wellness programmes over their academic lessons, and their decision was based on a preference for the inflexible schedules at hand. The scholars emphasise that it becomes difficult for them to sacrifice because of the punishment they might face later. Employees then react by distancing themselves from everything happening around them. Employees are not impressed, even when employers try to organise attractive wellness activities, because they are expected to meet their daily targets after

participating in these initiatives. In other words, employees have to plan efficiently and effectively to meet the expectations of both wellness programmes and work schedules.

In most cases, managers do not consider releasing employees to participate in wellness initiatives because they prioritise targets over employee wellness. Likewise, managers who must facilitate programmes are under pressure due to their workloads and often end up indefinitely sidelining their roles in wellness initiatives (Quirk et al. 2018:1). This creates a challenging situation for implementers. Since employees regard their managers as role models (Koinig & Diehl, 2020:4), when they do not participate, neither do their managers. This means the wellness programmes might not achieve their intended goals. Studies by Quirk et al. (2018) and Gauche (2017), which align with this research, examined the limited resources that hinder the implementation of wellness programmes. This indicates that employees may not attend due to deadlines they have to meet. Such inconveniences can be eliminated by introducing online services that allow employees to book the dates and services they require. In this instance, different time slots may be allocated to avoid queuing for the entire day, which can take considerable time.

Perrault et al. (2022:15) found time constraints to be an impediment, leading employees to refrain from participating in wellness initiatives. Okereke (2022:25) highlights that it would be better to facilitate such programmes at convenient times, since a lack of time prohibits employees from participating. Singh et al. (2024:5) note that the production deadline is a serious concern regarding involvement in wellness programmes. Employees find time challenging because they are always busy trying to reach their targets. Smit, Proper, Engels, and Campmans (2022:396) found that other organisations lack flexible policies to ensure programme participation. Scholars such as Penwell-Waines, Cronholm, Brennam, Romain, Runyan, Buck, Fazio, Grace, Ricker, Ross, Schneiderhan, and Talen (2020:187) and Jones et al. (2019:1753) found that negotiating paid protected time was significant for successful implementation. Time is the main barrier, as employees are hesitant to leave their workstations to participate in wellness programmes. Employers must reserve specific time within their schedules to accommodate wellness activities.

This means that loyal employees are the ones who will suffer when they go the extra mile to cover for absent colleagues. This compromises the health of others. Previous studies indicate that excessive work leaves employees psychologically and physically drained, as they must prove their capabilities (Harry & Gallie, 2019:14). This situation needs to be addressed, as it negatively impacts organisations' reputations. Evidence shows that this is a common phenomenon in the public sector, where a lack of direct guidance prevails, and employees are expected to deliver high performance within limited time frames (Sabharwal et al., 2019:40), suggesting that sufficient resources must be available for the progressive implementation.

3.9.2 Privacy concerns

Employers rely solely on employees' participation to determine the effectiveness of wellness programmes. Fink, Zabawa & Chopp (2020:257) assert that employees fear sharing their problems because of the judgment at work. As a result, employees are hesitant to share personal information with strangers due to concerns about security issues. To put employees at ease, wellness managers should facilitate workshops regularly with practitioners and advise them to conduct themselves professionally. Studies by Perrault, Hilderbrand, and Rnoh (2022:14), Tene and Polonestsky (2013), Zuboff (2019), and Van Dijck (2014) found that employees have concerns about sharing their personal information at work, since this might negatively affect their careers or lead to labelling. Scholars such as Perrault et al. (2022:15) and Singh et al. (2024:9) further reported that fears deter employees from participating in EWPs, as they become uncomfortable due to potential confidentiality breaches or the misuse of their data by employers. In other words, employees worry that employers may use their sensitive health or personal information against them, such as influencing promotion decisions, performance evaluations, or even their job security (Hendricks-Sturrup, Kerminara & Lu, 2020). Singh et al. (2024:11) observed that most employees who participate in EWPs often withhold sensitive information, fearing potential misuse or privacy violations within their organisations. This mindset prevents the wellness programmes from achieving their intended goals. Thus, organisations must foster a culture of trust and confidentiality by establishing clear data protection policies and ensuring that all wellness practitioners adhere to ethical standards.

3.9.3 Accessibility of wellness programmes

In addition, the wellness programmes must be accessible at convenient times and locations. According to Zula (2013:789), employees often struggle to participate in wellness activities due to their hectic schedules, whether at home or at work. The study by Hogg, Moreno-Akaza, Toh, Serbanescu, Aust, Leduc, and Patersson (2022) confirms that accessibility is a practical and effective component of wellness programmes. Employers must consider flexible scheduling options, such as offering activities during lunch breaks, after work hours, or even virtually, to accommodate diverse work-life balances. Additionally, locating wellness activities in easily accessible areas within the workplace or providing online resources can remove logistical barriers and encourage more employees to participate (Basas, 2014). In other words, companies must strengthen accessibility and ensure their wellness initiatives are inclusive, effective, and aligned with their workforce's needs (Baicker, 2021:2). Increasing the accessibility of these programmes is paramount for everyone who needs them.

3.9.4 Evaluation of wellness programmes

According to Scriven (1998:62), there is no need to evaluate wellness programmes, since feedback from service stakeholders indicates the success or downfall of the initiative. Smidt et al. (2021:1004) point out that acceptable standards for evaluating wellness programmes play an essential role in attracting future participation, and in the easy dissemination of wellness messages among colleagues, ideally for health improvement. Research fails to provide cost-effective, straightforward tools for assessing the effects of wellness programmes on productivity (Edwards and Marcus, 2018:107, and Shiri, Nikunlaakso, and Laitinen, 2023). Furthermore, evaluating the programmes helps developers identify key areas that need improvement. In other words, Scriven (1998:62) regards EWP evaluations as a waste of time and resources since the role of an evaluator is to assess programme implementation and outputs. Conversely, several scholars recommend evaluating EWPs. For instance, O'Donnell (2015:2) argues that wellness programmes increase organisations' revenues from investment returns; hence, evaluating these programmes is crucial to achieving the

goal. De La Torre and Goetzel (2016:21) agree with O'Donnell (1998:2) that evaluating wellness programmes is integral to the implementation.

According to De La Torre and Goetzel (2016:21), well-designed and well-executed wellness programmes yield positive returns on investment, and evaluating the programmes to ensure they serve their purpose. Several studies recommend various assessment methods. For instance, Kava, Passey, Harris, Chan, and Hannon (2021:183) relied on workplace support for health to assess the implementation of wellness programmes. Kava et al*. (2021)* used the Workplace Support for Health Scale to assess whether staff members understood new wellness initiatives. These scholars found that the scale provided employers with a clearer picture of how well-executed initiatives perform. In another evaluation study by Sabharwal et al. (2019:39), the scholars argue that evaluating wellness programmes is essential because it predicts the success and sustainability of EWPs. Monitoring the programme's performance is integral to assessing EWPs' performance and taking corrective measures to improve implementation.

In the subsequent section, the perceived effects of wellness programmes are discussed.

3.10 PERCEIVED EFFECTS OF WELLNESS PROGRAMMES

The workplace is responsible for ensuring employees' safety and well-being. This may be achieved by organising wellness programmes. Factors such as participation, offering incentives, and perceptions are examined to determine the effects of wellness programmes.

3.10.1 Participation

Participation is an employee's intention to engage in an activity for a specific benefit (Lowensteyn, Berberian, Berger, Da Costa, Joseph, & Grover, 2019:851). This may often be voluntary or involuntary. Respectively, participating in wellness programmes may be regarded as a means of acquiring personal resources to address job demands (Ott-Holland et al., 2019:164). Lloyd (2019:677) asserts that employees participate in

wellness programmes when their employers show interest in them. In this regard, employees perceive such an employer as considerate. Goetzel (2020: 442) argues that, despite high reported participation rates, wellness programmes tend to fade when not consistently implemented. This is underpinned by Perrault (2020:9), who reflected that the programmes are useless because they create barriers to participation, especially in the public sector. This needs to be investigated academically to minimise the risk of unfounded assumptions. In addition, the assumptions can discourage committed employees who are eager to become healthy and work the extra mile to perform exceptionally well (Nöhammer, 2021:10). Singh (2024:9) cautions that the disregard for privacy concerns and low-grade incentives tend to affect participation levels in wellness programmes. However, it becomes challenging to convince employees to participate in wellness programmes, as the interventions are voluntary and subject to legal constraints. This implies heightening professional and ethical conduct.

Campmans, Smit, Oostrom, Engels, and Proper (2023:04) believe that because wellness programmes are voluntary, some employees may choose not to participate because they see themselves as healthy. Therefore, they find it pointless to be involved in such initiatives. Smith et al. (2022:396) argue that employees engaged in physically demanding jobs, such as construction, often attribute their health status to the physical nature of their work. Involving employees in wellness programmes helps them recognise their value within the organisation and fosters a sense of health responsibility (Ruvulcaba et al., 2022:426). By participating in wellness programmes, employees help employers assess the effectiveness of these initiatives. If they do not participate, employers may never know which wellness activities are appropriate (Ott-Holland et al., 2019:177; Torres & Zang, 2020:3). Lowensteyn (2019:857) found that pairing wellness programmes with team challenges supports the long-term sustainability of participation. This may be strengthened by incorporating more engaging activities. Nohammer (2021:5) warns employers that employees are attracted to programmes that match their personal interests and health status (Nohammer, 2021:5). Chia (2019:8) cautions that neglecting employees' needs can be a strategic mistake, especially in a changing environment.

Herzog (2017:47) emphasises that dedicated employees sometimes cannot participate in wellness initiatives due to deadlines they have to meet. In fact, to avoid participating, other employees would use the tactic of claiming to be preoccupied with work when they knew they were not genuinely interested in the planned wellness activities (Passey, Brown, Hammerback, Harris, & Hannon, 2018:1789). In the long run, employees who genuinely complain about time constraints eventually accommodate wellness initiatives into their schedules upon realising their benefits (Mitchell, Nerina, & Lisa, 2021:1015). It becomes evident that employees do not take their wellness seriously. At times, employers must reassure employees that participating in wellness programmes is the right thing to do.

Participating in wellness programmes is often associated with improved health issues. It is also unusual to assume that wellness initiatives are intended for specific groups when this privilege is meant for everyone (Lloyd, 2019:678). At times, participating in wellness programmes can create a false impression, as those who participate may think they are healthier than those who do not (Perrault, 2020:10). This tends to create division among colleagues. The stigma surrounding the use of wellness programmes causes employees who need them most to feel ashamed and incompetent (Jones et al., 2019:1744; Mphahlele, 2019:10; Mitchel et al., 2021:1012). This type of classification makes employees with health issues hesitant to seek help, as they feel discriminated against (Beukering, Smith, Janssens, Bogaers, Joosen, Bakker, Weeghel, & Brouwers, 2022:366), thus depriving them of their right to good health. Since healthy employees dominate wellness initiatives, their unhealthy counterparts often feel uncomfortable taking advantage of such privileges, especially when leaders are involved (Sabharwal et al., 2019:36; Mitchell et al., 2021: 1018). Dajani, Bryan, Saclett, and Allgood (2021:5) criticise wellness programmes for introducing specific competitions because they expose employees who fail to meet wellness criteria, which might be seen as unhealthy by their colleagues. In addition, unhealthy employees often disassociate themselves from such activities to avoid ridicule. Sabharwal (2019:38) insists that, when aiming to increase involvement in wellness programmes, it is critical to handle personal information with poise to maintain trust. Wellness custodians must be mindful that everyone deserves to be treated with respect. Besides health-related issues, Goetzel (2020:443) argues that employees avoid participating in wellness programmes because they are perceived as highly politicised and having

exorbitant premiums for unhealthy ones. In most cases, employees feel comfortable with their current lifestyles. Employers must have a strategy that integrates health and productivity management.

3.10.2 Offering incentives

According to Mattke, Liu, Caloyeras, and Huang (2013:24), organisations adopt reward systems instead of penalties to motivate employees to change their behaviour. Bartosky (2016) states that an incentive system is an effective way to increase participation. This approach drives immediate involvement and enhances the perceived value of EWPs, making them more appealing to employees. The incentive-based strategy is a win-win, motivating employees to become health-conscious and reducing employers' health care costs (Fleming, 2021). The incentives are often referred to as the "carrot approach" because they entice employees to change their behaviour. This aligns with Maslow's hierarchy of needs, suggesting that employees require internal motivation to make healthier decisions. Several scholars recommend using both non-financial and financial incentives to encourage participation. Non-financial incentives include novelty items, such as t-shirts, event tickets, nutritious food in canteens and gym membership cards, and rewards (Mattke, Liu, Caloyeras and Huang Van Busum, 2013:25; Okereke & Adinma, 2022:11). Financial incentives, for instance, cash and gifts cards, improve the quality of health behaviour expected within the organisation, making wellness programmes appealing to those who do not wish to participate (Smith et al., 2017:1530; Szrek, Gyster, Darnowsky & Farias, 2019:289; Jones et al., 2019:1753). In contrast, there is little evidence that incentives can change behaviour unless tailored to employees' preferences (Jenkins, Fakhoury, Richardson, Segar, & Krupka Kullgren, 2019: 881). Employees can choose the incentives that best suit their needs.

Bontrager and Marshall 2020:282) add that the effectiveness of incentives, financial or not, can be determined by how they are communicated. Incorporating financial incentives with reminder messaging may encourage participation, although it is an expensive approach (Szrek, Gyster, Darnowsky, & Farias, 2019:290). Introducing incentives at times exposes employees who fail to achieve desired health outcomes,

do not participate in racial minorities, and those with disabilities to discrimination or cost shifting (Koruda, 2016:135). Scholars are concerned about how employees are compelled to adopt unfamiliar behaviour. Including incentives in wellness initiatives only motivates participation rather than improving health (Mattke, 2013:26; Strassle & Berkman, 2020:1677). It depends on whether employees will modify their behaviour in response to the available interventions.

Bontrager and Marshall (2020:281) confirm that financial and non-financial incentives encourage employees to engage in healthy behaviour, thus making wellness programmes relevant. Furthermore, Bontrager and Marshall (2020:281) argue that if the work environment is unsupportive, behaviour change may not occur despite incentives. The study by Perrault et al. (2020:9) reported that a good strategy for organisations is to include interesting incentives to encourage more participation. Scholars such as De La Torres and Goetzel (2016:1) and Perrault et al. (2020:9) argue that incentive distribution may not guarantee high participation in EWPs because not all employees are interested in the same offerings. Quirk, Crank, Carter, Leahy, and Copeland (2018:11) suggest that wellness practitioners should distribute incentives more equitably, enabling all organisations to adopt practical wellness strategies, regardless of their size. Employees often participate to comply, rather than because they genuinely believe it is the right thing to do. With sufficient information and resources, wellness programmes can gain popularity by encouraging employees to take ownership of their behaviour (Dudley and Rouen, 2021). Employees need to be responsible for their wellness, since this is about them.

Jenkins et al. (2019:881) highlight the importance of considering employees' preferences when initiating wellness programmes. This helps stimulate employees' interest and has implications for business success. Heninger, Smith, and Wood (2019:10) examined the reward-type choices associated with performance. The scholars found that participation increased when employees were given the option to select their preferred rewards. For instance, in their study, they found that employees who chose gift cards to show high performance were more likely to participate in wellness programmes. Employers must allow employees to decide what works best for them, rather than making decisions on their behalf. Mahabuke's study (2016:22) shows that although the incentive offerings are expensive, they are effective in

increasing participation and persuading employees to adopt healthy lifestyles, as they are consistently awarded. Mattke (2015) found that small organisations often struggle to maintain comprehensive wellness programmes due to limited financial resources, leading them to exclude incentives from their services.

In contrast, larger employers may seek external funding, but approval can be slow, delaying the implementation of wellness initiatives. As such, employers expect noticeable outcomes, given the substantial amount paid for the programmes and incentives encouraging participation (Szek et al., 2019:290). This fosters a competitive spirit in organisations that leads employees to undermine others' values. Schmidt et al. (2012:12) state that these participation-based incentives overlook individuals' differing genetic makeup, environment, cultural traditions, and upbringing. This is why most employees show resistance. Swayze and Burke (2013:58) state that employers must understand that behaviour change takes time and effort. Employers must avoid imposing activities that make employees feel obliged or unfairly persuaded. If employers follow this approach, employees may withdraw their support.

The incentive system gains respect when professionally applied. Often, employees become motivated to join EWPs when incentives are distributed (Cheon et al., 2020:38; Mahabuke, 2016:22; Cailler, 2016:8). Huang, Mattke, Batorsky, Lui, and Taylor (2016:34) confirm that participation rates are influenced by the quality of incentives offered and adequate employer support. Linnan, Cluff, Lang, Penne, and Leffe (2019:663) affirm that even though more than half of employers included incentives in their programmes, the employees' performance remained unimpressive. Improper incentive planning undermines participation in wellness programmes. It is recommended that employers understand the impact of incentives on encouraging healthy lifestyles.

3.10.3 Perceptions

In today's fast-paced economy, the popularity of wellness programmes has grown to the extent that organisations recognise their importance in fostering healthy lifestyles among employees (Seward, Goldman, Linakins, Werth, Roberto, & Block, 2019:2;

Song & Baicker, 2019:1492). Persuading employees to participate in these initiatives can be challenging, especially when they must disclose their biometric data to colleagues (Berry, Morabito, and Baun, 2020:4; Perrault, Hindenbrand & Rnoh, 2020:15). Stigmatising other groups creates resistance to employee wellness participation, discouraging those who need support from engaging in the programmes (Van Laar, Meeussen, Veldman, Van Grootel, Sterk & Jacobs, 2019:7; Marcussen, Gallegher & Ritter, 2021:27). This situation causes employees who require assistance to retreat from the available services. However, effective awareness campaigns could mitigate such negative perceptions by educating employees about the benefits of wellness programmes (Sieberhagen, Pienaar & Els, 2011b). Isolating employees leads them to distance themselves from organised wellness activities.

According to Tzenios (2019:25), inadequate training for personnel responsible for implementing these programmes raises concerns about the handling of confidential and sensitive information, leading to fears of misuse or breaches. Past research has shown that some employers require employees to disclose health information, leading to the denial of promotions or recognition and thereby perpetuating distrust, particularly when wellness services are managed internally (Ford & Scheinfeld, 2016; Sears, Edmonds, Hannon, Schulaman, & Fulton-Kehoe, 2022). However, Kwoh (2013) and Silverman (2016) argue that, even when these initiatives are declared beneficial tools for promoting employee health, they cause misery for others by misusing sensitive information about their subordinates. The scholars report that employees become concerned that their private information could leak during casual conversations with colleagues who are wellness champions. The critique highlights a significant ethical concern: collecting health-related data to support employee well-being can lead to exploitation, with employers leveraging personal information for ulterior motives, such as discrimination or harassment.

According to Otenyo and Smith (2017:1530), wellness issues in the public sector have become particularly sensitive, as some public managers may operate without adequately considering the rights and dignity of their subordinates. Employees perceive wellness programmes as violating their psychological contract because they allow employers access to personal data (Gubler et al., 2018:4985; Marshall, 2020). Nevertheless, employers must be involved because they play a crucial role in

employee wellness, as they understand what might rejuvenate the workforce and foster a supportive culture in their workplace (Fink, Zabawa, & Chopp, 2022:259; Kava et al., 2021:180). Therefore, leaders must be informed about how to handle wellness issues. Furthermore, James and Zoller (2017) argue that unclear wellness promotions can lead employees to resist, question, and express dissatisfaction. These scholars (Otenyo & Smith, 2017; James & Zoller, 2017) underscore the importance of clear communication, respect for employee privacy, and thoughtful implementation of wellness initiatives to ensure their success in the public sector. In a study conducted by Seward et al. (2019), employees indicated that it is vital for everyone, from the top down, to engage in a wellness culture; that is, employers must participate rather than merely approve of it. By doing so, employees might get the courage to participate. Employers must do away with the practice of threatening employees by mentioning that participation in wellness programmes is mandatory. Conducting wellness participation in this manner diminishes its voluntariness.

On the one hand, employees regard wellness programmes as beneficial when they participate willingly (Ott-Hollard, Shepherd, & Ryan, 2019:164). Employees have the perception that including a perceived organisational support means an employer cares about the workforce and this makes them feel valued by management (Wilson, Donsante, Pal, Franklin, Bowden, & Elmeida, 2022:1749; Jehanzeb, 2020:652; Roemer & Harris, 2018:2; Seward et al., 2019:8). To some, providing wellness programmes means that employers care; for this reason, employees impress by participating in the wellness initiatives (Zhu & Dailey, 2019). On the other hand, some employees exhibit a dismissive attitude towards EWPs, as they believe they can independently manage their health and alter their behaviours without EWPs (Sponselee, Kroeze, Robroek, Renders, & Steenhuis, 2022:11). However, Perrault et al. (2020:10) mention that in organisations where wellness initiatives are available, their employees regard themselves as healthy. They boast about that because they are already in a healthy environment. This could lead to underutilising resources meant to enhance their health. With this approach, Tzenios (2019:28) stated that employees could miss valuable information and miscellaneous support systems. It is high time that employers eliminate strategies that instill fear in employees about wellness programmes.

Conversely, the research by Horn, Randle, and McNeil (2020) indicates that many employees perceive EWPs as time-consuming and inconvenient, leading to dissatisfaction with these initiatives. This perception can lead employees to feel that participating in the programmes is more of a burden than a benefit, thereby diminishing their engagement and overall effectiveness. Others believe that wellness programmes are for unhealthy employees; hence, they do not try to participate (Harrison & Stephens, 2019:638). Such perceptions make vulnerable employees hesitant to seek help. Additionally, the study by Camarillo (2021:360) found that some employees may enrol in these programmes to appease their managers, who focus more on profits than on improving their wellness.

Other employees become reluctant to commit to wellness programmes due to concerns about the associated health insurance, which they perceive as expensive, biased, inaccessible, and influenced by political factors, as well as the misuse of information by employers (Goetzel, 2020; Ott-Holland, Shepherd, & Ryan, 2019:175; Coppens, Hogg, Greiner, Paterson & de Winter, 2023). These barriers contribute to disillusionment with wellness initiatives, making employees wary of participating. Additionally, a 2018 Kaiser Foundation report mentions that employees often view wellness programmes as punitive, particularly when they impose penalties on individuals who do not meet health-related goals, making them vulnerable to cost shifting (Hendricks-Sturrup, Cerminara & Lu, 2020:8; Fink et al*., 2*020:257). This punitive approach can create uncomfortable situations for employees, as they may feel pressured to conform to specific health standards or face financial repercussions. This method, however, is not well-received by scholars, as Kwoh (2013) criticised the stick approach for its penalties, which are often seen as harsh, infringe on employees' rights, and pressure employees to change their behaviour unwillingly. Drawing on the work of Smidt, Jimmieson, Bradley, and Edwards (2023:614), such perceptions can significantly hinder engagement with wellness programmes, as employees may view them as a source of stress and inequality rather than a supportive resource for improving their well-being. Organisations must ensure that wellness programmes ease employees' burden rather than cause frustration.

In their study, Hull and Pasquale (2018) found that health service providers favour insuring healthy employees because they incur lower medical costs than employees

with health complications. Such preferential treatment discourages employees struggling with serious issues from participating, as they may feel like a burden to the organisation. According to Kearny, Barg, Alexis, Higginbotham, and Aysola (2021:10), employers interested in employee wellness should pay particular attention to vulnerable groups when designing wellness programmes because some individuals may be hesitant to participate, fearing isolation. When wellness initiatives fail to accommodate diverse participants, their overall effectiveness is compromised, leaving only healthy individuals to benefit from the programmes (Hermer, 2021:253). In this way, wellness programmes that fail to capture targeted groups require creative ideas (Mulaney, Bromley-Dulfano, McShane, Stepanet, & Singer, 2021). Organisations must strive to achieve their intended goals when implementing wellness programmes.

In the subsequent section, the researcher discusses employers' perceptions of EWPs, highlighting how these perceptions can significantly influence the implementation and effectiveness of such initiatives within organisations.

3.11 IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES

Employee wellness is crucial to any organisation striving for success. As wellness programmes were cultivated, employers developed strategies to make them lucrative for organisational gain (Camarillo, 2021:355). Employers must find practical methods to educate their workforce on adopting healthy lifestyles to prevent illnesses. Several studies have pointed out various approaches to the successful implementation of EWPs, including, for instance, paying attention to legal compliance, leadership support and commitment, effective employee engagement and feedback (Hull & Pasquate, 2018:192; Zula, 2013; Hoert et al., 2018; Swayze & Burke, 2013; Zula, 2013; Ryu & Bae, 2020). However, most studies do not focus on successful implementation in the public sector.

Several approaches to implementing employee wellness are discussed in the following paragraphs.

3.11.1 Leadership and organisational support

Leadership commitment is a crucial component in the successful implementation of wellness programmes. Often, employees are more likely to engage and participate in wellness programmes when leaders demonstrate commitment through full participation and open communication (Lier, Breuer, & Dallmeyer, 2019:5; Koining & Diehl, 2021:9). Furthermore, Seward, Goldman, Linakis, Werth, Roberto and Block (2019:834) stress that leaders' demeanour to lead by example indicates the level of support for employee wellness. The authors further highlight that the success of programmes may depend on management's attitudes towards them. Despite that, Passey et al. (2018:1780) and Adjognon, Cohen-Bearak, Kaitz, Bokhour, Chatelain, Chams, and Mohr (2023) mention limited evidence showing managers take their time to convince employees to utilise wellness services. In their study, Hoert et al. (2018:1059) reiterate that leaders' support is required to influence the use of wellness programmes, as their roles entail integrating the policy with organisational needs. Leaders who ignore wellness responsibilities are not helping organisations become sustainable.

In their research, Heyns, McCallaghan, and Ross (2021:16) found that a creative leader can significantly shape the outcomes of wellness initiatives through their knowledge. However, Badul and Subban (2022:122) argue that poor leadership affects how leaders engage with employees, thereby impacting working relationships and leading employees to withdraw from organised activities. It is believed that informal office interactions will bring a common understanding of how best to handle the issue. Such a relationship extends to securing employees' buy-in and motivating them to take their health seriously. Altman et al. (2023:501) confirm that leadership support for employee wellness motivates participation in such programmes. Seward et al. (2019:386) contend that there is no substantive evidence to support the claim that wellness programmes play a significant role in improving support and workplace relationships, because the measures used for this assertion are inadequate. One might view the workplace as a healthy space due to the varied wellness initiatives introduced. Involving employees' views is vital to unlock the misconceptions.

According to Zhu and Dailey (2019:3600), service providers' negative perceptions negatively affect participation, as employees perceive it as a leader’s ploy to distance themselves from their problems. Scholars suggest that employees feel unsupported when organisations fail to provide personalised wellness programmes. Passey et al. (2018:1704), in their study, focusing on the role of managers in employee wellness, found that managers fail to accommodate employees due to a lack of training on wellness topics, excessive workload, and inflexible work schedules. Leaders should receive training on wellness programmes to understand the concept and guide their subordinates accordingly (Shanafelt and Noseworthy, 2019), while some feel it is not within their responsibility to raise awareness of wellness programmes due to their work expectations (Passey et al., 2018:1794). Unclear job roles often create confusion as employees shift duties to one another. The findings by Altman et al. (2023:501) and Hoert et al. (2018:1060) confirm that leadership support is the most effective strategy for motivating participation in EWPs. In other words, leaders must participate in wellness programmes and make valuable contributions to their implementation.

Cahalin et al. (2015) and Tryon, Bolnick, Pomeranz, Ponk, and Yach (2014) caution that a lack of leader communication about wellness programmes deters employees from participating because leaders are trusted to provide eminent guidance within the organisation. Employees gain confidence in wellness activities when their leaders become involved, thereby demonstrating a socially responsible and caring, family-like environment. However, some companies show interest in wellness programmes by providing incentivised EWPs (Richardson, 2017:424). The scholar notes that such external motivators can encourage companies to invest in comprehensive wellness programmes after realising their benefits. In contrast, impoverished organisations without funds might struggle to achieve intended wellness goals (Stewart, Mandell, and Beidas, 2021; Jaramillo, 2019). This limited approach can result in superficial efforts that fail to address employees' diverse needs.

3.11.2 Flexible working arrangements

The changing world of work forced employers to redesign their time schedules by introducing flexible working hours (Lazaveric & Nikolic, 2021:93). The idea of

introducing flexibility in the workplace gives employees the liberty to make choices of how, where, and when they want to work (Saks, 2021:7). This demonstrates that employers are greatly concerned about their employees. In this manner, they aim to support employees in balancing their work and personal life obligations. As highlighted in Chapter 2, Section 2.8.2, The Basic Condition of Employment Act (No 75 of 1997) (RSA 1997, section 2) supports this notion, as it regulates permitted working hours. Thus, employees must still consider their family obligations, even if they need to be at work for survival.

According to Kossek et al. (2012:740), flexible arrangements enable employees to balance home and work demands. This allows employees to choose preferred working hours without interrupting operations. Zheng et al. (2015:356) reported that flexible arrangements enable employees to cope independently rather than rely on wellness programmes. This highlights the importance of employees taking responsibility for their wellness. Jackson and Fransman (2015:4) argue that flexi hours do not necessarily enhance performance, especially for less committed employees. It is believed that flexitimes are pertinent in the public sector due to an influx of citizens who desperately need services (Abe, 2017:53), meaning that services should be made available to citizens on time. Such arrangements are not preferred solely because they shift workloads to others, cause confusion during shift changes, and expose systems to manipulation (Jackson, 2018:3). This generates bitter working relationships, especially when employees are not forthcoming with information. For proper accountability, employers should regularly review flexi contracts and make amendments where applicable.

Organisations that do not consider work-life strategies risk losing talented and skilled employees to a family-supportive environment (Dunne, 2007:28). It can be deduced that employees leave an organisation due to unfriendly policies (Bateineh, 2019:107). As a result, those left become overloaded with work. These subjects are subjected to frustrations, exhaustion, burnout, and health complications. Evidence shows that employers with access to family leave, flexible working hours, and supportive leaders experience fewer conflicts at home and work and are less likely to intend to quit their job (Bateineh, 2019:100). Employees tend to react in this manner when they are satisfied. This confirms the findings of Jackson and Fransman (2018:2), who reiterated

that a happy employee is more likely to be energetic and productive. However, the current study does not guarantee that allowing flexible working arrangements may influence employees to change their behaviour. Behaviour change depends on employees' readiness. This suggests that employers must consider developing policies that align with contemporary circumstances.

The boom for free services prompts employees to work throughout the day without rest. Therefore, considerate employers attempt to introduce flexible hours to reduce the stress employees endure daily through working long hours and commuting to and from work, especially during off-peak hours. This makes them tired and unproductive on a given day. Hull and Pasquate (2018:203) believe that meaningful working arrangements enable employees to spend time with their families without disrupting operations. This aligns with the significance of the current study, which suggests that a supportive system enhances workforce health. However, employees reciprocate by becoming more engaged, as they feel their employer cares for them, thus reflecting their satisfaction (Jackson & Fransman, 2018:10; Saks, 2021:8). Additionally, with the small amount accrued from discounts obtained for participating in the programmes, employees can share it with their families during quality time. Further, work-life challenges could not be adequately addressed by initiatives that offered flexibility. As Jackson and Fransman (2018:4) argue, flexi-time arrangements benefit employees and employers by harmonising situations. At the same time, it will enable extra working hours to deliver services, suggesting that flexitime may be suitable in the public service to maintain uninterrupted operations.

The work of Kossek et al. (2012:740) aligns with the current study, as it highlights the role that wellness programmes play in helping employees achieve a meaningful balance between work and family obligations. As indicated in Chapter 1, Section 4.1, this study examines the impact of workplace wellness programmes on work-life balance. This brings new knowledge about developing effective programmes for quality of life. Despite the adoption and acceptance of programmes, little is known about their effects on employees in the organisation (Caillier, 2017:2). The provision of work-life programmes demonstrates that employers care about their workforce. Caillier found that employees value work-life programmes to help them balance work and life obligations and cope during stressful times. Therefore, failing to support the

initiative frustrates dedicated employees. Conversely, employers must address implementation obstacles and develop sound strategies to help employees achieve a quality of life and health.

3.11.3 Communication

Communication refers to the process of relaying information from one person to another. Paul and Singh (2023), Kimani (2024:3), and Knippen, Thompson, and Masters (2018:34) assert that communication is essential for promoting engagement and participation in wellness programmes. It is at this point that employees can share informal conversations with their colleagues about health tips to support one another on their life journeys. Burke, Dailey, and Zhu (2017:103) focused on identifying co-worker communication associated with wellness programmes. Their study confirms that employees involved in wellness programmes experience high social interaction because they can freely share their life experiences with others. The study by Burke et al. (2017) reports that employees enjoy discussing exercises, diet programmes, and rewards received after participating in wellness programmes. Spoonheim and Pronk (2016) argue that the prevalence of wellness programmes makes it easy for employees to form social support groups to discuss health and wellness issues.

Additionally, organisations attempt to provide various media such as face-to-face coaching, emails, pamphlets, word-of-mouth, printed advertisements, and Facebook, and these other media platforms are crucial for expediting communication and engagement in wellness programmes (Knight, 2019:354; Jeh, 2022; Miller et al., 2019:386). The study conducted by Harrison and Stephens (2019:627) investigated the complexity of wellness communication in a pediatric residency. The residents complained about excessive communication, which caused stress because they were expected to respond to messages even when there was no time, given their hectic schedules. This process of reading and responding to e-mails was tedious when there were other tasks to complete. Phyo (2024:36) stresses that, by doing so, organisations assume this is the proper way to engage employees in matters relating to their health. An organisation needs to avoid bombastic communication so employees can digest limited information. In other words, the chosen communication medium should align

with individual preferences and enhance accessibility to ensure the message reaches the targeted audience.

Mitchell, Amaya, Battista, Melnyk, & Gale (2021:107) found in their study that when employees hear about the benefits of wellness programmes from colleagues, they are likely to develop an interest in participating, thereby increasing the organisation's healthy culture. However, Miller et al. (2019:386) posit that poor communication about wellness activities tends to lower participation intentions, as some employees become unaware of the wellness interventions around them. However, Perrault and Hildenbrand (2020:4) argue that wellness programmes are most beneficial to employees; yet, strengthening communication around wellness initiatives has been neglected. Should employers focus on improving communication about wellness, organisations would be better places for a healthy, happy workforce (Anwar, Tawab, Kinza, and Sami, 2020). Though wellness programmes are not new, organisations must arrange engaging sessions to explain the idea and allow employees to ask questions. Unfortunately, insights regarding wellness programmes are not adequately shared to familiarise all employees with the concept.

Respectively, employees who actively use wellness programmes voluntarily communicate about their health (Dailey & Zhu, 2017:262). Such employees identify as healthy, as they are aware of issues to focus on regarding their wellness. The scholars highlight that employees with strong characters connect with healthy identities and take pride in their well-being, reflecting a unique personality. Burke et al. (2017:108) found that these employees feel free to engage with their coworkers who are also part of the wellness programmes. They can encourage one another to utilise the available benefits, exercise, and adopt healthy dietary habits. Since employees spend most of their time together (van der Put & Ellward, 2022:2), they openly share any issues that bother them, ranging from family and work concerns to personal challenges. Therefore, their communication becomes easier as they meet and learn from colleagues facing similar situations.

Additionally, technological advances have simplified communication, as employees can now share information, knowledge, and opinions in groups using mobile devices (Stellefson, Paige, Chaney, & Chaney, 2020:1). This enables them to connect

anywhere, anytime, without the need for physical meetings. The approach has allowed many health-related interventions, including those on social media platforms, to be easily accessible to the public (Torres & Zhang, 2021:2). This expanded reach increases the public's access to health information. Furthermore, managers need to encourage employees to take advantage of supportive health messages or participate in workplace wellness competitions and social conversations, as these aid in successful implementation (Stephens, Dong & Durning, 2015:78). In Stephens et al.'s (2015) view, EWPs create communication platforms that are vital for employees to interact. Organisations can use these platforms to disseminate wellness information. However, Chung, Gorm, Shklovski, and Munson (2017:4487) warn that technology interference has notable disadvantages for data disclosure and misuse, jeopardising privacy. Van der Put and Ellwar (2022:2) emphasise that, as employees interact, they may easily discourage one another from adopting healthy lifestyles. Being in an environment where the wellness culture is taken seriously motivates others to emulate their colleagues' good behaviours.

3.11.4 Employee engagement and feedback

Employee engagement has become the most critical aspect in organisations and academics (Obubisa-Darko & Sokro, 2023:2). The process of engaging employees with leaders in designing and implementing wellness programmes provides valuable insight into their preferences and needs, thus incorporating these ideas to create progressive programmes (Goetzel, Heneke, Tabrizi & Pelletier, 2014:930; McCleary et al., 2017:257). To achieve this, employees can encourage one another’s wellness efforts through daily interactions in the office, thereby strengthening the wellness ecosystem (Burke, Dailey, & Zhu, 2017:103). Mhwangani and Malindini (2023:18) posit that employers must not overlook employees' needs during the planning phase, as this can disorient the success of wellness programmes. In other words, ignoring employees' needs can lead to disinterest, scepticism, or resistance, ultimately diminishing the effectiveness of wellness programmes (Sherman, Stiehl, Wator & Pratap, 2024; Stiehl, Jone-Jack, Baron & Muramatsi, 2019; Person, 2010). Furthermore, Linnan, Cluff, Lang, Penne, and Leffe (2019:663) believe that employees' engagement in wellness programmes demonstrates a sense of ownership

over their wellness and trust in the processes. This trust relationship between employees and employers provides the organisation with insightful information. Such trust fosters collaborative efforts, whereby employees sit with the employer to discuss the organisation's future projections. This leads to sustained benefits for both the employee and the organisation (Cipriano, Kilag, Echavez, Book, Taboada & Rabi, 2024:53). Employees become willing to change and improve the organisation by taking ownership of their wellness.

Singh et al. (2024:9), Nevins (2024), and Soman (2024) note that engaging sessions stimulate communication among employees, enabling them to express themselves freely to colleagues and promote positive experiences. If the message is well-received, behaviour change may occur, and employees may take advantage of the benefits. Amaya et al. (2019:28), Ordóñez, Schweitzer, Galinsky, and Bazerman (2009), and Gubler et al. (2018:4969) posit that failure to engage employees can significantly affect the organisation's wellness targets, as employees may feel undermined. When there are workplace developments, employees may react by ignoring them, assuming their needs are neglected. Providing regular feedback through surveys or focus groups can help organisations make informed predictions about areas requiring improvement in wellness programmes (Torres et al., 2023: 576). Reliance on personal capability rather than structured support hinders overall workplace health and well-being, underscoring the importance of fostering a culture encouraging engagement with wellness programmes (Swaroop and Sharma, 2022). It is through such engagements that employees feel their employers take them seriously.

3.11.5 Legal and ethical compliance

Legal compliance is a crucial component of implementing wellness programmes. As a result, Hull and Pasquate (2018:192) advised employers to seek advice from an advocacy counsel to evaluate whether the activities of the wellness programmes comply with the law. The consultation is crucial because wellness programmes involve various ethical considerations, including privacy rights, anti-discrimination laws, and healthcare regulations (Strassle & Beckman, 2020:1668). Employees participate in wellness programmes due to the moral and legal standards governing their use

(Smidt, Jimmieson, Bradley, & Edwards, 2023:616). Thus, employers must assess whether their programmes comply with applicable laws, helping mitigate the risk of legal challenges or penalties arising from non-compliance. For example, according to Cavico and Mutjaba (2013:197), the workplace is a diverse setting comprising different races, religions, ages, and genders; therefore, discriminating against employees based on their differences is unacceptable. In other words, legal compliance requires employers to create an accommodating environment where all employees feel valued and respected (Mattke, 2013; Richardson, 2017:425).

Marshal (2020:223) and Alrwashden, Alrwashden, and Alhadid (2023:283) note that leaders must stay up to date with legal developments related to the implementation of effective wellness programmes. Attention should be on developments aligned with anti-discrimination laws and promote a culture of wellness that enhances employee morale and productivity (Cavico, Mutjaba, Muffler and Samuel, 2014:47). Furthermore, organisations must make it a prerogative to implement accessible and equitable wellness programmes that cater to the diverse needs of their workforce without inadvertently marginalising any group. In Chapter 2, Section 2.4.1, Sieberhagen et al. (2009) argue that it is essential to implement compliant wellness programmes to protect both employers and employees during implementation. Failure to adhere to these principles can lead to legal repercussions and damage the organisation's reputation, underscoring the need for employers to prioritise legal compliance and inclusivity in their wellness initiatives.

3.11.6 Marketing and Awareness

According to Bontrager and Marshall (2020:274), marketing is a critical strategy for recruiting employees, making them aware of organisational prospects, encouraging participation in behaviour changes, substantially enhancing wellness, and improving organisational performance. Taute and Manzini (2009:3) state that marketing is carried out in various forms in the workplace, including word of mouth, poster introductions during orientation, and holding workshops. Pillay and Terbalanche (2012:230) postulate that marketing is vital in notifying employees about new and existing organisational programmes and reaching out to as many individuals as possible.

Additionally, Otenyo and Smith (2017:6) state that when marketing a programme, it is crucial to develop catchy phrases to help attract participation. Perrault et al. (2020:16) and Browne and Tie (2024:2) found that raising employee wellness awareness is an essential tool, providing an opportunity to explain the benefits of wellness initiatives and activities. Introducing and explaining organised initiatives is vital during the implementation phase to draw employees to participate in large numbers.

According to Hoert et al. (2018:1059), organisations should not offer wellness programmes without communicating about them to create awareness and understanding. Hoert et al. (2018) highlight that omitting the awareness phase may fail to positively impact EWPs. Mphahlele (2019: 9) argues that promoting programmes within a particular area might become complex if awareness campaigns are excluded. Significantly, marketing wellness programmes shift them from an individualised responsibility to a shared component of a network (Ruvalcaba, Akdevelioglu, & Schroeder, 2022:414). Thus, disseminating wellness information becomes vital for the progressive implementation of wellness programmes.

However, Chap (2019:63) cautions that when wellness information is not well-marketed, it deprives employees of the opportunity to learn about specific services offered. In other words, as the primary tool for creating awareness, marketing is essential for bridging the gap between the availability of wellness programmes and the organisation's aspirations. Ineffective marketing of wellness programmes leaves employees unaware of their benefits or accessibility, leading to underutilisation of resources. Organisations must, therefore, adopt strategic marketing approaches, such as using diverse communication channels, tailoring messages to address employee needs, and consistently reinforcing the value of wellness programmes. Employees must acquaint themselves with such organisational initiatives. It is suggested that employers develop advanced marketing strategies to broaden awareness of wellness programmes.

3.11.7 Wellness champions

Wellness champions are employees who are interested in supporting their colleagues by enhancing their health and wellness (Mitchell et al*.,* 2021:101*).* Amaya, Buffington, and Battista (2017:59) emphasise that wellness practitioners recognise the importance of wellness champions within the organisation. Amaya et al. (2017) further explain that, although wellness champions may not be wellness specialists, they play a significant role in helping organisations achieve a wellness culture. Mitchel et al. (2021:101) stress that this role requires a knowledgeable individual who effectively communicates wellness messages to colleagues and plans resources and activities. Additionally, the wellness champions are said to be a conduit for encouraging participation in wellness programmes.

In selecting EWP representatives, Wieneke et al. (2019:107) recommend choosing self-identified employees who are dedicated and passionate about wellness issues. For instance, organisations can invite employees interested in wellness to represent their colleagues in decision-making processes regarding the design of wellness programmes (Keller et al. 2022:4; Mitchell, 2021:101). Several scholars consider this essential for motivating one another to participate in wellness programmes, noting that employees are more likely to get involved when they observe their peers' behavioural changes (Smit, Proper, Engels, Campmans, & Oostrom, 2023:395). Notably, this is a voluntary assignment. Therefore, employees performing this work should not expect any remuneration. However, the survey conducted by Wieneke et al. (2019:107) found that the impact of wellness champions on employee wellness and engagement was minimal due to a lack of compensation.

According to Amoya, Buffington, and Battista (2017:60), champions must regularly participate in discussion forums to stay informed about relevant developments and disseminate wellness information to their peers. Furthermore, Wieneke et al. (2019) believe that wellness champions could have a significant impact on wellness when organisational culture is flexible, creating, for instance, relationships between supervisors and employees, whereby the supervisor grants the champion permission to attend organised wellness sessions and disseminate wellness information at any time during working hours. Furthermore, the same study by Wieneke et al*. (2019)*

also found that, due to a lack of support, wellness champions fail to fulfill their duties properly because of the daily roles they are expected to perform within their work units. Similarly, the study by Mohapi (2020:14) found it impossible for wellness champions to perfect all the roles, as each responsibility requires sufficient time to achieve the anticipated goals. It is suggested that full-time wellness champions be hired to collaborate with wellness practitioners in promoting a wellness culture within an organisation.

The following paragraph discusses the causes of wellness and health problems.

3.12 KEY CAUSES OF WELLNESS AND HEALTH PROBLEMS

Employees go to work daily to provide for their needs. The work they perform can help them develop specific skills or impact their overall wellness. It is crucial to consider the work aspect that might affect wellness.

3.12.1 Nature of the job

In realising the challenges employees encounter with their jobs, most organisations saw it pivotal to adopt work-life balance strategies to help them attain a healthy balance in their responsibilities (Kim & Rue, 2017:75). This compels employers to implement work-life balance policies to drive employees to have autonomy on their jobs, to achieve a quality life (Abe et al., 2017:53). In addition, employers' support plays a crucial role of enabling employees to balance family and work responsibilities progressively. Indeed, when employees have unresolved issues, they are more prone to occupational accidents and work mistakes. Ultimately, failure to fulfill expected duties places excessive strain on employees, leading to health problems (Kim & Ryu, 2017:75). As noted by Ryu and Bae (2020:4), job characteristics significantly influence employee wellness. That is, employees involved in both home and work roles experience role conflict. This often happens when resources are limited at work (Cvenkel, 2020:228). In contrast, employees who are highly involved in family roles tend to experience lower stress-related problems than their counterparts. This illustrates the notion that, even when employees need work to maintain financial

wellness, they can also be a source of stress. The following section discusses the efficacy of work-life balance.

3.12.2 Efficacy of work-life balance

The wellness programmes are work-life balance strategies that provide voluntary counselling (Abe et al., 2017:59). Therefore, they help address employees' challenges and enable them to achieve a better balance. Apart from that, these programmes are life strategies to tackle personal problems that affect performance (Attridge, 2009; Henderson, 2011). This means the programmes have the potential to address life experiences and personal challenges rather than focusing solely on work issues. Caillier (2017:7) and Abe et al. (2017:59) point out that public service saw it as pivotal tomplement wellness programmes to reduce stress-related issues that cause employees to struggle with work and family life. Public service regards these programmes since they conform to regulations and ensure accountability to the constituency by providing efficient service delivery. Reynold and Bennett (2015:10) highlight that those limitations on work-life balance make the process of addressing work-related issues vulnerable. In contrast, Abe et al. (2017:56) found that work strategies could yield positive results if integrated into wellness programmes. It has been observed that a lack of balance between work and family life arises from disparities emerging in both domains. Indeed, work environment problems, such as role clashes, lack of autonomy, and job stress, need to be integrated into wellness programmes, as they contribute significantly to a poor quality of life. In this regard, employee well-being is essential; failure to nurture it may negatively impact organisational progress (Bataineh, 2019:99). It is incorrect to isolate life and work problems, as an effect in one may lead to dysfunction in the other.

Furthermore, Abe et al. (2017:62) found that work and family strategies jointly predict a need for reliable wellness programmes, thereby aiding employees in achieving a higher quality of life. For this reason, work-life balance strategies in the public service are implemented to conform with legislative regulations, support dual-earner families, and address gender-based segregation (Abe et al., 2017:62). The public sector is subject to such rules due to its exposure to public scrutiny. In addition, considerate

employers also include family-friendly policies to complement work-life balance. However, this highlights the assumption that the work and non-work domains are dissimilar and lack a discernible relationship, warranting further research.

Likewise, if employees can manage work-life conflicts and achieve a work-life balance simultaneously, this demonstrates their ability to resolve issues. Additionally, employees with integrity are less likely to be fazed by awkward situations. Even though some are unable to separate issues, according to Rajin (2012:27), they allow personal problems to interfere with their work duties, resulting in a negative impact on performance. In contrast, Zheng, Molineux, Mirshekary, and Scarparo (2015:355) argue that excluding work-life balance from wellness programmes aggravates workplace and family conflicts. Zheng et al. (2015:355) concur with Carlson (2011:20) that work-life conflicts reflect the absence of work-life balance, which likely affects physical and mental well-being. Surprisingly, the concept of work-life balance has received less attention in various studies, despite being widely recognised as crucial (Bataineh, 2019:100). Consequently, the need for supportive policies and programmes to address this issue is evident. Friendly policies also consider flexibility.

3.13 SUSTAINING WELLNESS PROGRAMMES IN THE PUBLIC INSTITUTIONS

Employers who value their workforce often try to provide the necessary resources. Employees feel content with their jobs when employers prioritise their health and wellness, as well as that of their family members. Family-friendly policies play a crucial role in enabling employees to lead fulfilling lives and excel at work. Providing family-friendly programmes assists employees in caring for dependents and ensuring that work demands are accommodated (Caillier, 2017:6). Employees become stressed when they must perform all their roles. The wellness programmes are therefore designed to alleviate physical and mental disturbances. Caillier stipulates that there are costs associated with caring for dependents, which leave an employee to evaluate the best options. If an employee decides to stay away to care for the elders or children, this delays production and increases the number of retentions. However, to avoid such problems, employers need to implement on-site services, long-term insurance, and flexible working hours (Caillier 2017:6). Cvenkel 2020:449 asserts that employers that

want to be recognised as “employers of first choice” accommodate and support family-friendly practices in their organisations, and such practices are debated to attract new competent candidates. In terms of social exchange theory, this shows a gesture of social responsibility for employees and their family members.

3.14 CHAPTER SUMMARY

The literature reviewed in this chapter demonstrates that the existence of an employee wellness programme does not necessarily result in effective employee wellness outcomes. Across the international, African and South African literature, there is broad agreement that leadership support, employee participation, effective communication, accessible services, organisational resources and trust are important for successful wellness initiatives. However, the literature also reveals differences in emphasis. Some studies primarily view wellness programmes as mechanisms for improving individual health and behaviour, while others emphasise organisational factors such as workload, organisational culture, management support and job design. A further group of studies highlights the importance of structural and contextual factors that extend beyond the immediate workplace. These differences suggest that wellness implementation should not be understood as a linear process in which the provision of services automatically produces positive outcomes. Instead, implementation is shaped by the interaction between individual needs, organisational conditions, managerial practices and wider contextual factors.

The critical gap identified from the literature is therefore not the absence of knowledge about the benefits of employee wellness programmes, but the limited understanding of how these programmes are implemented, experienced and sustained within a South African public-sector institution. In particular, insufficient attention has been given to the relationship between employee participation, organisational culture, management support, communication, confidentiality, monitoring and evaluation, and the sustainability of wellness interventions within a specific public-sector organisational context. This study addresses this gap by examining these implementation conditions at the RAF’s Menlyn branch and by using the empirical findings to develop an integrated and context-sensitive framework for wellness implementation.

Wellness programmes play a significant role for both employers, employees, and their families. This chapter introduces wellness programmes, defines their dimensions, and highlights their history and evolution, both globally and within public institutions. The public administration's contribution to employee wellness, and the key stakeholders involved in making wellness programmes successful, were described. The study included the benefits of employee wellness programmes, including work-life balance, job satisfaction, perceived social support, healthcare costs, and absenteeism. Essential aspects that might prevent effective implementation, such as employee wellness criticism, and key challenges like labour shortages and time constraints, identified as resources, were explained. In addition, privacy concerns, accessibility, and evaluation of wellness programmes were highlighted because they negatively affect participation in these programmes. Furthermore, the perceived effect of wellness programmes, such as participation, offering incentives, and perception, became the cornerstone of the study, aiming to introduce effective practices. To successfully implement wellness programmes, factors such as leadership and organisational support, flexible working environments, communication, employee engagement, and feedback were considered critical. It is imperative to include legal and ethical considerations, marketing, awareness, and wellness champions in wellness drives. The chapter also discussed the sustainability of workplace wellness programmes.

The literature reviewed demonstrates that the effectiveness of employee wellness programmes depends not only on the availability of wellness services but also on how these programmes are designed, communicated, supported, accessed and evaluated. The literature identifies leadership commitment, organisational culture, employee participation, adequate resources, confidentiality and continuous evaluation as important conditions for effective implementation. These issues provide the basis for examining how employee wellness programmes are implemented at the RAF and for identifying the factors that may create a gap between formal wellness policy and implementation in practice.

The research methodology chapter follows next.

CHAPTER 4:
RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter presents the research methods and methodologies used to examine how the public sector implements employee wellness programmes (EWPs). To comprehensively understand EWP implementation, the chapter first outlines the study's aims, followed by a mixed-methods approach that blends qualitative and quantitative data collection techniques, including surveys, document analysis, and interviews. Furthermore, this chapter describes the case study utilised in this study and discusses the concurrent design and triangulation strategies employed to assist the research. The chapter further elaborates on the sample size, sampling techniques used in this study, and data processing protocols and analysis. The chapter also discusses the validity and reliability of the instruments in the research in detail. The chapter concludes with a discussion of the challenges the researcher faced during the research process and a summary of the chapter.

4.2 OBJECTIVES OF THE STUDY

The study aims to critically evaluate the challenges faced by the Road Accident Fund in sustaining employee wellness through the implementation of employee wellness programmes.

The research objectives supporting the aim of the study are:

1. To explore which theoretical principles form the basis of instituting employee wellness programmes within the Public Administration discipline.
2. To conduct a literature review on the need for public institutions to institute employee wellness programmes.
3. To explore the perceived effects of employee wellness programmes in public institutions.

4. To establish the challenges that influence the design and implementation of employee wellness programmes in public institutions, specifically at the Road Accident Fund.
5. To investigate the challenges experienced at the Road Accident Fund in sustaining the wellness programmes.

The research paradigm is outlined in the following section.

4.3 RESEARCH SETTING

The research was conducted at the Menlyn regional office of the Road Accident Fund (RAF), a juristic public entity operating under the Department of Transport in South Africa. Established through the Road Accident Fund Act No. 56 of 1996, the RAF is mandated to compensate individuals injured or killed in motor vehicle accidents occurring within South Africa's borders (RSA, 2006; RAF, 2020). It does not cover damage to vehicles or property but focuses on bodily injury and death. Funded through a fuel levy, the RAF serves as a form of social security, helping alleviate the economic burden on victims and their dependents (RAF, 2023). Its head office is in Centurion, with regional offices in major cities, including Menlyn, Johannesburg, East London, Cape Town, and Durban. With a staff complement of 831 employees, the Menlyn branch (formerly known as the Pretoria region) is the largest RAF office and was selected as the research setting because of its prominence and high volume of claims which are received from sub-offices in Polokwane, Mafikeng, and Mpumalanga. It is situated within the City of Tshwane, the largest metropolitan area in Africa, with a population of approximately 3.6 million (HRIS Report, 2024). Given this volume and scope of work, the Menlyn branch presents a critical space for understanding the impact of workplace stress and the implementation of employee wellness services.

Due to the challenging operational environment, the RAF has recognised the importance of wellness to ensure service delivery and workforce sustainability. In response, it has developed a structured Employee Wellness Services (EWS) framework designed to provide physical, psychological, and emotional support to its employees (RAF, 2019). The EWS programme is aligned with key legislation, including

the Basic Conditions of Employment Act 75 of 1997, the Occupational Health and Safety Act 85 of 1993, the Mental Health Act 17 of 2002, and the Protection of Personal Information Act 4 of 2013 (POPIA) (RAF, 2019). Wellness services at the RAF are facilitated by a multidisciplinary team that includes social workers, psychologists, nurses, and a wellness manager to monitor trends in employee health and absenteeism. This internal capacity is supplemented by outsourced services from Lyra Wellness (formerly ICAS), which provides employees and their families with 24/7 counselling, trauma debriefing, legal and financial advisory services, and HIV/AIDS support (RAF, 2022; RAF Online, 2023). These interventions are voluntary and confidential, and the RAF has signed formal agreements to safeguard employee privacy in line with South African legislation (RAF, 2019).

The Menlyn branch also reflects the RAF's broader commitment to creating a resilient and supportive organisational culture. This is reflected in its ICARE value system—Integrity, Compassion, Accountability, Respect, and Excellence—which guides all levels of leadership and service delivery (RAF Online, 2023). Programmes such as employee assistance, wellness days, health screenings, sports and recreation, and support for the management of chronic illnesses form part of a holistic approach to well-being (Hamid & Naidoo, 2020). Moreover, the wellness office plays an active role in facilitating workplace reintegration, providing bereavement support, and referring individuals to mental health services. RAF's wellness interventions aim to reduce absenteeism, improve morale, and enhance service efficiency by helping employees manage stress and health-related challenges in a demanding environment, with growing concerns about burnout and high workloads. Especially at large branches like Menlyn, the RAF's wellness strategies serve as both preventative and responsive mechanisms. Thus, this research setting was deemed suitable to evaluate the extent to which the RAF's wellness programmes impact employee well-being and organisational performance within the context of a high-demand public service entity.

4.4 RESEARCH PARADIGM

Pragmatism is consistent with the mixed-methods approach employed in this study (Morin, Olsson, & Atikcan, 2021:171). As a result, the researcher adopted a pragmatic

approach to guide the study. The study's integration of this paradigm provided it with a well-organised structure and enabled the researcher to evaluate EWPs in the public sector. As argued by Ngulube (2022:49), combining quantitative and qualitative approaches provides a comprehensive perspective, and pragmatism encourages the use of multiple research methods to facilitate thorough data collection. The integration is consistent with pragmatism, which holds that the researcher should use appropriate instruments for gathering data while maintaining impartiality (Leavy, 2017:92). According to academics such as Fouche, Strydom, and Roestenburg (2021:5), pragmatism emphasises practicality, which is especially pertinent when examining the effectiveness of EWP implementation. The study aims to address real-world challenges in implementing EWPs by employing a pragmatic approach. In other words, a sensible stance makes this study well-suited for employing both qualitative and quantitative methodologies, which form the basis of mixed-methods research. Additionally, according to Fouche et al. (2021:5), pragmatism emphasises the use of research objectives to guide methodological decisions, thereby ensuring the usefulness of research methodologies and strategies. Pragmatism in this enquiry ensures the study's capacity to address challenges in implementing wellness programmes.

The mixed-methods approach is presented in the following section.

4.5 MIXED METHODS RESEARCH

This study employed a mixed methods research approach to comprehensively understand how the South African RAF implements Employee Wellness Programmes (EWPs). The mixed methods research approach combines qualitative and quantitative data, enabling a nuanced understanding of complex topics and is well-suited to exploring the varied dimensions of EWP implementation. Argued by scholars such as Lieber (2016:185), Hay (2016:85), and Clark and Ivankova (2017:4), mixed methods enable the researcher to gain a broader understanding by integrating words, numbers, and patterns, thereby enriching insights and facilitating meaningful conclusions. This study leverages the in-depth detail of qualitative data and the statistical rigour of quantitative data, making it practical for examining multifaceted public sector issues, such as the implementation of wellness programmes. Quantitative data offer

measurable insights, while qualitative data reveal subjective experiences and insights into workplace dynamics, aligning with Clark and Ivankova's (2017) assertion that both data types contribute to a balanced perspective.

The mixed methods approach, through a concurrent research design, enables the simultaneous collection of qualitative and quantitative data, separate data analysis, and the integration of results (Creswell & Creswell, 2018:225) to understand EWP implementation at RAF. By capturing both detailed personal narratives and broad statistical patterns, the concurrent design enabled qualitative data from interviews and quantitative results to complement one another, thereby enhancing insights into the effects of EWP from both employee and managerial perspectives and yielding a comprehensive analysis of EWP implementation. Similarly, the qualitative approach improves the overall quality of the research by providing a rich numerical context (O'Leary, 2021:177) to address the challenges of implementing EWP. As the study drew on both qualitative and quantitative data, the findings offer insights into improving EWPs in the public sector.

According to Creswell and Clark (2007:5) and Fouche et al. (2021:421), the strength of a mixed methods approach lies in its capacity to enable researchers to integrate qualitative and quantitative techniques and to draw on the strengths of both methods. While the qualitative interviews allowed for open-ended responses that highlighted individual experiences and revealed challenges RAF faced in EWP implementation, the quantitative approach directed employees toward EWP-related problems. Applying qualitative and quantitative methods is crucial because quantitative data can overlook the complex individual effects of health efforts. Similarly, qualitative insights may not be generalisable (Morin et al., 2021:171), providing both approaches with a comprehensive tool to analyse EWP gaps, difficulties, and opportunities within RAF.

This pragmatic and adaptable methodology aligns well with the study's unique objectives, enabling researchers to tailor mixed-methods research to specific case study contexts, such as the RAF (Crouch & Pearce, 2012:128). Creswell and Creswell (2018) explain that mixed methods are especially suitable for case studies, as they provide flexibility in exploring a specific unit, timeframe, or boundary. In other words,

this study successfully employed quantitative tools, such as surveys, to gather broader ideas and qualitative techniques, such as interviews, to provide a more specific context. For example, the study employed a survey to gather comprehensive insights into the implementation of EWPs from a large sample. Conversely, interviews provided an in-depth analysis of the EWPs' implementation, allowing RAF wellness managers and experts to share their experiences and deepen the study's understanding of the challenges and achievements of adopting EWPs. In other words, by combining quantitative data and qualitative narratives, the mixed methods methodology enabled this study to comprehensively address challenging research problems (Hitchcock & Onwuegbuzie, 2022:109). While qualitative data offered a platform for individual perspectives, quantitative results revealed trends in employee perspectives, providing a solid basis for answering the study questions related to EWP implementation at RAF. This integration supported the research's objective, guaranteeing that the study's conclusions were comprehensive, well-rounded, and practically applicable.

The study's research approach is covered in the following section.

4.6 RESEARCH APPROACH

The strategic route a researcher selects to handle a particular topic is known as a research approach. The nature of the problem plays a crucial role in determining this research plan (Fouche et al., 2021:11). Different subjects of inquiry require distinct approaches, some of which may benefit from a combination of qualitative and quantitative methods. In contrast, research enquiries may benefit most from using only one approach. Babbie (2021:89) asserts that an effective study design often necessitates methodological flexibility, enabling the researcher to use the approach that will most successfully produce insights and add value. Thus, Babbie (2021) emphasises that a practical research approach is not rigid but adaptable, allowing the researcher to choose methods that best suit the study's specific needs. In this study, the researcher employs an exploratory mixed methods approach, as discussed in Chapter 1, Section 1.9.1, due to the complex and multidimensional nature of wellness programme implementation. In addition, according to Babbie (2021:91), exploratory studies enable researchers to delve into new or poorly understood areas of research, yielding groundbreaking insights that advance scholarly understanding. According to

Babbie (2021), exploratory studies are crucial in providing new insights that refute presumptions, uncover previously unknown aspects, and establish new lines of inquiry for subsequent research. This contribution is valuable because it promotes the development of more comprehensive, empirically supported ideas and methods, enhances scholarly dialogue, and increases knowledge. In other words, this study captures in-depth perspectives and validates findings through numerical analysis, producing robust and credible outcomes through a mixed-methods research approach. The study's research questions, rooted in the problem statement, significantly influenced the mixed methods design. Several scholars believe that narrative-driven qualitative questions add depth to our understanding, while the hypothesis and quantitative analysis confirm and extend these insights, ensuring that the study's findings are both grounded and generalisable (Clark & Ivankova, 2017:8). In addition, as Pruzan (2016:184) asserts, research questions define what a study seeks to uncover, and hypotheses offer preliminary answers, directing the research toward meaningful conclusions. This alignment of qualitative and quantitative methods strengthens the study and aligns with best practices in complex, exploratory research.

The researcher discusses qualitative research in the following section.

4.6.1 Qualitative research

The research qualitatively explores the implementation of the South African RAF EWPs. As argued by Punch (2016:78), qualitative research emphasises understanding participants' experiences and perceptions rather than quantitative data. In addition, scholars such as Lune and Berg (2017:12) and Flick (2018:4) applaud qualitative research for enabling the study of participants in their natural settings, thereby facilitating the capture of in-depth, real-life experiences. The qualitative approach empowers this study to understand how EWPs impact employees' health. Walliman (2022:38) echoes this view, contending that qualitative investigations aim to provide a more thorough understanding of the study. Therefore, by concentrating on participants' subjective perceptions within their environment, this qualitative approach seeks to understand the implementation of EWPs. According to researchers such as Jonker and Pennink (2009:79) and Flick (2018:6), the qualitative method allows

participants to express their ideas, which enables the researcher to gain deep insights into EWPs.

Furthermore, as suggested by scholars such as Jane and Schmid (2019:116) and Leedy and Ormord (2015:278), the study further triangulates by combining qualitative and quantitative approaches, as well as using multiple data collection methods, such as interviews and document analysis, to provide a comprehensive view of EWP implementation at RAF. According to Denzil and Lincoln (2018:13), triangulation enriches the research by capturing different dimensions of the issue and addressing its complexity through diverse perspectives. Semi-structured interviews provided detailed accounts of the benefits, challenges and implementation experiences associated with the wellness programmes. The flexible nature of the interview schedule enabled the researcher to ask the same core questions across participants while probing issues that required further clarification. Qualitative analysis offers flexibility, enabling the researcher to adapt and interpret data as they unfold, thereby capturing subtle cues and insights that quantitative methods might overlook (Bryman & Bell, 2021:461). This inductive, immersive approach fosters a more comprehensive understanding of EWPs, allowing RAF employees' perspectives to yield actionable insights for improving organisational-level wellness initiatives (Silverman, 2022:23; Ekinci, 2015:4).

In the next section, the study delves into quantitative research.

4.6.2 Quantitative research

This study collected numerical data to investigate the implementation of EWPs at the South African RAF, enabling quantitative statistical analysis and the generalisability of the findings. According to Creswell and Creswell (2018:147), quantitative research is well-suited for investigating large populations and generalising the results to the broader population. In addition, quantitative research helped establish similarities and differences in EWP experiences by providing the accuracy and precision needed to measure employee perspectives through closed-ended questionnaires. Researchers such as Vincze (2013:65) and Jonker and Pennick (2009:66) contend that quantitative approaches are significant for organising data for statistical analysis and for facilitating

reliable inferences from the sample. In addition, the quantitative approach also enables the study to be grounded in earlier EWP studies, findings, and theories, serving as a guide and allowing the researcher to expand on existing findings (Jonker & Pennick, 2009).

As suggested by Lapan (2012:5), this study employed closed-ended questions to investigate the impact of EWPs and used numerical data to pinpoint causal linkages pertinent to wellness initiatives. Moreover, the empirical nature of this approach, as noted by Ekinci (2015:4), enables researchers to validate their findings with qualitative data, thereby adding rigour to data interpretation. In other words, the study's quantitative component draws on additional insights from qualitative interviews with wellness experts and managers. This qualitative data provides a deeper context for the numerical results, enriching the study's conclusions about EWP effectiveness at RAF by capturing statistical trends and personal experiences.

Although the qualitative component of the study was exploratory and open to participants' experiences and perspectives, the quantitative component included hypotheses to examine the relationship between the implementation of employee wellness programmes and perceived employee well-being and organisational performance. The hypotheses therefore applied specifically to the quantitative component of the mixed-methods design and were not intended to constrain the qualitative inquiry. The qualitative findings were analysed independently and subsequently integrated with the quantitative results to provide a more comprehensive understanding of EWP implementation (Jonker & Pennick, 2009).

4.7 CONCURRENT OR CONVERGENT DESIGN

In line with the study's objectives, the researcher employed a concurrent mixed methods design. According to Walliman (2022:9), a convergent research design provides the study with a strategic approach that directs data collection, analysis, and interpretation. As noted by Creswell and Creswell (2018:11), this design also facilitated informed decisions on the best tools and techniques, ensuring a systematic approach that aligns with the study objectives. The concurrent design enables the simultaneous gathering of qualitative and quantitative data, allowing for the combination of these

insights to gain a thorough understanding of EWPs. Given the hectic nature of the RAF's workplace, the convergence design was also beneficial considering time limits and restricted participant access by allowing simultaneous quantitative and qualitative data collection (Fetter, 2020:69). In other words, the researcher conducted semi-structured interviews with a limited group of participants while simultaneously deploying an online survey, which allowed for timely and smooth data gathering. Clark and Ivankova (2017:9) argued that this concurrent timing ensured that the data reflected a specific period, thereby increasing relevance and maintaining the integrity of the results.

According to scholars such as Ngulube (2021:51) and Fouche et al. (2021:427), timing, priority, and integration are all integral to convergence design. For instance, Ngulube (2021) linked the simultaneous collection and analysis of qualitative and quantitative data with timing. At the same time, Fouche et al. (2021:427) associate priority with the weight given to one approach over another. Therefore, the researcher prioritised qualitative data in this study because it was more thorough in capturing participants' opinions and lived experiences with EWPs. However, quantitative data were essential in providing measurable insights and validating trends within employee attitudes, complementing the qualitative findings. Integration merges qualitative and quantitative findings, providing a holistic view of the research problem (Fouche et al*.,* 2021). This design enabled the researcher to cross-verify results from different methods, creating a comprehensive understanding of EWPs at the RAF. By combining qualitative descriptions with quantitative data, the convergence design strengthened the study's overall validity, aligning findings from multiple data sources to draw reliable conclusions about the implementation and effectiveness of wellness programmes.

The methodological choices were guided by the nature of the research problem rather than by a preference for a particular research tradition. A mixed-methods approach was considered appropriate because the implementation of employee wellness programmes involves both measurable patterns and subjective organisational experiences. Quantitative data were necessary to identify patterns in employee participation, perceptions and experiences, while qualitative data were necessary to understand issues such as trust, stigma, confidentiality, management support,

communication and organisational culture that cannot be adequately explained through numerical measures alone. A convergent design was appropriate because the quantitative and qualitative data could be collected during the same general period and subsequently compared and integrated to provide a more comprehensive understanding of the implementation problem. A case-study design was selected because the study sought an in-depth understanding of employee wellness programme implementation within a clearly bounded organisational setting, rather than statistical representation of all South African public institutions. The use of questionnaires, semi-structured interviews and document analysis further enabled methodological triangulation by allowing employee perceptions, key informant experiences and documentary evidence to be considered together. These choices were therefore aligned with the research questions and with the study's purpose of explaining both the observable patterns and the organisational experiences associated with wellness programme implementation at the RAF.

4.8 TRIANGULATION

As suggested by Creswell and Creswell (2018:15) and Fouche (2021:431), this study benefited from a mixed-methods research approach, primarily through triangulation, which overcomes the limitations of each method by integrating findings from both quantitative and qualitative research. According to O'Leary (2021:177) and Babbie (2022:118), triangulation is approaching research problems from different perspectives, comparing various data sources, and verifying hypotheses to increase the validity and dependability of findings. In other words, this study employed triangulation by integrating data from interviews, questionnaires, and literature reviews or simply by combining quantitative and qualitative findings. For instance, as suggested by Singleton and Straits (2018:424), the researcher utilised a structured questionnaire with closed-ended questions to capture employees' perceptions of wellness programmes. As a result, the questionnaire offered generalisable insights due to its structured format and its ability to reach a larger population. However, as Singleton and Straits (2018:424) contend, questionnaires may occasionally prevent participants from providing thoughtful answers, as they may respond quickly. As stated by Singleton and Straits (2018), this shortcoming necessitates the use of interviews to address the limitation of relying solely on questionnaires for data collection.

In addition to the questionnaire, departmental managers and wellness experts were interviewed via Microsoft Teams, enabling a more thorough examination of their experiences with the RAF's EWPs. Flick (2020:188) argued that interviews were instrumental in providing detailed responses, addressing gaps left by the survey, and adding depth to the analysis. Document analysis further supported the findings, giving background information and revealing broader patterns in the implementation of EWPs in the public sector. As asserted by Flick (2020:190) and Panke (2018:229), triangulation reduces biases associated with individual approaches, making it a critical research component for ensuring the validity and reliability of findings. Furthermore, it enhances data integrity and the credibility of the findings by aligning different philosophical viewpoints, thereby guaranteeing an in-depth analysis of EWP implementation at the RAF. Interviews with wellness specialists provided context, revealing specific challenges and benefits of implementing EWPs at the RAF, while quantitative surveys provided numerical data on employees' experiences with EWP implementation. This triangulation, as argued by Jane and Schmid (2019:116), which integrates various perspectives and data types, supports a more accurate and detailed understanding, ensuring comprehensive and reliable findings. The study combines qualitative and quantitative research methods, providing a thorough understanding of the problems and recommendations for effective EWP implementation that guide practical modifications to the RAF's wellness programmes.

4.9 CASE STUDY METHOD

This study critically evaluated the implementation of employee wellness programmes at the RAF, with particular attention to the organisational, managerial and employee-related challenges that influence their effective implementation and sustainability. According to Yin (2018:4), case studies are suitable for investigating current societal issues by examining actual situations in depth. In other words, Yin (2018) suggests that case studies enable researchers to gather firsthand information by collecting data directly from participants. Therefore, as a case study, RAF provides a setting where the researcher can explore and gain insight into the most appropriate ways to implement EWPs in a structured workplace. Since organisations rely on worker

performance to meet goals (William & Mary, 2020:1667), EWPs at the RAF's operations are significant.

In addition, as Panke (2018:248) argued, the study employed a case study method because of its unique capacity to explore complex, context-specific dynamics in a real-world setting. According to Creswell and Creswell (2018:18), case studies enable flexible approaches that accommodate both qualitative and quantitative methods, focusing on a specific period, place, and bounded system. In other words, these scholars agree that case studies enable researchers to explore a research problem in depth, making this approach the most suitable for this study. However, single-case studies often face criticism regarding limited generalisability (Joshi, 2019:75). Nevertheless, they offer a concentrated exploration of "how" and "why" questions relevant to the case's context (Joshi, 2019:75). Examining the efficacy of wellness programmes is crucial in the context of RAF since the organisation supports accident victims and their dependents. In other words, EWPs directly influence service delivery, making the RAF an appropriate case study to examine the impact of EWPs in the public institutions, as well as employee performance and attitude towards wellness in general.

The case study is bounded by the RAF and, more specifically, the Menlyn regional office where the empirical data were collected. The purpose is not to claim statistical generalisation to all public-sector institutions or to the entire RAF workforce, but to provide an in-depth understanding of EWP implementation within this defined organisational setting. The findings may provide analytical insights for other public institutions where similar organisational conditions exist, but their applicability should be assessed in relation to the circumstances of each institution.

The following section discusses data collection instruments and procedures.

4.10 DATA COLLECTION INSTRUMENTS AND PROCEDURES

This study used document analysis, interviews, and questionnaires to gather data. The following subsections discuss each of these data collection instruments in detail.

4.10.1 Review of the Literature

It is essential to note that this study first reviewed the literature on EWPs by consulting several sources to gain an in-depth understanding of wellness from an international to a national perspective. The study examined several global, regional, and national agreements, conventions, policies, and strategic frameworks, highlighting their positions on employee wellness (EW). Through a review of the related literature, the researcher identified and highlighted gaps in knowledge and connected the research problem with what is already known (Blaikie & Priest, 2019:20). As suggested by scholars such as Creswell and Creswell (2018:26) and Thomas (2021:263), framing appropriate research questions and methodology requires identifying unexplored areas in EW, which is accomplished by critically analysing prior studies. The literature review focused on recent sources, including peer-reviewed journals, dissertations, theses, and articles, to ensure the evaluation's relevance to the study. In addition, as suggested by Fouche et al. (2021:93), the researcher focused on accredited sources encompassing well-founded perspectives or theories. It is also significant to note that the study consulted sources from various fields, as wellness is a multidisciplinary area, and the approach offers an extensive EW perspective. Additionally, the literature review utilised keywords to gather both qualitative and quantitative insights, ensuring that the most recent advancements informed the research. This study lays the foundation for future research by addressing aspects unique to the RAF and aligning itself with previous findings, referencing the work of others (Fouche et al., 2021:94).

The literature review was not treated as primary empirical data collection. It was undertaken as a scholarly process to establish the existing body of knowledge, identify debates and gaps relating to employee wellness programme implementation, and inform the theoretical and conceptual framing of the study. Relevant literature was identified through academic databases, Google Scholar and institutional sources using terms related to employee wellness, employee wellness programmes, workplace wellness, public-sector wellness and implementation. The identified literature was critically reviewed and synthesised according to recurring themes, including programme design, participation, leadership support, communication, organisational culture, confidentiality, resources, evaluation and sustainability. The

insights from this review informed the research questions, development of the data collection instruments and interpretation of the empirical findings.

4.10.2 Interviews

Interviews were a vital part of data collection, involving discussions with RAF wellness practitioners and department managers to gather their views and perspectives on the implementation of EWPs at RAF South Africa. As suggested by O'Leavy (2021:250), the interviewer had an opportunity to listen carefully, ask questions, and encourage participants to give detailed answers during the interview sessions. Additionally, in line with scholars such as Lune and Berg (2017:67) and McClure (2020:21), the researcher used semi-structured interviews, combining structured and unstructured questions to balance following a set list of questions with allowing the conversation to flow naturally. This method helps gain a deeper understanding of the challenges related to EWPs. The goals of this study influenced the choice of semi-structured interview questions, allowing the researcher to probe further into participants' responses and gather rich, in-depth insights into their experiences with EWPs at RAF. The interactive interview sessions challenged the researcher to listen carefully and enabled exploration of how wellness programmes impact RAF employees' attitudes and experiences. This process helped gather data essential for understanding EWP implementation and identifying areas for improvement.

The data collection instruments were developed directly from the research aim, objectives and research questions. The semi-structured interview schedule focused on participants' experiences of EWP implementation, including communication, benefits, challenges, managerial support and sustainability. The questionnaire examined employee awareness, participation, perceptions, organisational support and factors influencing successful implementation. Document analysis examined the formal policy and organisational arrangements governing EWP implementation. The three sources were subsequently triangulated to establish areas of convergence and divergence between the formal policy position and employees' and managers' experiences of implementation.

Table 4.1 below shows the structure of the interview questions, organised by key themes relevant to the study's objectives. The questions in each section correspond to specific areas of investigation, such as participants' responsibilities in wellness programmes, difficulties encountered during programme implementation, and the perceived impact of these programmes on employee well-being. The open-ended nature of the questions encouraged participants to provide more detailed information about their perspectives and experiences, enabling the researcher to gain comprehensive qualitative insights. This structure also allowed for flexibility in follow-up questions, enhancing the comprehensiveness of responses and capturing in-depth insights essential for analysing the effectiveness of wellness programmes at the RAF.

Table 4.1: Structure of the interview questions

Section	Description
Communication	In your experience, how are wellness programmes communicated at the Road Accident Fund?
Benefits	How do the available wellness programmes at the Road Accident Fund intervene to assist employees in performing well?
Challenges	What are the challenges preventing the Road Accident Fund from achieving a successful implementation of wellness programmes?
Challenges	What initiatives has the wellness service office taken to overcome such challenges?
Benefits	What suggestions do you have to make employee wellness programmes at the Road Accident Fund sustainable?

Source: (Researcher's own interpretation).

Tables 4.1, 4.2 and 4.3 should be read in relation to the research objectives. The interview schedule addressed participants' experiences of EWP implementation and the challenges affecting implementation; the document analysis examined the formal policy and organisational provisions for wellness; and the questionnaire examined employee awareness, participation, perceptions and organisational support. This alignment ensured that each instrument generated evidence relevant to the research questions and enabled triangulation across the three sources of evidence.

Due to the COVID-19 pandemic's effect on face-to-face meetings, the researcher conducted interviews online using Microsoft Teams, which provided participants with convenience and flexibility. The hectic working environment to which participants were exposed daily made convenience and flexibility ideal for this research process, thereby enhancing the overall quality of the data collected. As several scholars suggest, online interviews save time and resources while yielding high-quality data (Fouche et al., 2021:356; Hesser-Biber, 2017:140). Participants provided informed consent and agreed to have their interviews recorded. This allowed the researcher to properly review and transcribe the data (Silverman, 2022:325). In addition, each interview session lasted approximately thirty-five minutes, allowing for a meaningful discussion.

4.10.3 Document analysis

This study employed document analysis, also known as content analysis, as a critical qualitative method to review and interpret relevant documents, including RAF wellness policies, reports, journals, books, theses, and dissertations (Groenland & Dana, 2019:183). Document analysis allows researchers to explore themes within various sources and apply this data to both quantitative and qualitative studies (Tight, 2019:3). This method was particularly suitable for analysing RAF's wellness initiatives, as documents provide comprehensive records of organisational practices, policies, and employee wellness experiences (McClure, 2020:32). The researcher focused on sources related to wellness policies, utilising technological resources such as Google Scholar and institutional databases to access documents on employee wellness. Analysing these sources highlighted common themes and supported a thorough understanding of the RAF's wellness programme context (Dos Santos et al., 2021: 471). Themes such as 'employee well-being' appeared frequently across documents, indicating key areas of focus in the wellness literature. Only credible and recent sources were included to ensure data authenticity and accuracy, aligning the research with current realities and best practices (Persaud et al., 2019:127; Salkind, 2018:180). Document analysis thus provided a reliable framework for understanding the challenges of wellness programmes and the evolving needs of RAF employees.

Table 4.2 below presents the list of documents analysed by the study, including wellness policies, annual reports, academic journals, and organisational guidelines

relevant to the Road Accident Fund (RAF). These documents were carefully selected to provide insight into the historical and current context of wellness programmes at RAF, particularly in light of recent developments resulting from the COVID-19 pandemic. Each document type served a unique purpose: wellness policies provided foundational information on programme structure. At the same time, annual reports and organisational guidelines highlighted the strategic alignment of wellness programmes with RAF's goals. Academic journals and research studies supplemented these sources by offering theoretical and practical perspectives on employee wellness, creating a robust basis for analysing the efficacy of RAF's wellness initiatives and identifying areas for improvement.

Table 4.2: List of documents that the study analysed

Document Type	Name of the document	In-text citation
Policy	Employee wellness services	RAF (2013) & 2024
Policy	Employee wellness services: absenteeism management	RAF (2019)

Source: Researcher's own interpretation

For the purposes of this study, document analysis followed a systematic process. First, relevant RAF wellness policies, reports, guidelines and other organisational documents were identified according to their relevance to the implementation of employee wellness programmes. Second, the documents were reviewed to identify information relating to the purpose, objectives, target groups, services, communication mechanisms, responsibilities, resources, confidentiality provisions, monitoring and evaluation of wellness programmes. Third, recurring issues were coded and grouped into themes. Finally, the documentary evidence was compared with the findings from the questionnaires and semi-structured interviews. This comparison was used to identify areas of convergence and divergence between the formal requirements and intentions of the wellness programme and its reported implementation in practice.

The document analysis was therefore used to compare the formal commitments contained in RAF wellness policies with the experiences reported by employees and managers. This enabled the researcher to identify areas where policy intentions and actual implementation converged or differed. The comparison focused particularly on employee participation, communication, managerial support, accessibility, confidentiality and monitoring of wellness programmes. The policy evidence was therefore considered alongside the questionnaire and interview findings to establish whether the formal provisions for employee wellness were reflected in practice.

4.10.4 Questionnaires

This study employed questionnaires as structured instruments, comprising both closed-ended questions and Likert-scale items, to collect data on employees' perspectives on wellness programmes at the RAF. A questionnaire gathers targeted data efficiently through structured questions, enabling participants to respond consistently and without ambiguity (Jakoet-Salie, Hanekon, and Bryman, 2022). For this study, the questionnaire primarily consisted of closed-ended questions, which are advantageous for gathering standardised responses that simplify data analysis and are easy for busy participants to answer quickly (Babbie, 2021:252; McClure, 2020:20).

Table 4.3 below presents the questionnaire structure, organised into critical sections designed to capture participant demographics, employee awareness and engagement with wellness programmes, and attitudes towards various wellness initiatives at the RAF. Each section aligns with specific research objectives, ensuring that questions directly relate to the study’s goals. The first section gathers primary demographic data, such as employment status, gender, and department, to help contextualise responses. Subsequent sections assess the frequency of wellness communication, the types of wellness interventions attended, and participants’ motivations for engaging with wellness programmes. The questionnaire had 49 questions. Since participation in the study was voluntary, the questionnaire was designed with a limited number of questions to avoid participants feeling their time was wasted, given the amount of work

they had to do. Using Likert-scale items, the questionnaire measures agreement with statements regarding the accessibility, relevance and impact of RAF's wellness services. This approach enables a comprehensive analysis of participation patterns and perceptions, providing essential insights into areas for programme enhancement.

Table 4.3: Structure of the questionnaire

Sections	Structure	Number of questions/statements
A	Biographic information	**7**
B	Awareness about wellness programmes	**5**
C	Employees' perceptions of wellness programmes at the RAF	**6**
D	Design of wellness programmes at the RAF	**12**
E	Perceived benefits of wellness programmes at the RAF	**10**
F	Key challenges to the implementation of wellness programmes at the RAF	**7**
G	Evaluation	**2**
	Total	**49**

Source: Researcher's own interpretation

Employees could more efficiently express their experiences with closed-ended questions, eliminating the need for lengthy written responses. Participants also indicated their agreement or disagreement with EWPs using Likert scales, enabling quantitative measurement of employee perspectives. Therefore, in line with the arguments of scholars such as Thomas (2021:147) and Singleton and Straits (2018:306), the approach enabled the study to gain broad insights into the effectiveness of EWPs. In addition, the study utilised the Microsoft (MS365) platform due to its convenience, affordability, and robust data protection, enabling online administration of the questionnaire (Salkind, 2018:123). The study kept the questionnaire concise to maintain participant engagement and ensure relevance to the research objectives (Fouche et al., 2021:218), enabling participants to respond promptly and minimising interruptions to their work. The questionnaire format allowed the RAF's Communication and Marketing team to distribute it across departments,

ensuring broad employee participation while gathering data on central themes essential to understanding the current wellness landscape at the RAF. A questionnaire was distributed to specific groups within the organisation's divisions. The RAF's Communication and Marketing team needed to comply with the Protection of Personal Information Act by distributing the questionnaire, as they have e-mail addresses for different units. This reflects careful handling of employee information, specifically the provision of e-mail addresses.

In the following section, the study describes the validity and reliability of the research instruments.

4.11 VALIDITY AND RELIABILITY OF RESEARCH INSTRUMENTS

The trustworthiness of the qualitative findings was considered in terms of credibility, dependability, confirmability and transferability. Credibility was strengthened through the use of semi-structured interviews, triangulation with questionnaire and documentary evidence, and careful engagement with participants' responses. Dependability was supported by maintaining a clear and consistent research process, including documented procedures for data collection and analysis. Confirmability was addressed by maintaining an audit trail and ensuring that interpretations were grounded in participants' accounts rather than the researcher's personal views. Transferability was supported by providing sufficient description of the RAF context, participants and research procedures to enable readers to assess the relevance of the findings to other public-sector settings. These measures strengthened the rigour and transparency of the qualitative component of the study.

4.11.1 Validity of Research Instruments

According to scholars such as Inyang (2017:7) and McClure (2020:27), the validity of a research instrument is determined by how well it measures the desired construct. As suggested by Salkind (2020:27), this study employed a single, standardised questionnaire administered to all participants to ensure the validity of the research instrument. Comparability among participants was assured by the consistent distribution of questions, which yielded thorough, relevant data aligned with the study's

objectives. To further improve data accuracy, the researcher also used follow-up questions during interviews to clarify any unclear points. In addition, the study's design ensured the relevance of collected information by targeting specific employees involved in wellness programmes, with interviews providing complementary insights to questionnaire responses. This combination strengthened the study's validity by capturing both breadth and depth: questionnaires offered broader employee perspectives, while interviews with wellness experts provided detailed professional insights (McClure, 2020; Inyang, 2017).

The study also conducted a pilot study to refine the questionnaire and interview questions, identifying potential improvements before the primary data collection. This preliminary testing confirmed that the chosen instruments effectively captured the necessary data, supporting the study's objective of understanding the implementation of wellness programmes within public institutions. This validated instrument method provided a robust foundation for reliable and meaningful findings.

4.11.2 Reliability of Research Instruments

In research, reliability concerns the consistency of an instrument in producing similar results over repeated applications, highlighting the instrument's dependability for generalisation (Creswell & Creswell, 2018:153). It emphasises obtaining credible, reproducible results, even if the research is conducted on different occasions or with varied groups (Welman, Kruger, & Mitchell, 2005:144). This study demonstrated reliability by administering the same questionnaire to multiple employees at the RAF. Despite participants completing it on different days, their responses showed a consistent relationship, confirming the instrument's reliability. The questionnaire was distributed via an internal communique, ensuring all employees received it simultaneously, even if their responses arrived at different times. However, as Inyang (2017:8) points out, wording and context can influence dependability primarily when participants are uncomfortable or misinterpret the questions. Thus, participants could provide inaccurate responses if they misinterpret the questionnaire questions. If this happens during the interview sessions, the researcher can clarify questions further. However, the researcher observed some participants exhibiting hesitancy, which could have affected the consistency of their responses. The researcher identified and

addressed some of these reliability issues beforehand, for example, by using precise wording and creating a supportive environment for collecting reliable data, thereby ensuring that the instrument produced reliable data aligned with the study's goals.

The following section discusses the pilot study.

4.12 PILOT STUDY

As McClure (2020:62) argued, a pilot study enables researchers to evaluate the design and effectiveness of research instruments, offering an opportunity to refine and optimise them before full deployment. Conducting a pilot study prevented wasting time and resources on unproductive data collection. As McClure highlights, pilot studies test the validity and reliability of the instruments, ensuring that the questions are relevant and practical. As advised by scholars such as Persaud, Devonish, and Persaud (2019:114), this pilot study involved participants who resemble the target sample, helping to assess whether the research design resonates with the intended population. This study tested the interview schedule with two (2) voluntary key informants from the Menlyn branch. During the pilot testing of the instruments, the researcher strictly followed the ethical guidelines, informing participants of their right to withdraw from the study at any time. The results of this pilot study were significant because they revealed potential issues with the instruments, which helped the researcher modify the questions to improve reliability and precision. Interview observations shed light on participant responses by highlighting instances in which they seemed unsure or uneasy. Similarly, the researcher piloted the questionnaire with 30 participants from another branch with comparable characteristics. After analysing feedback, the researcher revised or removed irrelevant or unclear questions, enhancing the instrument's focus and alignment with the study objectives. This pilot study therefore confirmed the reliability and coherence of the research instruments, ensuring they effectively addressed the intended research questions.

The population and sampling techniques are presented in the next section.

4.13 POPULATION AND SAMPLING TECHNIQUES

The target population for this study comprised permanent employees at the Road Accident Fund (RAF), totalling approximately 2,976 across various branches, including Menlyn, Johannesburg, Cape Town, Durban, East London, and the head office in Centurion (HRIS, 2024). Bairagi and Munot (2019:90) define a target population as the entire group relevant to the research focus. Table 4.4 below illustrates the distribution of the population by RAF branches in South Africa.

Table 4.4: RAF population distribution according to branches

Brach	**Number of employees**
Menlyn	831
Johannesburg	439
Cape Town	307
Durban	394
East London	236
Centurion (Head Office)	769
Total	**2976**

Source: HRIS, 2024

Given the large population size and dispersed locations, sampling becomes necessary to ensure manageability and accuracy, as well as to mitigate logistical challenges and errors (Fouche et al., 2021:228).

4.13.1 Population frame

The population frame for this study comprised 831 permanent employees at the Menlyn RAF branch, based on the HRIS records for 2024. (HRIS, 2024). Table 4.5 represents the population from which the study sample was drawn.

Table 4.5: Structural composition of Menlyn branch

Divisions	Positions
Claims operations	Admin assistants Junior claims officers/personal assistants Officers/claims handlers Senior claims handlers/senior officers Managers
Support	Administrators Specialists/officers Senior specialists/officers Human resources basic unit practitioner/manager

Source: RAF, 2022

4.13.2 Sample Size and Sampling Techniques

Inyang (2017:2) asserts that sampling is instrumental when studying larger populations. In other words, in some instances, researchers may be unable to reach all participants in a larger population due to time and resource constraints. As a result, sampling becomes a significant feature in situations involving huge populations. According to Bairagi and Munot (2019:89), sampling is the process of choosing a subset that is representative of the larger population. In this study, the researcher organised the sample to represent the wide range of the RAF workforce. For this study, a sample of approximately 10% was drawn from the Menlyn branch to ensure representativeness. As scholars such as Markurjee (2020:75) and Fouche et al. (2021:229) advised, the sampling approach strikes a balance between statistical reliability and manageability, thereby avoiding the pitfalls of working with an overly large or too small sample. The chosen sample included employees from tasks 6 to 16, which cover positions such as administrative assistants, junior claims handlers, claims handlers and officers, senior claims handlers and officers, specialists, team leaders, and managers. The RAF is categorised into claims operations and support. Claims operations involve employees handling the receipt of documents from stakeholders and claimants. In contrast, claims processing entails assessing, validating, and

performing quality checks on claims before submitting them to the treasury (head office in Centurion) for actual payment. This describes employees who frequently engage in accident-related claims. Support includes the people management, facility management, risk, auditing, and ICT departments. Table 4.6 below shows the sample breakdown for tasks 6-16.

Table 4.6: Sample breakdown from tasks 6 to 16

Tasks	Positions	Number of participants
Task 6	Administration assistants	33
Task 8	Junior claims handlers/ Personal assistants	4
Task 10	Claims handlers and officers	24
Task 12	Senior claims handlers/Senior officers, and specialists	16
Task 14	Senior specialists/Team leaders	5
Task 16	Managers	2
Total		**84**

This study employed both probability and non-probability sampling methods. As advised by Bairagi and Munot (2019:96), in non-probability sampling, the researcher exercises discretion in selecting participants, meaning that individuals do not have an equal chance of selection. This approach enables the researcher to select participants with the potential to provide rich, relevant data. For instance, the departmental managers and wellness specialists were selected due to their experience and expertise in wellness programmes. However, as argued by Kothari (2004:59), non-probability sampling may introduce bias if the researcher's choices align the results with specific expectations. Thus, the researcher paid meticulous attention when using this sampling technique to eliminate bias.

In addition, when sampling for quantitative research, as Welman et al. (2005:56) state, the researcher used cluster sampling due to its practicality in managing large populations by organising the sample into representative groups. The Menlyn branch

consists of claims operations and support; these divisions were used instead of departments due to an organisational transformation at RAF, which changed the names of departments. As Singleton and Straits (2018:165) implied, the study saved time and resources by dividing departments into clusters, minimising sampling costs, and ensuring comprehensive coverage. Thus, in sampling participants in the cluster, the study employed simple random sampling, ensuring that each participant had an equal chance of selection and thereby maintaining representativeness (Marczyk, Dematteo & Festinger, 2005:83).

In this study, senior managers and regional managers at Menlyn's branch were excluded due to their busy schedules and the numerous meetings they had to attend. Regarding qualitative data, the researcher purposively selected participants with expert knowledge and experience in the RAF's wellness programme. Semi-structured interviews were conducted with these participants. Table 4.7 shows the role of the key participants interviewed by the researcher.

Table 4.7: Role of key participants interviewed by the researcher

Special numbers	Position	Gender	Qualifications
001	Wellness specialist	Female	Honours degree
002	Wellness specialist	Female	Honours degree
003	Wellness specialist	Female	Undergraduate degree
004	Wellness specialist	Female	Undergraduate Degree
005	Wellness specialist manager	Female	Honours degree
006	Departmental manager	Female	Undergraduate degree
007	Departmental manager	Male	Undergraduate degree
008	Wellness practitioner	Female	Undergraduate degree
009	Wellness practitioner	Male	Undergraduate degree
010	Human resources employee	Male	Undergraduate degree
011	Human resources employee	Male	Undergraduate degree
012	Wellness practitioner	Male	Undergraduate degree
013	Wellness practitioner	Male	Undergraduate degree

This targeted group consists of wellness specialists, a wellness specialist manager, and departmental managers, each selected based on their in-depth understanding of wellness programme processes and experience. These participants were recruited through an introductory call. Then the researcher requested their permission to email them a formal invitation and a consent form indicating willingness to participate in the study. As highlighted in Chapter 1, Section 1.1, wellness specialists must possess relevant skills and academic qualifications aligned with their job specifics (DPSA, 2023). Inyang (2017:14) and Lune and Berg (2017:38) suggested that these participants were purposefully selected for their roles and professional insights into wellness programmes, providing valuable and reliable data to address the study's objectives. The involvement of key participants in this study was crucial in providing a unique perspective on the implementation of EWPs at RAF and the challenges that the employer and employees face in maintaining a healthy work-life balance. As Creswell and Creswell (2018:95) argued, selecting key participants ensured that a knowledgeable group contributed richly to the research findings, even if the group was small. Key participants enabled the study to assess EWP efficacy, emphasising the potential organisational impact of neglected wellness needs. In other words, this strategic sampling approach facilitated targeted data collection, allowing the study to examine wellness challenges and programme effectiveness within a realistic framework.

4.14 DATA ANALYSIS

According to Thomas (2021:151), data analysis involves synthesising raw data to derive meaningful conclusions, allowing researchers to organise and interpret recorded data effectively. Given the large sample size in this study, the timely arrangement and summarisation of responses were crucial to streamline data analysis. According to Fouche et al. (2021:391), data analysis involves distinguishing relevant information from less significant details to construct a structured and coherent study. According to Lune and Berg (2017:181), the goal of data analysis is to transform collected data into insights that support the study's objectives.

This study's mixed methods approach required separate analyses of qualitative and quantitative data, with findings from each informing the overall conclusions. Qualitative data from interviews were analysed thematically, focusing on patterns and insights related to experiences with the wellness programme. In parallel, the study analysed quantitative survey data using statistical software, such as SPSS, revealing measurable patterns and relationships (Creswell & Creswell, 2018:225). Integrating these methods enabled qualitative findings to inform and build upon the quantitative theory, thereby enhancing the depth and validity of the study's outcomes. By structuring the analysis in this dual-phased manner, the study ensured comprehensive insights into the implementation of wellness programmes and employee perceptions at the Road Accident Fund.

The analysis of quantitative and qualitative data is presented in the following sections.

4.14.1 Quantitative Data Analysis

In this work, as Vincze (2013:65) recommends, the researcher successfully extracted insights by applying statistical methods to examine numerical data from a representative sample. In addition, as advised by Salkind (2018:133), the study utilised the Statistical Package for Social Sciences (SPSS), a popular programme for accurately organising, analysing, and presenting data. The study used descriptive statistics in SPSS to obtain a preliminary picture of the data, identifying key distributions and trends. The researcher attended a Unisa-hosted SPSS session to gain competence in statistical data analysis. In other words, the researcher analyzed with the university's support, ensuring accurate interpretation of statistical measurements.

According to Monette (2014:422), descriptive statistics play a significant role in quantitative research, particularly when dealing with large populations. The four primary measurement levels used in this study's descriptive analysis were nominal, ordinal, interval, and ratio. As Fouche (2021:258) recommended, the study selected these levels based on the research objectives and the data collection method. Nominal scales, for instance, assign numerical codes for practical data input and analysis when classifying categorical data, such as demographic data (e.g., gender). Responses on

a continuum were also analysed as ordinal variables, reflecting ranked data. This was especially useful for assessing employees' service periods at the RAF, which the researcher divided into three categories: less than two years, between two and ten years, and more than ten years. For example, the following were variables from section A:

Table 4.8: Demographic presentation

Variable	Values	Measurement level
Position	Administration assistants Personal assistants Officer/claims handlers Senior officers/claims handlers Specialists/practitioners Team leaders Managers	Ordinal
Department	Operations Support	Ordinal
Employment status	Permanent Not permanent	Ordinal
Duration of employment	1 – 5 years 6 – 11 years 12 – 17 years 18 – 23 years 24 years and above	Nominal

Furthermore, as Salkind (2018:136) recommends, the researcher used Microsoft Excel, a user-friendly programme with a comprehensive data analysis toolbox, alongside SPSS to display variables clearly and comprehensively. By employing these statistical tools, the study evaluated the impact of EWPs at the RAF. Coding was also crucial to this research, as the researcher systematically transformed responses into numerical values, thereby improving computational accuracy and making the raw data machine-readable (Flick, 2020:66). In other words, assigning specific codes to each variable in this study helped ensure data consistency and accuracy.

Furthermore, as Flick (2020:66) advised, the researcher verified all data entries, corrected errors, and ensured alignment with the study's objectives. By implication, the researcher minimised the risk of misinterpretation and inaccuracies by repeatedly checking the questionnaires. In addition, as Salkind (2018:134) recommends, the study utilised data visualisation methods to simplify the presentation of descriptive statistics. As advised by Flick (2020), the researcher also calculated relative frequencies to reflect the demographic distributions within the sample. For example, if 58 of 100 participants identified as female, the relative frequency would be 0.58, corresponding to a cumulative percentage of 58%. In other words, relative frequency clarified demographic patterns in this study, supporting a clearer understanding of respondent characteristics. Similarly, as advised by several scholars, the study utilised descriptive statistics to assess the distribution of scores after data collection, with variability indicating the dispersion of values around the mean. According to Salkind (2018) and Flick (2020), higher variability in standard deviation scores implies greater distances between scores, while smaller distances indicate lower variability. High variability may indicate that the findings are reliable, while lower variability suggests that the findings are credible and reliable.

4.14.2 Qualitative Analysis

The researcher qualitatively analysed data gathered from MS Teams interviews. In addition, the researcher incorporated keywords and concepts from the interviews into the field notes, which were created from the interviewees' perspectives, thoughts, and views on implementing EWPs. The researcher categorised responses into common themes during qualitative analysis. A thematic analysis technique emerged from the researcher's familiarity with the material through repeated readings. As Bryman and Bell (2021:462) argue, thematic analysis frequently captures important issues in interview responses and enables the finding, classification, and description of common patterns in qualitative data. Bryman and Bell's (2021) assertion suggests that thematic analysis is a significant technique in qualitative data analysis, which is why this study adopts it. Both "employee wellness" and "health", which are essential to the literature on wellness programmes, appeared often in this study (Groenland & Dana, 2019:158).

As Salkind (2018) advised, to manage the vast amount of qualitative data, the study utilised coding. According to Salkind (2018:136), coding enables a structured interpretation and structuring of data by condensing large amounts of interview material into categories. Further, according to Silverman (2022:154), coding isolates important ideas pertinent to the study by condensing large amounts of information into digestible chunks. These scholars (Salkind, 2018; Silverman, 2022) suggest that coding is crucial in managing qualitative data and enhancing the efficiency of data processing and analysis. It is also imperative to note that the study was done manually after editing the transcription. Since MS Teams was used during interviews, which enabled recording, the transcription process was easy. The researcher reviewed each script to become familiar with the data and removed unnecessary word repetitions from the transcription. Additionally, this assisted the researcher in comparing the transcription with field notes to ensure the reliability and accuracy of the data. As stated by Lapan (2012:98), this documented repository provided a thorough basis for theme development and ensured the accuracy of the study's research findings.

Compiling coded data into categories that encapsulated the main themes of employee well-being was another aspect of thematic analysis. For instance, "employee wellness" and "health" were often emphasised, illustrating the RAF's continuous struggles and achievements in wellness. Data tabulation, including tables, was utilised to summarise findings and simplify the presentation. Tabulation helps researchers with analysis and presentation by simplifying raw data by arranging it in an easy-to-understand visual style (Janesick, 2016:198). The researcher could spot trends and patterns in the difficulties and participation in wellness programmes by using a qualitative analysis technique. Ultimately, the coded and thematic analysis offered an organised yet adaptable framework for deriving significant conclusions from employee input on wellness initiatives.

4.15 ETHICAL CONSIDERATIONS

An ethical code, as described in Chapter 1, Section 1.12, creates a written contract between the employer and the researcher that directs the study's ethical norms (Crouch & Pearce, 2014:74). The study obtained permission to conduct research at the RAF (see Appendixes A, B, C and D), which was significant to the success of the

endeavour. Additionally, the researcher adhered to all ethical standards and guidelines as outlined by the University of South Africa's research ethics. Each participant received a participant information form (Appendixes E and F) outlining the study's aims, its effects, and their freedom to discontinue participation at any moment. Additionally, the instruction page clarified that there would be no rewards for participating in this study. An informed consent form (Appendix G), which created a legal agreement between the researcher and the participants, shielding them from potential harm, was requested to be signed by the participants upon agreement (Murkherjee, 2019:23; Crouch & Pearce, 2014:74).

In line with these procedures, the researcher has attached the RAF's permission letter as annexure B to this thesis. The researcher began gathering data from interested volunteers after obtaining approval and receiving an Ethics Clearance Certificate from the University of South Africa (Appendix A). The RAF, a significant participant in this study, supplied ethical requirements through an executive summary approval letter. These rules reinforced respect for participant anonymity and data protection, outlining crucial factors for the study process and its aftermath. The researcher also completed the Protection of Access to Information Act form (Appendix B), which permitted the restricted use of RAF data intended solely for the study. The researcher took this step to protect critical organisational data and staff members from any unforeseen dangers the study could pose. By adhering to these procedures, the researcher followed ethical norms, prioritising transparency, participant autonomy, and the protection of private data throughout the study.

4.15.1 Anonymity

As Thomas (2021) advised, to safeguard participants from potential hazards such as harassment, discrimination, or other adverse consequences, the researcher took great care to preserve their anonymity. The researcher sent the questionnaire via the organisation's email list, ensuring secure communication channels and recognising that individuals might be reluctant to divulge information for fear of jeopardising their privacy. The questionnaire was sent via the MS365 form, an online tool renowned for its robust anonymity features. Participants were reassured that their answers could not be linked to them, as this study did not collect identifying information. Furthermore,

the researcher took additional precautions to ensure participants' anonymity throughout the interviews. For example, the researcher avoided mentioning interviewees' names. During data analysis, the researcher identified participants by special symbols or codes. These coding techniques are crucial for identity protection, as they enable honest and open responses without fear of exposure (Inyang, 2017:56). By ensuring that responses remain private and that participants can freely express themselves, these anonymity procedures improved participant confidence and upheld the research's ethical integrity.

4.15.2 Informed consent

The researcher emailed participants an informed consent form that included information on the study's goals, data collection procedures, the study title, length, participant protections, and potential harms or dangers (see Appendix G for the consent form). The survey followed a two-step procedure. First, employees scheduled for interviews received emails, and those participating in the questionnaire survey received an additional consent form. The study limited data collection to participants who gave their consent. These consents attest to the observance of ethical protocols, ensuring openness and adherence to study guidelines (Fouche et al. 2021:122). The researcher kept the signed consent forms safely, and only the researcher knew the password to access the papers. This protected critical data throughout the trial and guaranteed participant confidentiality.

Data collection commenced only after RAF gatekeeper permission had been obtained on 2 June 2022, and the required University of South Africa ethics clearance granted on 29 May 2023 (reference 0377). The interviews and questionnaires were administered within the period covered by the approved ethical clearance from 29 May 2023 to 29 May 2026. The researcher did not collect research data from participants before ethical approval and organisational permission had been granted. The use of Microsoft Teams for interviews was therefore a methodological response to the prevailing conditions and was undertaken within the approved ethical parameters of the study.

4.15.3 Voluntary participation

Maintaining ethical research standards requires voluntary participation, in which participants freely choose whether to participate in a study. The study was voluntary, and no one was coerced or encouraged to participate. Employees can refuse participation, even if the data collection focuses on a particular department. The permission form spelt out the detailed study specifics, promoting free and informed decision-making (Fouche, 2021:121). Additionally, the researcher assured participants that they could leave the study at any time without having to provide a reason. Such moral behaviour is essential for upholding individual liberties and cultivating a respectful and trusting atmosphere (Thomas, 2021:270). Phelps (2021:15) emphasises that ethical research is grounded in the recognition of participants' autonomy. Since genuine voluntary participation depends on respecting each person's independence and freedom to make decisions, the researcher refrained from forcing participants to participate in this study.

4.15.4 Confidentiality

The researcher kept the data collected from the research participants private and confidential by ensuring that she did not give unauthorised individuals access to the information gathered from the questionnaires and interviews. In line with confidentiality, the transcriber signed a confidentiality agreement. The researcher also signed the confidentiality agreement offered by the RAF, guaranteeing the security of the data (Appendix C).

An additional ethical consideration arose from the fact that the research was conducted while the RAF was undergoing organisational restructuring. As an employee-researcher, the researcher was aware of the possibility that participation in the study could be perceived as a form of management surveillance, particularly where employees were discussing sensitive issues such as leadership, confidentiality, job security and perceptions of wellness programmes. To address this concern, participation was voluntary, confidentiality was emphasised, and participants were informed that their responses would be used for academic purposes and would not be used to evaluate their individual performance. The researcher maintained a clear

separation between her organisational role and her role as a researcher throughout the data collection process.

4.15.5 Transparency

Scholars such as Creswell and Creswell (2018) and Fouche (2021) define research transparency as the open exchange of information about methods, results, and the research process, thereby promoting accountability, clarity, and trust. These academics contend that transparency entails providing stakeholders with comprehensive, easily understandable information so they are aware of the constraints, study methodologies, and biases. This transparency is essential because it enables interested parties and other researchers to evaluate the trustworthiness and validity of the results (Creswell & Creswell, 2018:50). Transparency ensures that the research process remains transparent and that participants and stakeholders can rely on the integrity of the findings (Fouche et al., 2021:123). This idea also underscores the importance of being truthful when disclosing data and results, as it may promote cooperation and facilitate reproducibility in subsequent research (O'Leary, 2021:569). Being open about something is a prerequisite for transparency. Being honest about the research process is crucial to advancing the study, and transparency suffers when participants are not informed of the truth. Thus, the researcher was transparent with the participants regarding the study's objective and, at all times, provided reliable information when necessary.

4.16 CHALLENGES EXPERIENCED

This study confirms that challenges are common to any academic journey. These challenges arise from internal and external factors during the research period. First, obtaining approval to conduct research at the RAF proved time-consuming, with initial difficulty accessing basic information, such as employee numbers across different RAF branches. In receiving this information, assistance was limited despite the researcher's employment within the organisation. Repeated attempts, including multiple emails to managers and other wellness specialists, yielded positive outcomes after approximately 12 months. The researcher waited for three (3) weeks before

approval to disseminate the questionnaire to participants could be granted. This delay implies that the researcher was also delayed for almost a year.

Complicating the research further, the RAF was undergoing significant restructuring at the time, which limited access to information (RAF, 2024). New operating procedures, departmental renaming, and organisational restructuring resulted in some employees being reassigned to different branches or offices. These adjustments included automation efforts to enhance wellness programmes and expedite services, but they also disrupted communication channels and the availability of current organisational data. Due to the organisation's ongoing restructuring, employees were reluctant to participate, as the process instilled fear in many, who were unsure about their future with the organisation. For this reason, the researcher also faced some challenges in collecting data. Although the questionnaire was distributed, the response rate was low, likely due to employees' increased workloads. On other days, employees attended compulsory organisational change workshops to familiarise themselves with the concept. The study had a small number of participants, as the researcher was advised to select a few employees from each section to minimise disruptions to work processes. In addition, external factors such as load shedding impacted interview sessions, as participants struggled to connect via MS Teams, often necessitating rescheduling. In the process, the researcher failed to interview some of the interviewees after rescheduling. These challenges, as argued by Fouche (2021) and Thomas (2021), highlight the complexities of conducting research within an organisation amid structural transformation, where logistical hurdles and employee workload pressures can impact participation and data accessibility.

The delays experienced in obtaining organisational approval should be distinguished from the University's ethucs clearance. The researcher commenced participant data collection only after the necessary ethical and organisational permissions had been obtained. The delay primarily affected access to organisational information, employee numbers and permission to disseminate the questionnaire and therefore affected the research timetable rather than resulting in data collection before ethics approval.

4.17 CHAPTER SUMMARY

This chapter summarises the research methodology used to explore the implementation of wellness programmes at the Road Accident Fund (RAF), emphasising the integration of quantitative and qualitative approaches. A mixed-methods design was employed, aligning with the study's aim to capture both broad trends and detailed insights, thereby enabling a comprehensive understanding of wellness programmes. Structured surveys, document analysis, interviews, and an extensive review of related literature were all critical components of this research process, each providing a distinct perspective on the data. Despite the vast and dispersed population of RAF workers, the study achieved its objectives primarily through careful selection of sampling procedures and sample size, which ensured representative participation. The study ensured the validity and reliability of the research instruments through pilot testing and consistent data collection methods. In addition, the study emphasised ethical considerations, including anonymity, confidentiality, and informed consent, thereby reinforcing participants' trust and compliance with the University of South Africa's ethical standards. Moreover, the researcher respected voluntary participation and implemented strict measures for storing, managing data, and safeguarding participant information. The study's research design and adherence to ethical standards strengthened its foundation for reliable and applicable conclusions. Despite the systematic approach, challenges arose, including delays in gaining research approval and limited access to information amid RAF's organisational restructuring. Load shedding and high employee workloads impacted data collection, as some participants were unable to participate in interviews due to power outages and scheduling conflicts. Nonetheless, these obstacles were managed by rescheduling sessions and adapting strategies to maintain the study's momentum. The chapter concluded by reflecting on these challenges, acknowledging the resilience required to conduct research in a dynamic organisational setting and the insights gained from a strategically applied methodology.

The following chapter, Chapter 5, focuses on the systematic presentation, analysis, and interpretation of the empirical data.

CHAPTER 5:
DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

5.1 INTRODUCTION

This chapter presents quantitative and qualitative data analyses. In the first part of the chapter, the researcher presents quantitative data analysis. Before delving into the deeper analysis, the researcher presents demographic information, followed by details on the wellness interventions participants attended and the wellness communication channels used. An interpretation of the perceived benefits of RAF wellness programmes, gender differences in wellness participation, and a linear regression analysis to determine predictive variables were presented. The descriptive and inferential statistics, along with visuals, were utilised to enhance the analysis and interpretation of the quantitative data.. The qualitative data analysis in the second part of the chapter was presented. The section presented a summary of the analysed interviewee responses, followed by demographic information and the primary analysis. Qualitative analysis was presented under headings derived from the research questions. The word clouds, derived to identify themes that guided the analysis, were visualised.

The decision to present the data analysis and findings in two separate chapters was informed by the need for clarity and analytical rigour. Chapter 5 focuses on the systematic presentation, analysis, and interpretation of the empirical data, ensuring that the results are objectively reported and grounded in the evidence collected. The findings presented in this chapter are further elaborated and critically examined in Chapter 6. This analytical progression enables a deeper understanding of the results' implications and the basis for formulating the proposed framework for wellness programmes, also presented in Chapter 6, to guide effective implementation within the RAF.

The presentation of findings follows the research objectives and the data collection instruments used in the study. The quantitative findings address employee awareness, participation, perceptions and factors associated with EWP implementation, while the

qualitative findings provide deeper insight into communication, management support, implementation challenges and sustainability. Documentary evidence is used where relevant to provide the formal organisational and policy position against which the empirical findings can be considered. The integration of these sources supports a focused examination of EWP implementation at the RAF.

The following research questions are specifically addressed in this chapter:

- What are the perceived effects of employee wellness programmes in public institutions, specifically at the Road Accident Fund?
- What challenges influence the design and implementation of wellness programmes in public institutions, specifically at the Road Accident Fund?

Chapter 2 answered the research question ‘On which theoretical principles is the concept of instituting employee wellness programmes grounded within the Public Administration discipline?’, and Chapter 3 resolved the questions ‘What does the literature say about the need for public institutions to institute employee wellness programmes‘, while Chapter 7 answers the research question ‘How can the challenges experienced at the Road Accident Fund for sustaining employee wellness be resolved?’.

5.2 ANALYSIS AND INTERPRETATIONS OF QUANTITATIVE DATA

The following section presents the analysis and interpretation of the quantitative data collected, beginning with an overview of the respondents' demographic characteristics.

5.2.1 Demographic information

Analysing demographic variables such as gender, departmental distribution, job roles, and educational background is essential for contextualising employee participation and engagement in wellness programmes, thereby enabling a more nuanced assessment of their implementation within the Road Accident Fund.

Gender distribution

Figure 5.1 below shows that there are more female participants (49) than male participants (35), suggesting that females constitute the majority of respondents.

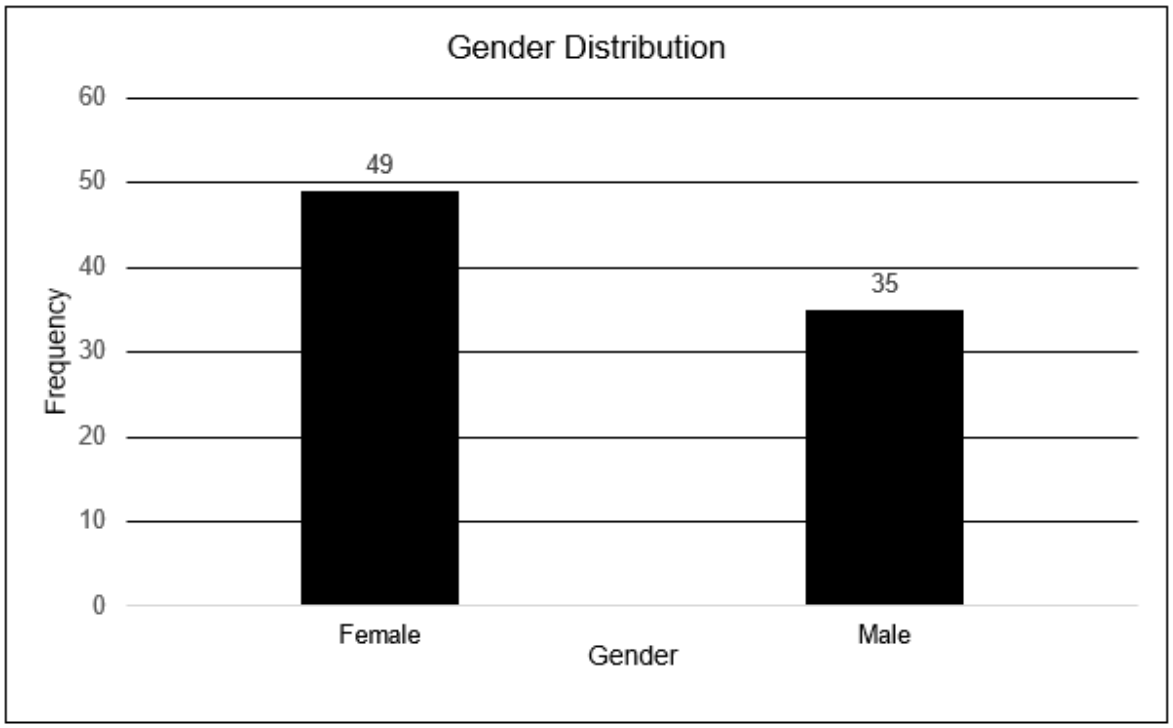


Figure 5.1: Gender distribution

Thus, as García-González, Forcén, and Jiménez-Sánchez (2019:1) suggested, the overrepresentation of females may indicate a gender bias in the results, making it difficult to generalise across genders.

Departmental distribution

Figure 5.2 below shows that most participants *(55 (66%))* were from the Claim Operations department of the RAF, while a smaller proportion *(29 (34%))* were from the Support department.

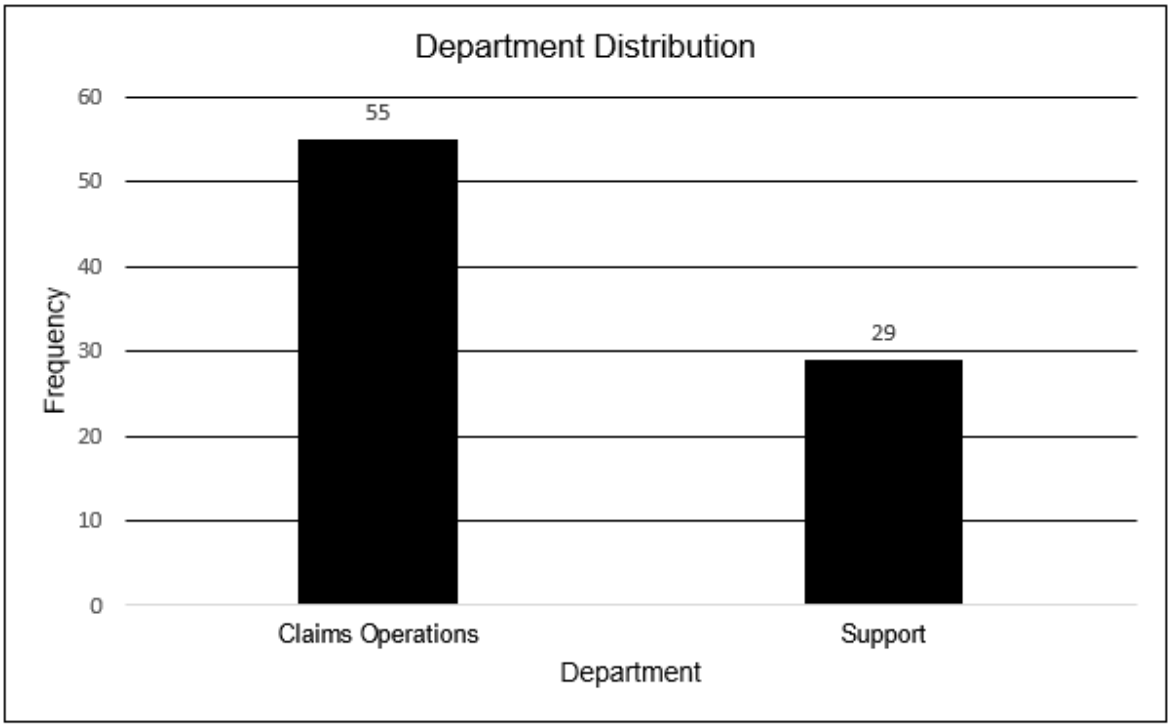


Figure 5.2: Departmental sample distribution

The results suggest that claim operations were overrepresented in the sample relative to the support department, leading to a department-specific bias.

Job roles

Figure 5.3 shows that the most common roles of the participants were administration assistant (34) and officer/claims handler (26), with senior claims handler/officer (8) and specialist/practitioner (7) also having notable frequencies. The least represented roles included team leader (1), while senior specialist/practitioner, personal assistant, manager, and junior claims handler each had only two participants.

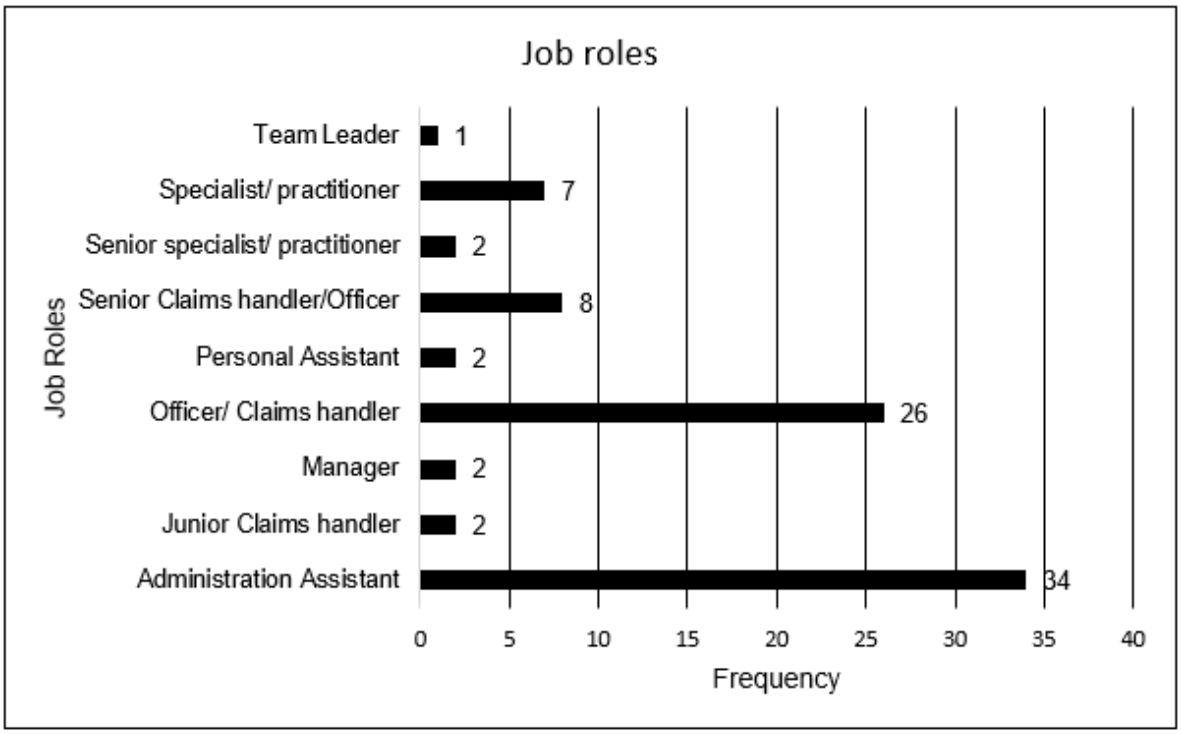


Figure 5.3: Job roles

This distribution suggests a higher concentration of administrative and claims-handling roles within the sample. Likewise, this distribution could lead to department-specific bias, and, as Šimundić (2013:13) implied, make it difficult to generalise the findings across the organisation.

Education

Figure 5.4 below shows the highest number of participants who held an undergraduate degree (22), followed by those with an honours degree (19) and a three-year national diploma (16). A smaller portion of the sample had only a matric qualification (15), while the least represented group comprised individuals with a master's degree or higher (11).

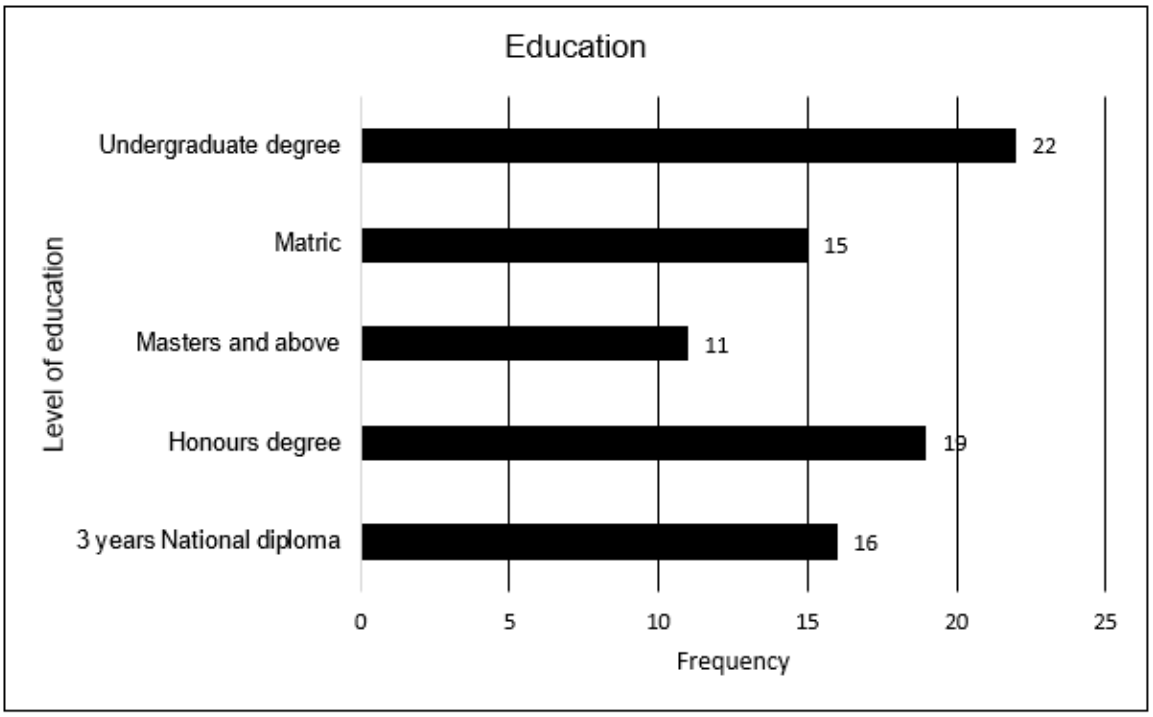


Figure 5.4: Education distribution

The results suggest that most participants had attained higher education qualifications beyond secondary school. Several studies (Gil-Lacruz, Gil-Lacruz & Gracia-Pérez, 2020; Ericson, Bonuck, Green, Conry, Martin & Camey, 2023) have examined the relationship between education level and the quality of survey responses, indicating that a highly educated sample may provide more informed and reflective responses, leading to more reliable insights into wellness programme effectiveness, participation and challenges.

Descriptive statistics for demographic information

Table 5.1 below presents descriptive statistics for demographic variables, providing an overview of key variables such as age, tenure, education, job role, department, and gender.

Table 5.1: Descriptive statistics for demographic information

Variables	N	Range	Mini	Max	Mean	Std error	SD	Skewness	Kurtosis
Tenure	84	27	1	28	10,81	,692	6,339	,467	-,257
Age	84	32	26	58	41,71	,827	7,582	-,159	-,892
Education	84	4	1	5	2,92	,143	1,310	-,007	-1,085
Job	84	8	1	9	3,39	,261	2,390	,578	-,733
Department	84	1	1	2	1,35	,052	,478	,663	-1,599
Gender	84	1	1	2	1,58	,054	,496	-,344	-1,928

All variables shown in Table 5.1 have skewness values within the acceptable range *(-1 to 1)*, suggesting their distributions are approximately symmetrical (Chang & Zimmerman, 2016:365). However, as Fávero and Belfiore (2019:56) state, the negative kurtosis values across all variables indicate slightly flatter distributions (platykurtic), meaning fewer extreme values than a normal distribution. The most notable deviations are observed in the department *(-1.599)* and gender *(-1.928)*, which have the flattest distributions. Despite the notable deviations in department and gender, the data do not show significant departures from normality, as there is no extreme skewness or heavy-tailed kurtosis (Chang & Zimmerman, 2016:365), implying that the distributions are reasonably normal for analysis.

5.2.2 Wellness intervention attended by participants

Figure 5.5 below illustrates the wellness interventions participants attended before participating in this study.

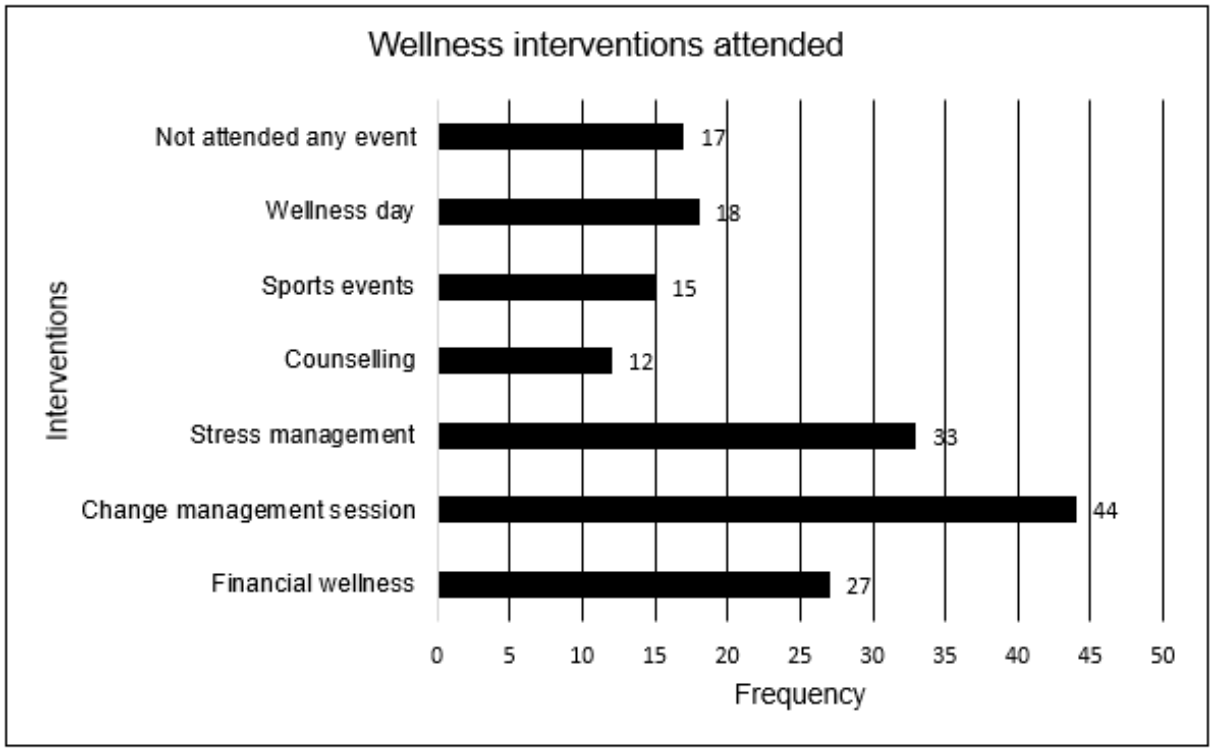


Figure 5.5: Wellness interventions

The change management session had the highest attendance (44), followed by stress management (33) and financial wellness (27). The employees at RAF showed a higher interest in change management sessions than in other wellness initiatives, such as stress management and financial wellness. The finding suggested that navigating organisational change is a major concern for employees, possibly due to ongoing structural or procedural organisational changes (RAF, 2024). In addition, wellness day (18), sports events (15), and counselling (12) had relatively lower participation, suggesting that employees at RAF do not prioritise these activities. Furthermore, as Sowerby (2024) notes, time constraints and work demands may hinder employees' ability to engage in these activities; this is particularly evident when participants perceive these activities as non-essential. Employees at the RAF reported stress and change management more often than other wellness interventions, suggesting a need for support in these areas. However, counselling had the lowest attendance, as Seidman, Wade, and Geller (2022:702) state. Possibly, the low attendance was due to personal preferences, accessibility factors, stigma, confidentiality concerns, or a lack of awareness about the benefits of counselling. However, 17 participants had never attended these wellness interventions before this enquiry. As Unsal et al.

(2020:83) suggested, failure to attend wellness interventions could be due to a lack of awareness, perceived irrelevance of the programmes, scheduling conflicts, or personal reluctance to participate in workplace wellness activities.

5.2.3 RAF wellness communication

Figure 5.6 below summarises frequency data on RAF wellness communication to employees using different media.

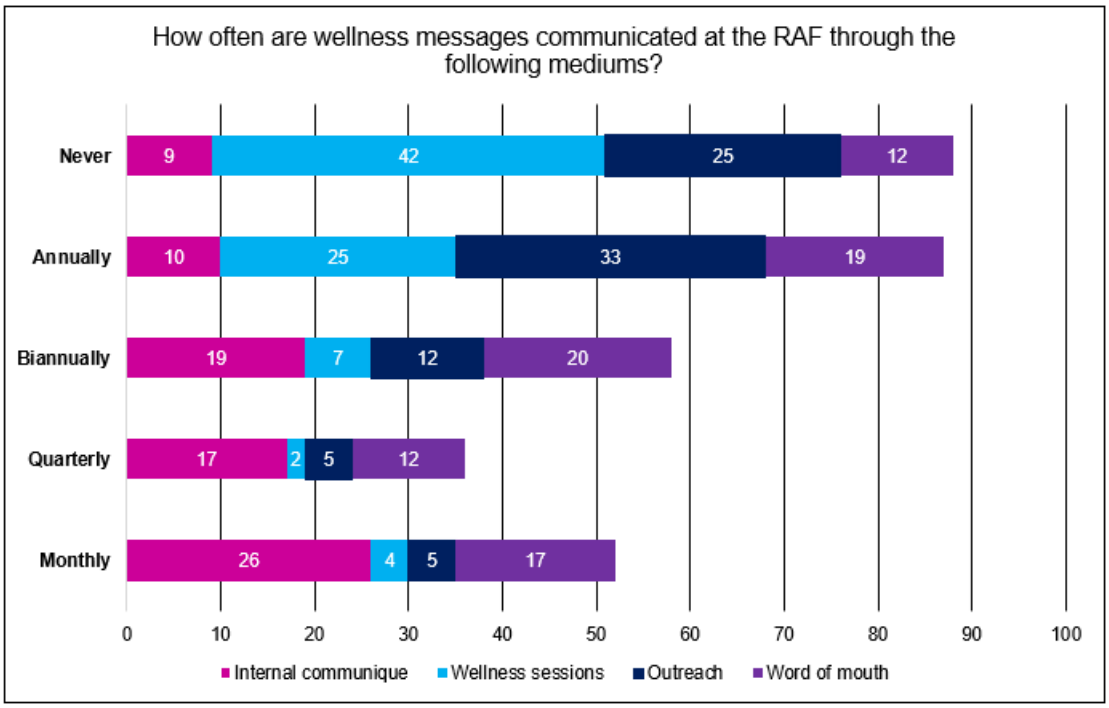


Figure 5.6: Wellness communication

Forty-two respondents (42) reported never receiving communication about wellness sessions, suggesting a gap in awareness and engagement regarding wellness at RAF. As Baxter et al. (2014:349) suggested, this lack of communication could indicate ineffective dissemination strategies, limited outreach efforts, or a failure to use preferred communication channels within RAF. Further, the results showed that RAF conducts wellness outreach annually (33), while word of mouth is common both annually (19) and biannually (20). Word of mouth is a key method of wellness communication, suggesting that formalised, direct communication strategies are not reaching all employees effectively, leading to possible misinformation, lack of

awareness, or inconsistent engagement with wellness initiatives. The studies by Tangirala and Ramanujam (2008:1191) and Donaghey et al. (2011) reported a negative impact of poor communication of wellness interventions on employee engagement.

On the other hand, RAF uses internal communication monthly (26). The results suggest that internal communication is RAF's primary channel for delivering wellness-related information. According to Sisko Maarit Lipiäinen, Ensio Karjaluoto, and Nevalainen (2014:276), relying primarily on internal communication may exclude employees who prefer alternative communication channels, such as face-to-face meetings, workshops, or digital platforms. As Paul and Singh (2023), Kimani (2024:15), and Knippen, Thompson, and Masters (2018:34) stressed in Section 3.11.3 Chapter 3, RAF should assess the effectiveness of its internal communication strategy and explore complementary methods, such as interactive wellness campaigns, leadership-driven promotions, or personalised messaging, to ensure a broader reach and participation.

5.2.4 Perceived impact of wellness at RAF

The following subsection examines the extent and nature of employee participation in wellness initiatives, providing a foundation for understanding how such engagement influences the perceived impact of wellness programmes within the RAF.

5.2.4.1 Employee Wellness Participation

The study measured employee participation at RAF wellness using questionnaire items B4_1, B4_2, B4_3, and B4_4. The Cronbach Alpha coefficient of 60% determined the reliability of these items in measuring participation. As Bujang, Omar, and Baharum (2018:86) suggested, a Cronbach’s Alpha coefficient of 0.60 indicated moderate reliability in measuring participation. In other words, the items measuring wellness participation show acceptable internal consistency (Field, 2006), suggesting that they are somewhat related but may not fully capture RAF wellness participation with high precision (Bujang et al*.,* 2018). Below are the descriptive statistics on RAF wellness participation.

Descriptive statistics

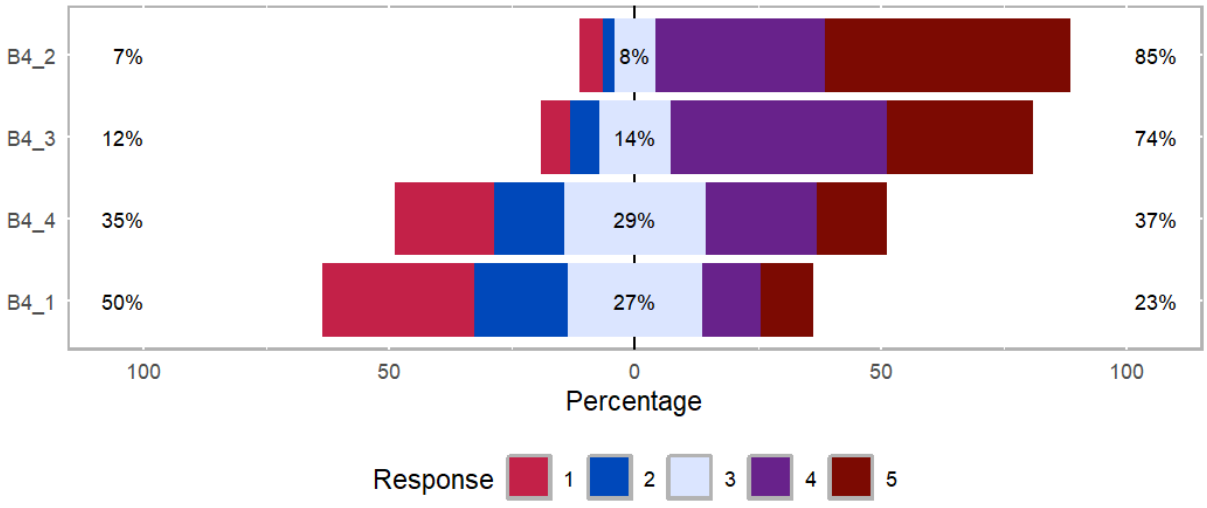
Table 5.2 shows the descriptive statistics for variables measuring RAF wellness participation.

Table 5.2: Descriptive statistics for RAF wellness participation

B4. To what extent do you agree or disagree with the following statements regarding the reasons for participating in wellness programmes?									
Variables	**N**	**Range**	**Min**	**Max**	**Mean**	**Std Error**	**SD**	**Skewness**	**Kurtosis**
B4_1 Mainly to receive gifts awarded for participating	84	4	1	5	2,52	,145	1,331	,403	-,928
B4_2 I want to maintain a healthy lifestyle	84	4	1	5	4,23	,113	1,034	-1,678	2,710
B4_3 I want to take advantage of the free counselling offered	84	4	1	5	3,86	,120	1,099	-1,104	,808
B4_4 I want to socialise with colleagues	84	4	1	5	2,96	,145	1,330	-,090	-1,080

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.7 shows a visualisation of RAF wellness participation, measured on a 5-point Likert scale.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.7: RAF wellness participation

Table 5.2 and Figure 5.7 were interpreted as a single representation of participation trends, combining numerical data and visual insights to provide a comprehensive understanding of wellness participation. This is the case with most sections in this chapter, where the researcher presents a table of descriptive statistics and a visualisation figure showing the distribution of responses, as seen in Table 5.2 and Figure 5.7 above. CoreHealth Marketing (2024:1) states that combining numerical data with visual representation enhances data interpretation.

The results indicated that the least significant reason for participating in wellness programmes is maintaining a healthy lifestyle (B4_2) *(M = 4.23, SD = 1.034)*, with *85%* of respondents disagreeing. Similarly, taking advantage of free counselling (B4_3) *(M = 3.86, SD = 1.099)* is not a strong motivator, as *74%* of participants disagreed. In contrast, socialising with colleagues (B4_4) *(M = 2.96, SD = 1.330)* received a more mixed response: 37% disagreed, while *35%* agreed. The results suggested that some participants value socialising with colleagues as one reason for participating in wellness activities. The most significant reason for participation was receiving gifts (B4_1), with 50% (M = 2.52, SD = 1.331) agreeing and 23% disagreeing. The finding indicated that extrinsic rewards are a key driver of wellness participation. This finding is consistent with the arguments by Heninger et al. (2019) in Chapter 3, Section 3.10.2, indicating that incentives motivate employees to participate in wellness activities. However, the study by Bardach and Murayama (2024:2) suggests that while extrinsic rewards can temporarily boost wellness participation, they may not be effective in fostering long-term employee wellness engagement. According to Liu and Liu (2022:2), the impact of rewards diminishes over time as employees grow accustomed to them, reducing their motivation once they no longer receive them.

In the next section, the Spearman correlation coefficient for wellness participation items is presented. As Jasmin, Fusco, and Petrosky (2023:5) suggest, including the Spearman correlation coefficient for wellness participation items enhances the study's validity by ensuring that the relationships between variables are statistically examined rather than assumed.

Correlation analysis

Table 5.1.3 presents the Spearman correlation coefficients for the wellness participation items.

Table 5.3: Spearman correlation coefficient for participation variables

B4. To what extent do you agree or disagree with the following statements regarding the reasons for participating in wellness programmes?						
			B4_1	B4_2	B4_3	B4_4
B4_1	Mainly to receive gifts awarded for participating	*r*	1,000	,007	,126	.293**
		Sig. (2-tailed)		,951	,254	,007
		N		84	84	84
B4_2	I want to maintain a healthy lifestyle	*r*		1,000	.480**	,210
		Sig. (2-tailed)			,000	,055
		N			84	84
B4_3	I want to take advantage of the free counselling offered	*r*			1,000	.338**
		Sig. (2-tailed)				,002
		N				84

B4_4 I want to socialise with colleagues

The table presented the correlation between four reasons for participating in wellness activities. The results indicated a significant positive correlation *(r = .293, p = .007)* between participating mainly to receive gifts (B4_1) and socialising with colleagues (B4_4). The statistically significant positive correlation suggested that rewards-motivated participants may also value social interactions in wellness participation. The finding was consistent with studies showing that reward-motivated participants value social interactions for wellness (Behzadnia et al., 2018; Tracy & Wallace, 2020). In addition, maintaining a healthy lifestyle (B4_2) correlates significantly with free counselling *(B4_3, r = .480, p = .000)*. Free counselling (B4_3) correlates with socialising with colleagues (B4_4) (*r = .338, p = .002*).

The statistically significant correlation between these variables suggested that individuals interested in wellness are likely to seek mental health support, and that social engagement may help them access counselling services. This finding aligns with Burke et al. (2017:103), as stated in Chapter 3, Section 3.11.4, who reported that social engagement and strong support networks are crucial for facilitating access to mental health services and promoting wellness. The study by Burke et al. (2017) found that individuals with higher levels of social interaction are more likely to seek mental

health support, as social connections provide emotional encouragement and awareness of available resources. In other words, wellness participation is influenced by personal interest and supportive social structures that encourage help-seeking behaviours (Rickwood, Mazzer, & Telford, 2015; Drageset, 2021). The findings suggested that socialisation and health-related reasons are key drivers for participation in RAF wellness. The studies by Taylor and Karen (2010) and Safi et al. (2022) in Chapter 2, Section 2.5.1, highlighted the significance of socialisation and health-related motivations as key drivers of wellness participation, aligning with findings from RAF wellness initiatives.

In the subsequent section, the researcher explores RAF wellness by examining what the initiative offers employees.

5.2.4.2 RAF wellness offerings

The study measured RAF wellness offerings using questionnaire items B5_1, B5_2, B5_3, and B5_4. The Cronbach's Alpha coefficient of 0.62 indicated the reliability of these items in measuring RAF wellness offerings. Below are the descriptive statistics on RAF wellness offerings.

Descriptive statistics

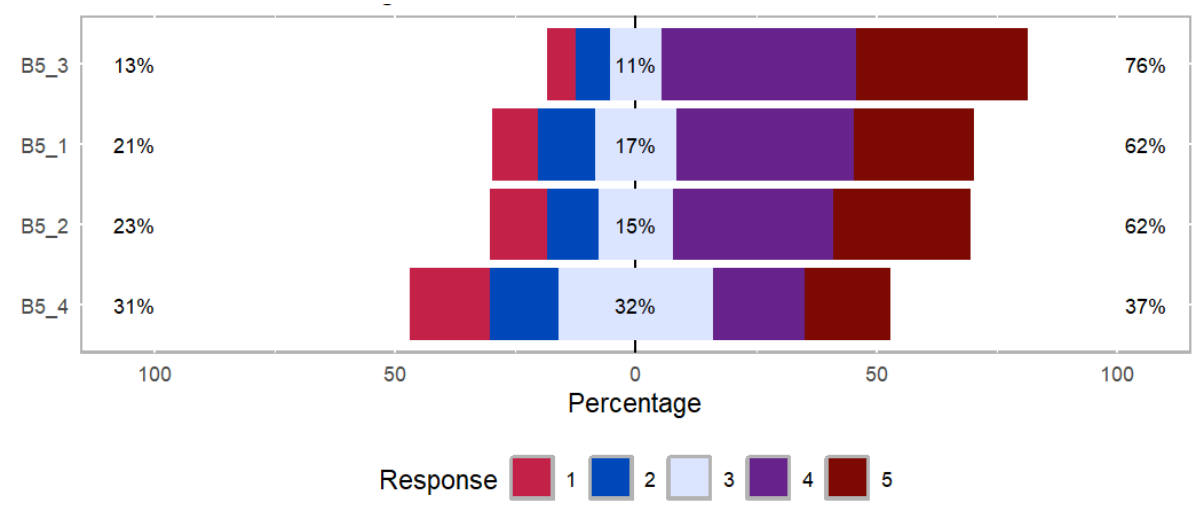
Table 5.4 shows the descriptive statistics for variables measuring the RAF wellness offerings.

Table 5.4: Descriptive statistics for RAF wellness offerings

B5 To what extent do you agree or disagree with the following statements regarding the Road Accident Fund wellness offerings?									
Questions	N	Range	Min	Max	Mean	Std Error	SD	Skewness	Kurtosis
B5_1 Our wellness services office provides sufficient wellness information	84	4	1	5	3,56	,137	1,255	-,681	-,524
B5_2 Sports Day events are made available to everyone	84	4	1	5	3,56	,145	1,329	-,683	-,674
B5_3 Health screening initiatives are offered	84	4	1	5	3,93	,124	1,138	-1,162	,721
B5_4 Breaks during the day are encouraged	84	4	1	5	3,07	,144	1,315	-,102	-,978

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.8 shows the visualisation of RAF wellness offerings statistics in Table 5.4 above.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.8: RAF wellness offerings

The findings suggested that most participants are dissatisfied with the RAF wellness offerings. The highest level of disagreement in RAF health screening initiatives (B5_3) *(Disagree = 76%, M = 3.93, SD = 1.138)* suggests a firm rejection of this aspect. Similarly, participants disagreed *(62%)* that RAF provides sufficient wellness information (B5_1) *(M = 3.56, SD = 1.255)* and RAF makes the sporting events available to all employees (B5_2) *(M = 3.56, SD = 1.329)*. These findings suggested that employees do not perceive the RAF wellness offerings as beneficial. Lastly, participants disagreed that RAF encourages breaks during the day (B5_4) *(Disagree = 37%, Agree = 31%, M = 3.07, SD = 1.315)*, indicating a mixed perception. In other words, the results suggested that while some participants recognise opportunities for breaks, others may feel that breaks are not equally accessible within the organisation. These findings suggested widespread dissatisfaction with most RAF wellness offerings. These findings are aligned with Lewis (2017) and Singh et al. (2024:8), as outlined in Chapter 3, Section 3.10.1, who have shown that many workplace wellness programmes face scepticism and dissatisfaction due to perceived ineffectiveness, a lack of personalisation, and concerns about privacy and intrusiveness. Conversely, this finding is inconsistent with Arena et al. (2013:614) and Hoert et al. (2018), whose

studies underscore the positive impact of well-supported workplace wellness programmes on employee satisfaction and overall well-being.

In the next section, the study presented the Spearman correlation coefficient for RAF wellness offerings.

Correlation analysis

Table 5.5 shows the Spearman correlation coefficient for RAF wellness offering variables.

Table 5.5: Spearman correlation coefficient for RAF wellness offering variables

B5 To what extent do you agree or disagree with the following statements regarding the Road Accident Fund wellness offerings?						
			B5_1	B5_2	B5_3	B5_4
B5_1	Our wellness services office provides sufficient wellness information	*r*	1,000	.514**	.561**	,074
		Sig. (2-tailed)		,000	,000	,506
		N		84	84	84
B5_2	Sports Day events are made available to everyone	r		1,000	.394**	.250*
		Sig. (2-tailed)			,000	,022
		N			84	84
B5_3	Health screening initiatives are offered	*r*			1,000	,079
		Sig. (2-tailed)				,475
		N				84
B5-4	Breaks during the day are encouraged	*r*				1,000
		Sig. (2-tailed)				
		N				

The table presents Spearman's correlation coefficient results for employee perceptions of RAF wellness offerings. A significant positive correlation exists between the belief that the wellness services office provides sufficient wellness information (B5_1) and Sports Day events *(B5_2, r = .514, p = .000)* and health screening initiatives *(B5_3, r = .561, p = .000)*. This result suggested that participants who view the wellness office positively also recognised the availability of Sports Day events and health screening initiatives. Further, Sports Day events (B5_2) are positively correlated with health screening initiatives *(B5_3, r = .394, p = .000)* and breaks during the day *(B5_4, r = .250, p = .022)*. This finding suggests that participants who acknowledge Sports Day events are more likely to perceive other wellness initiatives

positively. These findings align with Arena et al. (2013:605) and Hoert et al. (2018), whose studies suggest that positive perceptions of workplace wellness programmes are associated with greater engagement in related activities, including sports events and health screenings.

However, breaks during the day (B5_4) show no significant correlation with the wellness office (B5_1) or health screenings (B5_3). This finding suggested that RAF employees perceive breaks as a separate workplace policy rather than an integral part of the wellness initiatives. In other words, RAF employees may not associate taking breaks with accessing wellness resources, meaning that simply allowing breaks does not necessarily drive participation in wellness programmes. The studies by Knight and Eisenkraft (2015) and Fritz, Ellis, Demsky, Lin, and Guras (2013) highlight the need for a more intentional integration of break periods with wellness activities, such as incorporating structured wellness breaks that encourage employees to engage in health screenings, physical activities, or mental well-being initiatives. Without this alignment, RAF breaks may remain an isolated workplace practice with limited impact on employee wellness participation.

In the subsequent section, employee perceptions towards RAF are explored.

5.2.4.3 Perception

The study measured RAF employee perception using questionnaire items C1_1, C1_2, C1_3, C1_4, C1_5, and C1_6. The Cronbach Alpha coefficient of 79% indicates a high level of internal consistency among the perception items (Field, 2006). In other words, the items used to measure perception are reliable in producing consistent results. Below are the descriptive statistics on RAF wellness offerings.

Descriptive statistics

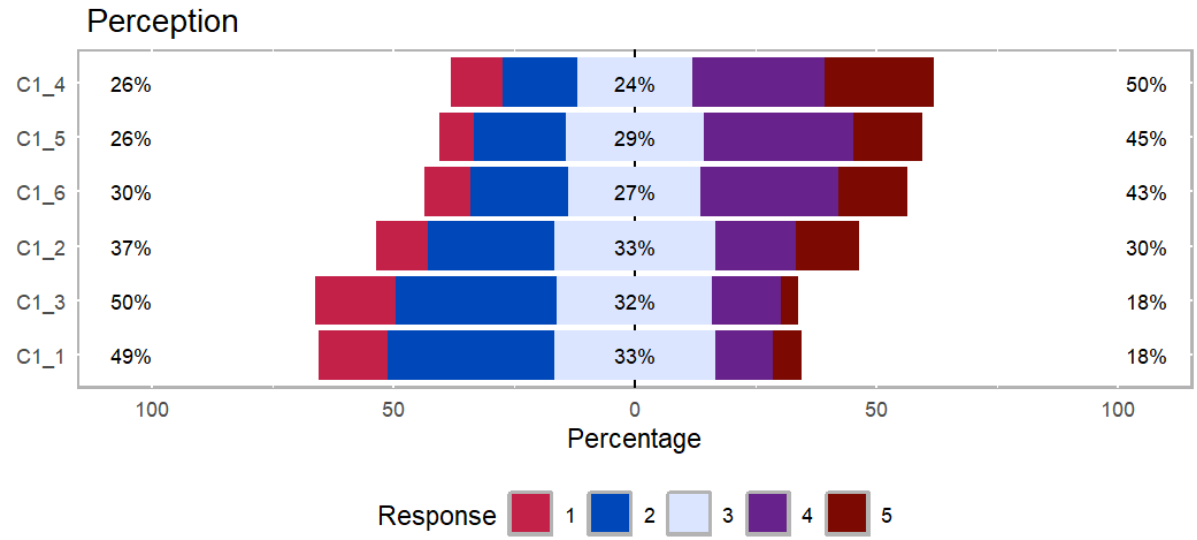
Table 5.6 shows the descriptive statistics for variables measuring participants' perceptions towards RAF wellness initiatives.

Table 5.6: Descriptive statistics for perceptions towards RAF wellness initiatives

C1 To what extent do you agree or disagree with the following statements regarding perceptions of wellness programmes?									
Variables	N	Range	Min	Max	Mean	Std Error	SD	Skewness	Kurtosis
C1_1 I doubt if the programmes will address my wellness needs	84	4	1	5	2,607	,1161	1,0644	,419	-,224
C1_2 I can meet health goals on my own without assistance	84	4	1	5	2,95	,129	1,181	,184	-,723
C1_3 I doubt the value of wellness programmes offered	84	4	1	5	2,55	,114	1,046	,291	-,451
C1_4 I am concerned about the privacy of my personal information	84	4	1	5	3,36	,140	1,286	-,353	-,912
C1_5 Information might be wrongly used	84	4	1	5	3,26	,125	1,142	-,237	-,713
C1_6 Information might land in the wrong hands	84	4	1	5	3,18	,130	1,194	-,180	-,843

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.9 illustrates the visualisation of the perception statistics presented in Table 5.6 above.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.9: Employee perception

The results indicate that employee perceptions vary significantly across the different aspects of RAF wellness programmes. The agreement is observed in participants doubting wellness programmes addressing their needs (C1_1) *(Agree = 49%,*

Disagree = 18%, M= 2.607, SD= 1.064), doubting the value of RAF wellness offerings (C1_3) *(Agree = 50%, Disagree = 18%, M= 2.55, SD= 1.046)* and meeting health goals without assistance *(Agree = 37%, Disagree = 30%, M= 2.95, SD= 1.181)*. The finding suggests a generally negative perception of RAF wellness. Conversely, the highest level of disagreement is seen in participants' concern over the privacy of their personal information (C1_4) *(Disagree = 50%, Agree = 26%, M= 3.36, SD= 1.286)*, followed by information might be wrongly used (C1_5) *(Disagree = 45%, Agree = 26%, M= 3.26, SD= 1.142)* and information might land in wrong hands (C1_6) *(Disagree = 43%, Agree = 30%, M= 3.18, SD= 1.194)*. This finding suggests a positive perception towards some aspects of RAF wellness initiatives.

While certain aspects of RAF wellness are perceived positively, others are perceived negatively, highlighting mixed perceptions towards RAF wellness initiatives. The studies by Seward et al. (2019) and Fink et al. (2019) in Chapter 3, Section 3.10.3 have reported mixed employee perceptions of workplace wellness programmes, with certain aspects viewed positively and others negatively. Conversely, some studies have reported positive perceptions of workplace wellness programmes (Hoert et al., 2018; Arena et al., 2013:610; Cahalin et al., 2015), while others have reported negative perceptions (Lewis, 2017; Mattke et al., 2013). Positive perceptions of workplace wellness programmes in other studies suggest that RAF has the potential to improve employee engagement and satisfaction with its wellness initiatives. RAF should evaluate its current strategies to identify areas for improvement that could foster a more favourable view of its wellness programmes. Studies such as Hoert et al. (2018) and Arena et al. (2013:612) emphasise the role of leadership support, programme accessibility, and alignment with employee needs in shaping positive perceptions.

In the next section, the study presents the Spearman correlation coefficient for employees' perceptions of RAF wellness initiatives.

Correlation analysis

Table 5.7 presents the Spearman correlation coefficient for employee perceptions of RAF wellness initiatives.

Table 5.7: Spearman correlation coefficient for employee perception towards RAF wellness initiatives

C1 To what extent do you agree or disagree with the following statements regarding perceptions of wellness programmes?							
		C1_1	C1_2	C1_3	C1_4	C1_5	C1_6
C1_1 I doubt if the programmes will address my wellness needs	*r*	1,000	.243*	.411**	,201	.318**	.457**
	Sig. (2-tailed)		,026	,000	,067	,003	,000
	N		84	84	84	84	84
C1_2 I can meet health goals on my own without assistance	*r*		1,000	.278*	,163	,141	,092
	Sig. (2-tailed)			,011	,137	,199	,407
	N			84	84	84	84
C1_3 I doubt the value of wellness programmes offered	*r*			1,000	.308**	.521**	.317**
	Sig. (2-tailed)				,004	,000	,003
	N				84	84	84
C1_4 I am concerned about the privacy of my personal information	*r*				1,000	.750**	.722**
	Sig. (2-tailed)					,000	,000
	N					84	84
C1_5 Information might be wrongly used	*r*					1,000	.766**
	Sig. (2-tailed)						,000
	N						84
C1_6 Information might land in the wrong hands	*r*						1,000
	Sig. (2-tailed)						
	N						

The Spearman correlation coefficient table shows significant relationships between aspects of RAF wellness initiatives. Strong correlations are observed between concerns about personal information privacy (C1_4) and the belief that information might be misused (C1_5, r = .750, p < .001) or fall into the wrong hands *(C1_6, r = .722, p < .001)*. Furthermore, scepticism about the value of wellness programmes (C1_3) is positively correlated with doubts about their ability to meet wellness needs (C1_1) (r = 0.411, p < 0.001) and concerns about data privacy (C1_4) (r = 0.308, p = 0.004). The weak correlations are seen between the belief that individuals can meet health goals independently (C1_2) and concerns about information misuse (C1_5) *(r = .141, p = .199)* or security (C1_6) *(r = .092, p = .407)*. The finding suggests that self-sufficiency in wellness is not strongly linked to concerns about data privacy.

Privacy and data security issues are the most interconnected concerns among respondents. These findings suggested that participants who are concerned about privacy are also highly concerned about data misuse. As stated in Chapter 3, Section 3.9.4, studies by Tene and Polonetsky (2013), Zuboff (2019), Van Dijck (2014), and Perrault et al., (2022:14) support the finding that individuals' concerns about privacy

are strongly associated with fears of data misuse, as individuals recognise the risks of their personal information being accessed, monitored, or exploited beyond their control. In essence, individuals worry more about protecting information once it has been divulged than about the process.

The implementation of RAF wellness was explored in the subsequent section.

5.2.5 Implementation

The study measured the implementation of the RAF's employee wellness programme using questionnaire items D1_1 to D1_12. The Cronbach's Alpha coefficient of 0.93 indicates a high level of internal consistency among the wellness implementation items (Field, 2006). Below are the descriptive statistics on the RAF wellness implementation.

Descriptive statistics

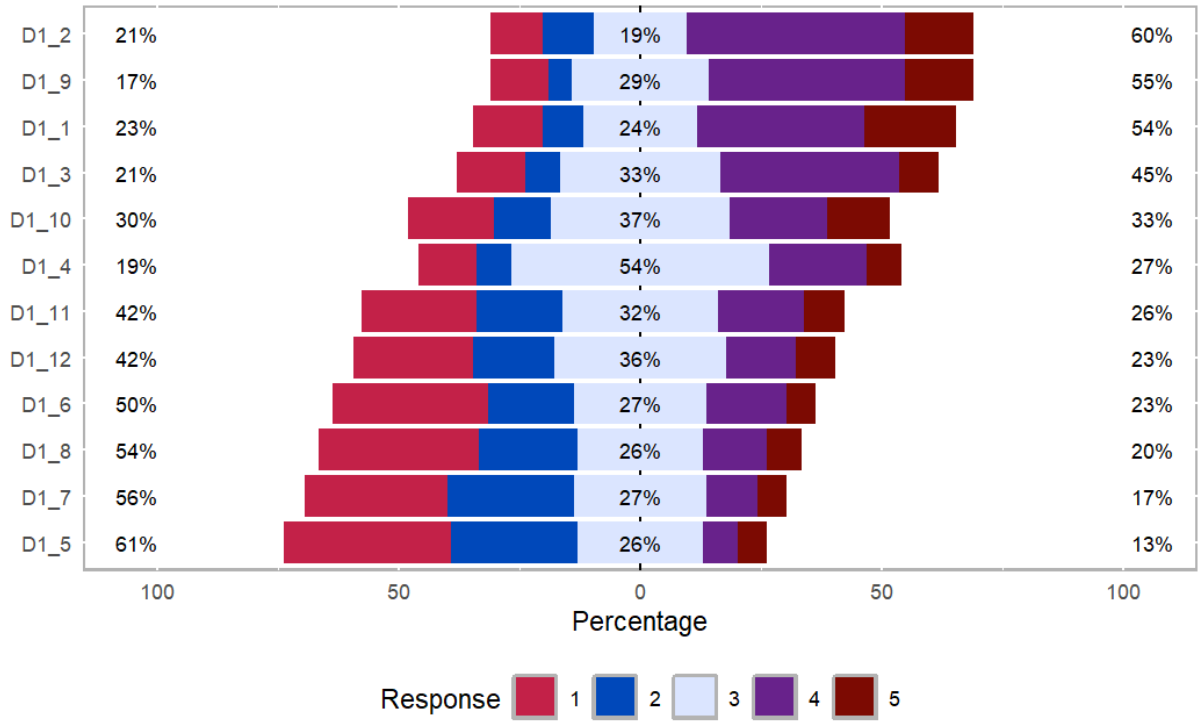
Table 5.8 shows the descriptive statistics for variables measuring RAF wellness implementation.

Table 5.8: Descriptive statistics for RAF wellness implementation

D1 To what extent do you agree or disagree with the following statements regarding the implementation of successful wellness programmes at the Road Accident Fund?									
Variables	N	Range	Min	Max	Mean	Std Error	SD	Skewness	Kurtosis
D1_1 My organisation provides useful resources to promote wellness	84	4	1	5	3,36	,140	1,286	-,562	-,669
D1_2 My organisation encourages a wellness culture	84	4	1	5	3,42	,129	1,184	-,733	-,323
D1_3 My organisation supports me to be healthier	84	4	1	5	3,18	,126	1,153	-,601	-,377
D1_4 My organisation provides flexible policies	84	4	1	5	3,04	,112	1,023	-,349	,229
D1_5 My supervisor shares wellness information with us	84	4	1	5	2,24	,129	1,178	,698	-,260
D1_6 My supervisor dedicates time for staff to attend wellness initiatives	84	4	1	5	2,46	,138	1,265	,302	-1,034
D1_7 My supervisor motivates employees' wellness efforts	84	4	1	5	2,37	,130	1,190	,517	-,561
D1_8 Through my supervisor's support, I find it easier to take care of my health	84	4	1	5	2,40	,139	1,272	,453	-,855
D1_9 Employees are informed about the importance of wellness	84	4	1	5	3,40	,127	1,163	-,752	-,047
D1_10 My organisation engages employees in the wellness activities they prefer	84	4	1	5	2,99	,137	1,256	-,127	-,814
D1_11 My organisation uses a questionnaire to obtain feedback on wellness services	84	4	1	5	2,69	,137	1,251	,121	-,944
D1_12 My organisation assesses my readiness for lifestyle changes	84	4	1	5	2,64	,135	1,238	,170	-,839

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.10 shows the visualisation of implementation statistics shown in Table 5.8 above.



Legend *1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.10: Implementation visualisation

The results indicated mixed perceptions of the implementation of the RAF wellness programmes. The mean scores suggest that organisational support for wellness initiatives is perceived negatively in some areas, such as providing resources for wellness (D1_1) *(Disagree = 54%, M = 3.36, SD = 1.286),* encouraging a wellness culture (D1_2) *(Disagree = 60%, M = 3.42, SD = 1.184)* and that employees are not informed about the importance of wellness (D1_9) *(Disagree = 55%, M = 3.40, SD = 1.163)*. Further, statements related to general organisational support, such as D1_1 *(Disagree = 54%, M = 3.36, SD = 1.286)* and D1_2 *(Disagree = 60%, M = 3.42, SD = 1.184)*, received more negative responses, suggesting that the effectiveness of RAF wellness is limited by inadequate managerial and supervisory encouragement. Conversely, areas related to supervisor involvement in wellness initiatives, such as sharing wellness information (D1_5) *(Agree = 61%, M = 2.24, SD = 1.178)*, motivating employees (D1_7) *(Agree = 56%, M = 2.37, SD = 1.190),* and dedicating time for staff to attend wellness initiatives (D1_6) *(Agree = 50%, M = 2.46, SD = 1.265)*, received positive ratings, indicating a strong supervisor engagement in supporting wellness efforts. In addition, items related to employee feedback mechanisms, such as using

questionnaires (D1_11) *(Agree = 42%, Disagree = 26%, M = 2.69, SD = 1.251)* and assessing readiness for lifestyle changes (D1_12) *(Agree = 42%, Disagree = 23%, M = 2.64, SD = 1.238)*, also received some agreement, indicating that employees may feel that their wellness needs are being assessed or considered in decision-making processes. These findings suggested a mixed perception among employees regarding the implementation of RAF wellness. The finding is consistent with the work of Lewis (2017), Hull and Pasquale (2018), and Perrault et al. (2020:9), as described in Chapter 3, Section 3.7, who reported mixed employee perceptions regarding the implementation of workplace wellness programmes.

In the next section, the study presents the Spearman correlation coefficient for employees' perceptions of the RAF wellness implementation.

Correlation analysis

Table 5.9 shows the Spearman correlation coefficient for RAF wellness implementation.

Table 5.9: Spearman correlation coefficient for RAF wellness implementation

D1 To what extent do you agree or disagree with the following statements regarding the implementation of successful wellness programmes at the Road Accident Fund?													
Variables		D1_1	D1_2	D1_3	D1_4	D1_5	D1_6	D1_7	D1_8	D1_9	D1_10	D1_11	D1_12
D1_1 My organisation provides useful resources to promote wellness	*r*	1,000	.762**	.731**	.529**	.346**	.417**	.395**	.414**	.677**	.454**	.365**	.368**
	Sig. (2-tailed)		,000	,000	,000	,001	,000	,000	,000	,000	,000	,001	,001
	N		84	84	84	84	84	84	84	84	84	84	84
D1_2 My organisation encourages a wellness culture	*r*		1,000	.770**	.618**	.352**	.400**	.388**	.428**	.670**	.542**	.450**	.428**
	Sig. (2-tailed)			,000	,000	,001	,000	,000	,000	,000	,000	,000	,000
	N			84	84	84	84	84	84	84	84	84	84
D1_3 My organisation supports me to be healthier	*r*			1,000	.653**	.295**	.370**	.405**	.430**	.669**	.580**	.485**	.516**
	Sig. (2-tailed)				,000	,006	,001	,000	,000	,000	,000	,000	,000
	N				84	84	84	84	84	84	84	84	84
D1_4 My organisation provides flexible policies	*r*				1,000	.523**	.495**	.511**	.385**	.564**	.497**	.520**	.595**
	Sig. (2-tailed)					,000	,000	,000	,000	,000	,000	,000	,000
	N					84	84	84	84	84	84	84	84
D1_5 My supervisor shares wellness information with us	*r*					1,000	.731**	.773**	.589**	.336**	.362**	.502**	.641**
	Sig. (2-tailed)						,000	,000	,000	,002	,001	,000	,000
	N						84	84	84	84	84	84	84
D1_6 My supervisor dedicates time for staff to attend wellness initiatives	*r*						1,000	.893**	.674**	.445**	.288**	.400**	.451**
	Sig. (2-tailed)							,000	,000	,000	,008	,000	,000
	N							84	84	84	84	84	84
D1_7 My supervisor motivates employees' wellness efforts	*r*							1,000	.796**	.437**	.332**	.508**	.568**
	Sig. (2-tailed)								,000	,000	,002	,000	,000
	N								84	84	84	84	84
D1_8 Through my supervisor's support, I find it easier to take care of my health	*r*								1,000	.475**	.378**	.502**	.548**
	Sig. (2-tailed)									,000	,000	,000	,000
	N									84	84	84	84
D1_9 Employees are informed about the importance of wellness	*r*									1,000	.553**	.466**	.485**
	Sig. (2-tailed)										,000	,000	,000
	N										84	84	84
D1_10 My organisation engages employees in the wellness activities they prefer	*r*										1,000	.661**	.560**
	Sig. (2-tailed)											,000	,000
	N											84	84
D1_11 My organisation uses a questionnaire to obtain feedback on wellness services	*r*											1,000	.822**
	Sig. (2-tailed)												,000
	N												84
D1_12 My organisation assesses my readiness for lifestyle changes	*r*												1,000
	Sig. (2-tailed)												
	N												

The Spearman correlation matrix suggested strong positive relationships among various aspects of the implementation of the wellness programme at RAF. Organisational support in providing resources (D1_1) and encouraging a wellness culture (D1_2) are highly correlated *($r = 0.762$, $p < 0.001$)*. Similarly, employees who feel supported in their health (D1_3) tend to report higher motivation from supervisors (D1_7) *($r = 0.430$, $p < 0.001$)*, reinforcing the importance of managerial encouragement in wellness efforts. The finding suggested that an organisation fosters a wellness culture when promoting wellness resources. As highlighted in Chapter 3, Section 3.7.5, the studies by Song and Baicker (2019) and Jones et al. (2019:1744) provide valuable insights into the effectiveness, challenges, and considerations associated with implementing workplace wellness programmes.

A strong, statistically significant positive correlation was found between employee feedback mechanisms, such as using questionnaires (D1_11) and assessing readiness for lifestyle changes (D1_12) *($r = 0.822, p < 0.001$).* The finding suggested that employee feedback mechanisms, such as surveys and questionnaires, are closely tied to how well organisations assess individuals' readiness to make lifestyle changes. In other words, as Torres et al. (2023:576) argue in Chapter 3, Section 3.11.4, organisations seeking employee input on wellness services are more likely to tailor their programmes based on employees' preparedness to adopt healthier habits. The scholars further add that surveys play a significant role in modifying wellness services.

The correlation results indicated that providing wellness resources (D1_1) is strongly associated with fostering a wellness culture *(D1_2, $r = 0.762, p < 0.001$)* and supporting employees in maintaining a healthier lifestyle *(D1_3, $r = 0.731, p < 0.001$)*. Additionally, organisations that invest in wellness resources are more likely to offer flexible policies *(D1_4, $r = 0.529, p < 0.001$)*. Furthermore, wellness resources significantly increase employees' awareness of the importance of wellness *(D1_9, $r = 0.677, p < 0.001$)*. These findings suggested that wellness resources are foundational in building a strong organisational wellness culture, supporting employee health, and promoting informed decision-making about wellness. This finding aligns with Song and Baicker (2019), Browne and Tie (2024:2), and Jones et al. (2019:1744), who found that employees are more likely to engage in comprehensive wellness initiatives when organisations invest in them.

However, supervisor-related aspects, such as sharing wellness information (D1_5) and motivating employees (D1_7), show weaker correlations with organisational policies (D1_4) *($r = 0.511, p < 0.001$)*. The finding suggested that, while policies exist, their implementation may be inconsistent at the supervisory level.

In the subsequent section, the RAF wellness benefits were explored.

5.2.6 Wellness benefits

The study measured RAF employee wellness benefits using questionnaire items E1_1-E1_10. The Cronbach's Alpha coefficient of 0.88 indicates a high level of internal consistency among the wellness benefits items (Field, 2006). Below are the descriptive statistics on RAF wellness benefits.

Descriptive statistics

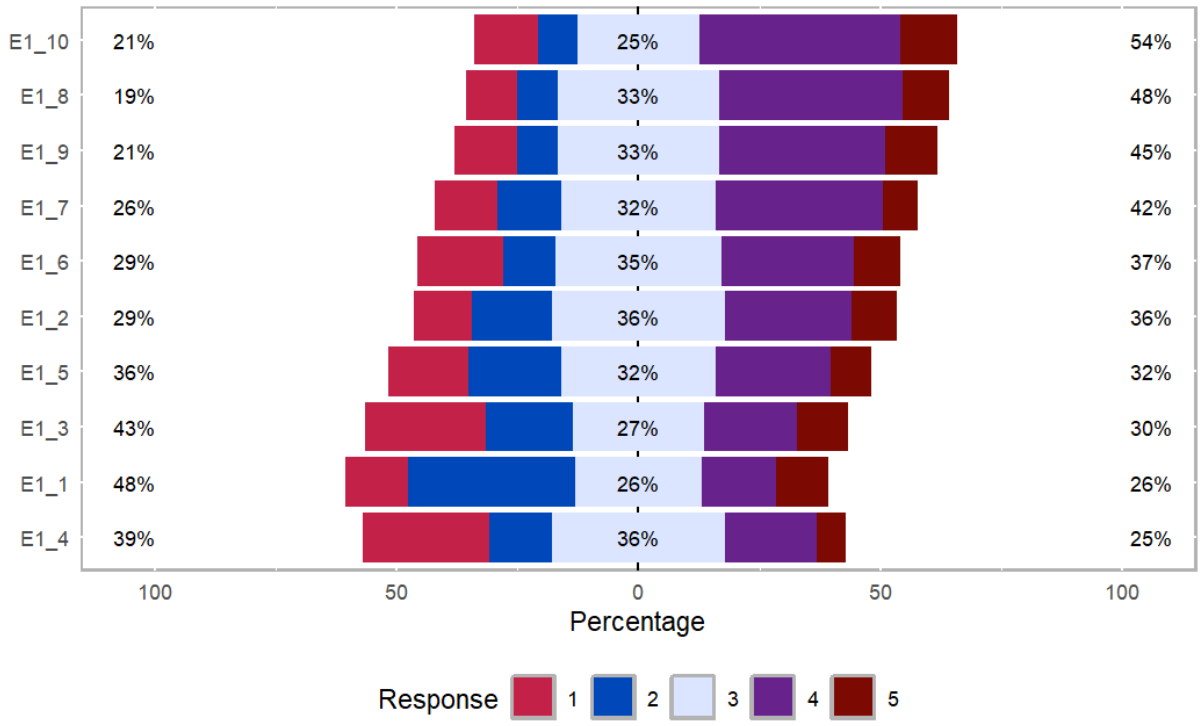
Table 5.10 shows the descriptive statistics for variables measuring RAF wellness benefits.

Table 5.10: Descriptive statistics for RAF wellness benefits

E1 To what extent do you agree or disagree with the following statements regarding the benefits of wellness programmes?									
Variables	N	Range	Min	Max	Mean	Std Error	SD	Skewness	Kurtosis
E1_1 I am too involved with work that I hardly have time for family responsibilities	84	4	1	5	2,76	,130	1,188	,389	-,695
E1_2 The wellness programmes at my organisation assist me in coping with life challenges	84	4	1	5	3,05	,124	1,140	-,195	-,601
E1_3 My organisation allows me to work flexible hours to achieve a healthy work-life balance	84	4	1	5	2,73	,144	1,320	,137	-1,094
E1_4 The wellness programmes offered help in identifying performance problems	84	4	1	5	2,65	,134	1,227	,013	-,992
E1_5 The wellness programmes help employees cope with pressure	84	4	1	5	2,88	,131	1,196	-,068	-,853
E1_6 The wellness programmes at the Road Accident Fund enhance work commitment	84	4	1	5	3,00	,133	1,222	-,284	-,790
E1_7 Wellness initiatives at my organisation improve employees' wellness	84	4	1	5	3,10	,124	1,137	-,443	-,580
E1_8 The wellness programmes encourage physical activity	84	4	1	5	3,27	,120	1,101	-,623	-,128
E1_9 The wellness programmes help with stress management	84	4	1	5	3,21	,127	1,162	-,526	-,399
E1_10 The wellness programmes encourage employees to take their wellness seriously	84	4	1	5	3,31	,130	1,192	-,670	-,397

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.11 shows the wellness benefits statistics in Table 5.10 above.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.11: Visualisation of wellness benefits

The results indicated that while some employees perceive benefits from RAF's wellness programmes, there are notable concerns regarding work-life balance and identifying performance problems. The mean scores suggested that employees generally disagree that wellness programmes encourage physical activity (E1_8) *(disagree = 48%, agree = 19%, M = 3.27, SD = 1.101)* and help with stress management (E1_9) *(disagree = 45%, agree = 21%, M = 3.21, SD = 1.162)*. However, responses to statements about work-life balance (E1_3) *(agree = 43% and disagree = 30%, M = 2.73, SD = 1.320)* and identifying performance problems (E1_4) *(agree = 39% and disagree = 25%, M = 2.65, SD = 1.227)* suggest that these areas are effective.

Conversely, more negative responses were recorded for statements related to physical activity (E1_8) *(agree = 19% and disagree = 48%, M = 3.27, SD = 1.101)* and wellness seriousness (E1_10) *(agree = 21% and disagree = 54%, M = 3.31, SD = 1.192)*, with these areas receiving fewer positive responses. The distribution suggested that wellness programmes fall short in providing employees with flexibility

and support in managing workloads and personal responsibilities *(E1_1) (agree = 48%, disagree = 26%, M = 2.76, SD = 1.188),* as well as in supporting physical activity and stress management. These findings highlight a potential gap for RAF to improve wellness initiatives by incorporating more structured efforts to enhance work-life balance and provide targeted interventions for performance-related issues. In Chapter 3, Section 3.7, the studies by Haraldsson and Kellam (2021), Knight and Eisenkraft (2015), and Bontrager and Marshall (2020) provide empirical support, arguing that structured efforts in enhancing wellness can improve employee well-being, productivity, and overall workplace performance.

In the next section, the study presents the Spearman correlation coefficient for RAF wellness benefits.

Correlation analysis

Table 5.11 shows the Spearman correlation coefficient for RAF wellness benefits.

Table 5.11: Spearman correlation coefficient for RAF wellness benefits

E1 To what extent do you agree or disagree with the following statements regarding the benefits of wellness programmes?											
		E1_1	E1_2	E1_3	E1_4	E1_5	E1_6	E1_7	E1_8	E1_9	E1_10
E1_1 I am too involved with work that I hardly have time for family responsibilities	*r*	1,000	-,078	,054	-,137	-,022	-,160	-,219*	-,195	-,241*	-,274*
	Sig. (2-tailed)		,480	,627	,215	,840	,146	,045	,075	,027	,012
	N		84	84	84	84	84	84	84	84	84
E1_2 The wellness programmes at my organisation assist me in coping with life challenges	*r*		1,000	,244*	,657**	,589**	,640**	,637**	,615**	,587**	,567**
	Sig. (2-tailed)			,025	,000	,000	,000	,000	,000	,000	,000
	N			84	84	84	84	84	84	84	84
E1_3 My organisation allows me to work flexible hours to achieve a healthy work-life balance	*r*			1,000	,408**	,246*	,417**	,393**	,286**	,204	,249*
	Sig. (2-tailed)				,000	,024	,000	,000	,008	,062	,023
	N				84	84	84	84	84	84	84
E1_4 The wellness programmes offered help in identifying performance problems	*r*				1,000	,604**	,616**	,508**	,479**	,451**	,473**
	Sig. (2-tailed)					,000	,000	,000	,000	,000	,000
	N					84	84	84	84	84	84
E1_5 The wellness programmes help employees cope with pressure	*r*					1,000	,646**	,718**	,544**	,636**	,556**
	Sig. (2-tailed)						,000	,000	,000	,000	,000
	N						84	84	84	84	84
E1_6 The wellness programmes at the Road Accident Fund enhance work commitment	*r*						1,000	,756**	,580**	,613**	,607**
	Sig. (2-tailed)							,000	,000	,000	,000
	N							84	84	84	84
E1_7 Wellness initiatives at my organisation improve employees' wellness	*r*							1,000	,604**	,584**	,466**
	Sig. (2-tailed)								,000	,000	,000
	N								84	84	84
E1_8 The wellness programmes encourage physical activity	*r*								1,000	,715**	,730**
	Sig. (2-tailed)									,000	,000
	N									84	84
E1_9 The wellness programmes help with stress management	*r*									1,000	,845**
	Sig. (2-tailed)										,000
	N										84
E1_10 The wellness programmes encourage employees to take their wellness seriously	*r*										1,000
	Sig. (2-tailed)										
	N										

The Spearman correlation matrix reveals significant positive relationships among various perceived benefits of RAF wellness programmes, suggesting that employees tend to perceive positive effects in others when they find wellness initiatives beneficial in one aspect. For instance, a strong correlation exists between wellness programmes that help with stress management (E1_9) and encourage physical activity (E1_8) *($r = 0.845, p < 0.001$)*. This finding suggested that physical activity initiatives may play a key role in reducing stress. Similarly, wellness initiatives improving overall employee wellness (E1_7) are strongly linked to enhanced work commitment (E1_6) *($r = 0.756, p < 0.001$)*, indicating that employees who experience wellness benefits are likely to feel more committed to their work. In addition, the moderately strong, statistically significant positive correlation between RAF wellness-enhancing work commitment (E1_6) and RAF wellness encouraging employees to take their well-being seriously (E1_10) *($r = 0.607, p < 0.001$)* suggests that employees who believe wellness

programmes enable them to take their wellness seriously also tend to feel that these programmes enhance their work commitment. The strong and significant correlation between wellness programmes helping with stress management (E1_9) and RAF wellness programmes encouraging employees to take their well-being seriously (E1_10) *(r = 0.845, p < 0.001)* suggests that as employees perceive wellness programmes as effective in managing stress, they are significantly more likely to take their wellness seriously. Likewise, the strong statistically significant positive correlation between RAF wellness encouraging physical activity (E1_8) and wellness programmes helping with stress management (E1_9) *(r = 0.845, p < 0.001)* suggests that employees who see wellness programmes as promoting physical activity also find them helpful for stress management.

On the other hand, weak and insignificant correlations, such as between work-life balance (E1_3) and being too involved with work to attend to family responsibilities (E1_1) *(r = 0.054, p = 0.627)*, suggest that employees who struggle with workload may not see flexible work policies as effectively improving their time. In addition, the weak, statistically significant negative correlation *(r = -0.274, p = 0.012)* between being too involved with work to attend to family responsibilities (E1_1) and RAF wellness encouraging employees to take their well-being seriously (E1_10) suggests that as employees become more involved with work to the point of neglecting family responsibilities (E1_1), they are less likely to take wellness programmes seriously (E1_10). These results suggest that high work demands may act as a barrier to employee engagement with wellness initiatives. The studies by Jones et al. (2019:1750) and Yadav et al. (2022:512) in Chapter 3, Section 3.7.1, affirm that employees overburdened with work may lack the motivation to participate in wellness programmes, even when such programmes are available.

In the subsequent section, the researcher explores the challenges of implementing RAF wellness.

5.2.7 Wellness Implementation Challenges

The study measured RAF employee wellness implementation challenges using questionnaire items F1_1-F1_7. The Cronbach's Alpha coefficient of 0.95 indicates a high level of internal consistency among the items measuring wellness implementation challenges (Field, 2006). Below are the descriptive statistics on RAF wellness implementation challenges.

Descriptive statistics

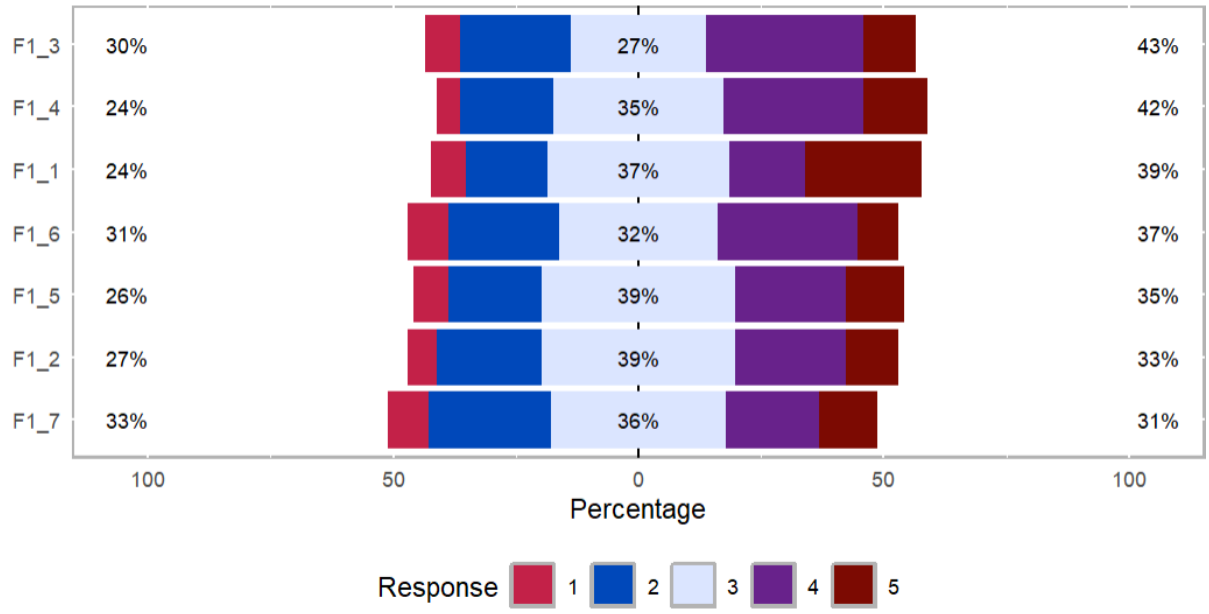
Table 5.12 shows the descriptive statistics for variables measuring RAF wellness implementation challenges.

Table 5.12: Descriptive statistics for RAF wellness implementation challenges

F1 To what extent do you agree or disagree with the following statements regarding challenges to successfully implementing wellness programmes?									
Variables	N	Range	Min	Max	Mean	Std Error	SD	Skewness	Kurtosis
F1_1 Unsupportive organisational culture	84	4	1	5	3,32	,132	1,214	-,067	-,853
F1_2 Lack of interest in wellness topics	84	4	1	5	3,11	,115	1,053	,035	-,444
F1_3 Poor engagement on wellness needs	84	4	1	5	3,17	,122	1,118	-,179	-,769
F1_4 Lack of participation motivation	84	4	1	5	3,26	,116	1,066	-,118	-,571
F1_5 Failure to explain participation objectives	84	4	1	5	3,13	,118	1,084	-,034	-,461
F1_6 Failure to set clear goals	84	4	1	5	3,06	,119	1,090	-,120	-,658
F1_7 Failure to target relevant participants	84	4	1	5	3,01	,123	1,125	,132	-,617

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.12 illustrates the visualisation of challenges faced in wellness implementation, as shown in Table 5.12 above.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.12: Visualisation of challenges faced in wellness implementation

The results highlight key challenges in successfully implementing wellness programmes at the RAF. The high mean score for an unsupportive organisational wellness culture (F1_1) (disagree = 39%, agree = 24%, M = 3.32, SD = 1.214) indicates that employees perceive a lack of strong organisational backing for wellness initiatives. Lack of participation motivation (F1_4) *(disagree = 42%, M = 3.26, SD = 1.066)* and poor engagement on wellness needs (F1_3) *(disagree = 43%, M = 3.17, SD = 1.118)* also ranked high, suggesting managerial wellness engagement. Although the statistics are close to the neutral (3), the additional challenges include failure to explain participation objectives (F1_5) *(disagree = 35%, agree = 26%, M = 3.13, SD = 1.084)*, inability to set clear goals (F1_6) *(disagree = 37%, agree = 31%, M = 3.06, SD = 1.090)*, and failure to target relevant participants (F1_7) *(disagree = 31%, agree = 33%, M = 3.01, SD = 1.125)*, indicate that a lack of strategic communication and goal-setting could be limiting employee involvement in wellness initiatives. These findings suggest that for RAF to enhance the effectiveness of its wellness programme, a cultural shift towards more substantial organisational support, transparent communication, and improved motivation strategies will be necessary to drive meaningful engagement. This finding aligns with Hoert et al. (2016) and Altman et al. 2023:501) in Chapter 3, Section 3.11.1, where they argue that organisations like the

RAF could cultivate a supportive culture by enhancing the effectiveness of wellness programmes through committed leadership, transparent communication, and strategies that motivate and engage employees.

In the next section, the study presents the Spearman correlation coefficient for the challenges associated with implementing RAF wellness.

Correlation analysis

Table 5.13 shows the Spearman correlation coefficient for RAF wellness implementation challenges.

Table 5.13: Spearman correlation coefficient for RAF wellness implementation challenges

F1 To what extent do you agree or disagree with the following statements regarding challenges to successfully implementing wellness programmes?								
Variables		F1_1	F1_2	F1_3	F1_4	F1_5	F1_6	F1_7
F1_1 Unsupportive organisational culture	*r*	1,000	.695**	.723**	.733**	.721**	.665**	.631**
	Sig. (2-tailed)		,000	,000	,000	,000	,000	,000
	N		84	84	84	84	84	84
F1_2 Lack of interest in wellness topics	*r*		1,000	.779**	.709**	.592**	.647**	.574**
	Sig. (2-tailed)			,000	,000	,000	,000	,000
	N			84	84	84	84	84
F1_3 Poor engagement on wellness needs	*r*			1,000	.819**	.800**	.811**	.725**
	Sig. (2-tailed)				,000	,000	,000	,000
	N				84	84	84	84
F1_4 Lack of participation motivation	*r*				1,000	.724**	.762**	.680**
	Sig. (2-tailed)					,000	,000	,000
	N					84	84	84
F1_5 Failure to explain participation objectives	*r*					1,000	.787**	.844**
	Sig. (2-tailed)						,000	,000
	N						84	84
F1_6 Failure to set clear goals	*r*						1,000	.792**
	Sig. (2-tailed)							,000
	N							84
F1_7 Failure to target relevant participants	*r*							1,000
	Sig. (2-tailed)							
	N							

The results indicated several strong correlations ($p < 0.001$), suggesting that some challenges in implementing wellness programmes at the RAF are highly interrelated. A strong correlation exists between poor engagement in wellness needs (F1_3) and lack of participation (F1_4) *($r = 0.819, p < 0.001$)*. The finding suggests that employees who do not engage with wellness initiatives also tend to lack motivation to participate.

In Chapter 3, Section 3.11.1, Altman et al. (2023) state that employees' motivation to participate increases when they perceive strong organisational support regarding wellness initiatives. Likewise, poor engagement (F1_3) also has strong correlations with failure to explain participation objectives (F1_5) *($r = 0.800, p < 0.001$)* and inability to set clear goals (F1_6) *($r = 0.811, p < 0.001$)*. In addition, another notable correlation is between failure to explain participation objectives (F1_5) and failure to target relevant participants (F1_7) ($r = 0.844$, $p < 0.001$), suggesting that when participation objectives are poorly communicated, wellness initiatives fail to reach employees who need them. These results indicated that unclear objectives and a lack of clear goals significantly contribute to employees' disengagement with wellness initiatives. The finding aligns with Gubler et al.'s (2018:4969), Ordóñez et al.'s (2009), and Amaya's (2019:28) arguments in Chapter 3, Section 3.11.4, which stipulate that unclear goals and a lack of strategic direction can reduce employee engagement in workplace wellness programmes.

Furthermore, unsupportive organisational culture (F1_1) correlates moderately with failure to set clear goals (F1_6) *($r = 0.665, p < 0.001$)* and inability to target relevant participants (F1_7) *($r = 0.631, p < 0.001$)*. The finding suggested that a lack of strong organisational support is linked to challenges in setting clear goals and effectively targeting employees for wellness programmes. In Chapter 3, Section 3.11.4, the finding aligns with several studies (Cahalin et al., 2015; Tryon et al., 2014; 22) that emphasise the importance of leadership commitment and a supportive organisational culture in the success of workplace wellness initiatives. Similarly, lack of interest in wellness topics (F1_2) has moderate correlations with failure to explain participation objectives (F1_5) *($r = 0.592, p < 0.001$)* and inability to target relevant participants (F1_7) *($r = 0.574, p < 0.001$)*. Similarly, this result suggests that when employees lack interest in wellness, it may be partly due to poor communication of objectives and ineffective targeting strategies (Zhenjing et al., 2022; Rasool et al., 2021).

In the subsequent section, the experience gained in implementing RAF wellness was explored.

5.2.8 Wellness experience

The study measured the experience gained in implementing RAF wellness using questionnaire items G1_1 and G1_2. The Cronbach Alpha coefficient of *86%* indicates a high level of internal consistency among items measuring this experience. Below are the descriptive statistics on the RAF wellness experience.

Descriptive statistics

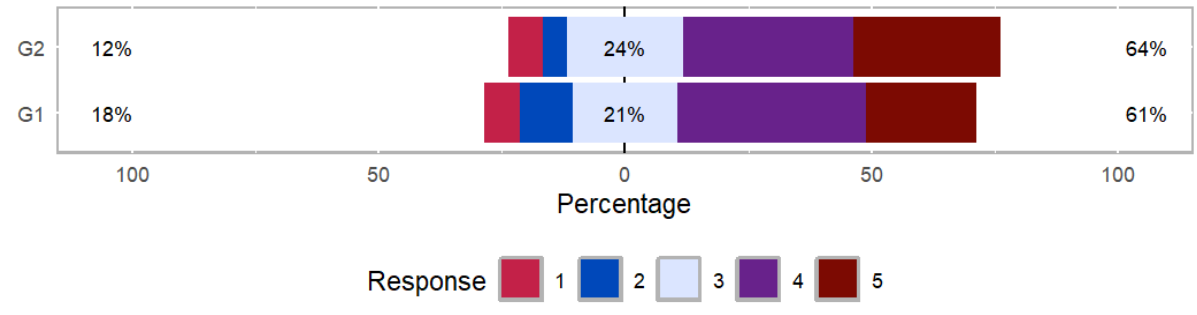
Table 5.14 shows the descriptive statistics for variables measuring RAF wellness experience.

Table 5.14: Descriptive statistics for RAF wellness experience

G. To what extent do you agree or disagree with the following statements regarding wellness experience at the Road Accident Fund?									
Variables	N	Range	Min	Max	Mean	Std. Error	SD	Skewness	Kurtosis
G1 The wellness programmes offered at the Road Accident Fund are helpful	84	4	1	5	3,58	,127	1,164	-,677	-,264
G2 I would recommend that my colleagues make use of available wellness services	84	4	1	5	3,75	,125	1,150	-,855	,208

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.13 shows the visualisation of experiences in implementing wellness programmes, as shown in Table 5.14 above.



***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

Figure 5.13: Visualisation of experiences in implementing wellness programmes

The results suggested that employees at the RAF generally perceive wellness programmes negatively. The mean score for RAF wellness is helpful (G1) *(disagree = 61%, M = 3.58, SD = 1.164),* indicating that many employees do not perceive RAF wellness initiatives as helpful. Similarly, the mean score for recommending the RAF wellness initiatives to colleagues (G2) *(disagree = 64%, M = 3.75, SD = 1.150)* suggests an unfavourable perception of these initiatives. The negative skewness for G1 *(-0.677)* and G2 *(-0.855)* further reinforces the finding that more employees rated the wellness programmes negatively than positively. These findings suggested that the employees' experiences with RAF wellness are unfavourable. Studies by Seward et al. (2019), Torres et al. (2023), Edwards and Marcus (2018), and Kava et al. (2021) in Chapter 3, Section 3.9.4 also reported unfavourable employee experiences with workplace wellness initiatives.

In the next section, the study presents the Spearman correlation coefficient for RAF wellness experiences.

Correlation analysis

Table 5.15 shows the Spearman correlation coefficient for RAF wellness experiences.

Table 5.15: Spearman correlation coefficient for RAF wellness experiences

G. To what extent do you agree or disagree with the following statements regarding wellness experience at the Road Accident Fund?			
Variables		G1	G2
G1 The wellness programmes offered at the Road Accident Fund are helpful	*r*	1,000	.753**
	Sig. (2-tailed)		,000
	N	84	84
G2 I would recommend that my colleagues make use of available wellness services	*r*	.753**	1,000
	Sig. (2-tailed)	,000	
	N	84	84

The results indicate a strong positive correlation *(r = 0.753, p < 0.001)* between employees who perceive RAF wellness programmes as helpful (G1) and their willingness to recommend these services to colleagues (G2). This suggests that employees who find wellness initiatives beneficial are significantly more likely to advocate for them, reinforcing the importance of programme effectiveness in driving participation. These findings highlight that enhancing the perceived value and impact

of wellness programmes could increase employee participation, thereby fostering a stronger organisational wellness culture (Edwards & Marcus, 2018:105).

In the subsequent section, the gender differences in wellness participation were discussed.

5.2.9 Gender differences in wellness engagement

Table 5.16 shows the group descriptive statistics for gender differences in evaluating RAF wellness.

Table 5.16: Group statistics for gender

Gender		N	Mean	Std. Deviation	Std. Error Mean
Participation	Male	35	3,357	,9320	,1575
	Female	49	3,418	,7278	,1040
RAF_wellness_offerings	Male	35	3,600	,7746	,1309
	Female	49	3,480	,9282	,1326
Perception	Male	35	3,095	,7424	,1255
	Female	49	2,905	,8457	,1208
Implementation	Male	35	2,924	,8801	,1488
	Female	49	2,796	,9512	,1359
Wellness_Benefits	Male	35	3,083	,7536	,1274
	Female	49	2,935	,8698	,1243
Challenges	Male	35	3,114	1,0525	,1779
	Female	49	3,178	,9242	,1320
Wellness_Experience	Male	35	3,686	1,0224	,1728
	Female	49	3,653	1,1375	,1625

***Legend**: 1- Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree*

The statistics revealed gender-based differences in perceptions of the RAF's wellness programmes. Males reported slightly higher mean scores across most categories, including RAF wellness offerings *(M = 3.60, SD = 0.7746* for males vs *M = 3.48, SD = 0.9282* for females), perception *(M = 3.10, SD = 0.7424 vs M = 2.91, SD = 0.8457)*, implementation *(M = 2.92, SD = 0.8801 vs M = 2.80, SD = 0.9512)*, and wellness

benefits *(M = 3.08, SD = 0.7536 vs M = 2.94, SD = 0.8698)*. The mean scores indicated that females perceive wellness initiatives as slightly more effective and beneficial than males do. However, females reported higher mean scores for challenges (M = 3.18, SD = 0.9242) than males (M = 3.11, SD = 1.0525), suggesting they may experience more barriers to engaging with wellness programmes. The studies by Sood et al. (2019), Craft, Carroll, and Lustyk (2014), and Golan, Hagay, and Tamir (2014) highlight that females often perceive wellness initiatives differently from males. According to Craft et al. (2014:66), gender differences can inform the development of more effective and gender-sensitive wellness programmes.

Additionally, both genders had relatively similar views on participation (M = 3.42, SD = 0.7378 for females vs. M = 3.36, SD = 0.9320 for males) and wellness experience (M = 3.69, SD = 1.022 for males vs. M = 3.65, SD = 1.138 for females), suggesting broad disagreement in overall engagement. The higher standard deviations among males in specific categories (e.g., wellness experience, SD = 1.022, and RAF implementation challenges, SD = 1.053) suggest greater response variability than among females. These findings indicate that both genders view wellness programmes negatively. The finding aligns with Gillespie et al. (2022) and Sherman et al. (2024), who observed that employees often perceive wellness initiatives as ineffective or poorly tailored to their needs. Gillespie et al. (2022) highlight that a lack of personalisation and insufficient incentives contribute to disengagement. Sherman et al. (2024) emphasised structural barriers, including time constraints, privacy concerns, and limited managerial support.

In the subsequent section, the independent-samples t-test for gender was presented.

Independent samples t-test for gender group

Table 5.17: Independent samples t-test for gender

Variables		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Participation	Equal variances assumed	1,356	,248	-,338	82	,736	-,0612	,1812	-,4217	,2992
	Equal variances not assumed			-,324	61,765	,747	-,0612	,1888	-,4386	,3161
RAF wellness offerings	Equal variances assumed	2,335	,130	,627	82	,532	,1204	,1921	-,2617	,5025
	Equal variances not assumed			,646	79,943	,520	,1204	,1863	-,2504	,4913
Perception	Equal variances assumed	,641	,426	1,070	82	,288	,1905	,1780	-,1637	,5447
	Equal variances not assumed			1,093	78,483	,278	,1905	,1742	-,1563	,5372
Implementation	Equal variances assumed	,596	,442	,626	82	,533	,1279	,2041	-,2782	,5340
	Equal variances not assumed			,635	76,621	,528	,1279	,2015	-,2734	,5291
Wellness Benefits	Equal variances assumed	2,216	,140	,813	82	,419	,1482	,1823	-,2144	,5108
	Equal variances not assumed			,833	78,890	,408	,1482	,1779	-,2060	,5024
Challenges	Equal variances assumed	,010	,922	-,293	82	,770	-,0636	,2168	-,4948	,3677
	Equal variances not assumed			-,287	67,304	,775	-,0636	,2215	-,5057	,3786
Wellness Experience	Equal variances assumed	,393	,532	,135	82	,893	,0327	,2415	-,4478	,5131
	Equal variances not assumed			,138	77,682	,891	,0327	,2372	-,4396	,5049

The t-test results indicate no statistically significant differences *(p > 0.05)* between male and female employees in their perceptions of RAF wellness programmes across all measured variables. As Andrade (2019:211) implies, the p-values for all comparisons are well above the *0.05* threshold, meaning that any observed differences in mean scores between genders are likely due to random variation rather than actual disparities. The 95% confidence intervals for the mean differences include zero, further confirming the lack of significant differences (Andrade, 2019). Further, as DataTab (2023) states, Levene's test for equality of variances shows no significant differences in variances between groups (*p > 0.05* in all cases), indicating that the assumption of equal variances holds for these comparisons. These results suggest that male and female employees have similar experiences and perceptions of RAF wellness initiatives. The studies by Fink et al. (2019) and Routray and Itam (2024)

suggest that male and female employees may share similar experiences and perceptions of workplace wellness initiatives.

The finding also implies that gender does not play a critical role in shaping wellness engagement at RAF. The study by Lutz et al. (2023) suggests that gender does not significantly influence engagement with workplace wellness programmes. According to Hay et al. (2019:2536), gender is not a primary factor in shaping wellness engagement in inclusive workplace wellness programmes. However, despite the lack of statistical significance, gender differences in mean scores indicate areas where targeted improvements could enhance the RAF wellness programme's effectiveness.

In the next section, the linear regression results for demographic variables in predicting wellness participation are presented.

5.2.10 Regression model predicting wellness engagement

Demographical variables

Table 5.18 presents a summary of demographic variables.

Table 5.18: Model summary for demographical variables

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.183[a]	,034	-,028	,82576
a. Predictors: (Constant), Education, Department, Age, Job, Tenure				

The regression model presented has an R-value of *0.183*, indicating a weak positive correlation between the predictor variables (Education, Department, Age, Job, and Tenure) and the dependent variable (Participation). The R Square *(0.034)* suggests that only *3.4%* of the variance in the dependent variable is explained by these predictors, which is very low (Field, 2006), implying that these variables do not significantly contribute to predicting wellness participation. Furthermore, as Chicco, Warrens, and Jurman (2021:3) explain, the Adjusted R-Square *(-0.028)* is negative, indicating that when adjusting for the number of predictors, the model performs worse than a simple mean-based prediction. This implies that adding variables to the model

does not improve the model's explanatory power (Chicco et al., 2021). The Standard Error of the Estimate (SEE) *(0.82576)* reflects the average deviation of observed values from the regression line, suggesting high variability in the data (Alexander, Tropsha, and Winkler, 2015). In other words, as Alexander et al. (2015:1316) imply, the model has poor predictive power, and other factors not included may substantially influence wellness participation.

Table 5.19 presents linear regression results for demographic variables.

Table 5.19: Linear regression results for demographic variables

	Unstandardized Coefficients		Standardized Coefficients		
Variables	B	Std. Error	Beta	t	Sig.
(Constant)	4,015	,658		6,100	,000
Department	,144	,193	,084	,744	,459
Job role	,003	,046	,008	,061	,951
Tenure	,020	,020	,154	1,005	,318
Age	-,023	,016	-,213	-1,385	,170
Education	-,029	,083	-,047	-,352	,726

The regression results indicate that none of the independent variables (Department, Job Role, Tenure, Age, and Education) significantly predict the dependent variable, as all p-values exceed *0.05*. The constant *(B = 4.015, p < 0.001)* is the only significant value, suggesting that the dependent variable has a strong baseline value even without these predictors (Andrade et al., 2019). Among the predictors, Tenure *(B = 0.020, Beta = 0.154, p = 0.318)* has the most considerable standardised effect but is insignificant. Age *(B = -0.023, B = -0.213, p = 0.170) has a negative coefficient, indicating a potential inverse relationship, but it is* also insignificant. The Job Role *(p = 0.951)*, Education *(p = 0.726)*, and Department *(p = 0.459)* predictors show almost no predictive power. As Serdar et al. (2021:28) imply, a possible reason for the poor model performance is the small sample size *(N = 84)*, which reduces statistical power and increases standard errors, making it more difficult to detect significant relationships. These results confirm that the independent variables do not meaningfully explain variation in wellness participation, consistent with the earlier regression model, which yielded an R^2 of *0.034*.

The subsequent table presents the model's results for predicting wellness participation based on perceptions, implementation, and wellness benefits. It is essential to note that other variables were excluded from the model due to their poor predictive power.

Table 5.20: Model summary for wellness variables

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.239[a]	,057	,046	,9610
2	.249[b]	,062	,039	,9645
3	.268[c]	,072	,037	,9655
a. Predictors: (Constant), Perception				
b. Predictors: (Constant), Perception, Implementation				
c. Predictors: (Constant), Perception, Implementation, Wellness Benefits				

The regression analysis evaluates the predictive power of Perception, Implementation, and Wellness Benefits on wellness participation. The R values increase slightly across the three models *(0.239, 0.249, and 0.268)*, suggesting that adding variables improves the model's ability to explain the variance in the dependent variable (Participation) (Fernando, 2024). However, the R^2 values remain low *(0.057, 0.062, and 0.072)*, indicating that even with all three predictors, only 7.2% of the variance in the dependent variable is explained. The adjusted R^2 values *(0.046, 0.039, and 0.037)* decrease as more predictors are added, suggesting that the additional variables do not substantially improve the model. As a result, implementation challenges, wellness experience, and RAF wellness offerings were excluded from the model. The SEE remains high (around *0.96* across all models), indicating considerable unexplained variability (Fernando, 2024). However, these results suggest that Perception, Implementation, and Wellness Benefits have minimal predictive power, and other unexamined factors may be more relevant in explaining employee wellness participation at RAF.

The low explanatory power of the regression model suggests that demographic and measured variables alone do not adequately explain participation in employee wellness programmes. The qualitative findings indicate that unmeasured

organisational factors, including trust in leadership, psychological safety, perceptions of confidentiality, organisational culture and employees' perceptions of the relevance of wellness programmes, may play a more significant role in influencing participation. The quantitative and qualitative findings therefore suggest that participation is shaped by a combination of individual and organisational factors rather than by demographic characteristics alone.

Table 5.21 below presents the linear regression results for perception, implementation, and wellness benefits in predicting wellness participation at RAF.

Table 5.21: Linear regression results for wellness variables

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4,432	,354		12,528	,000
	Perception	-,211	,095	-,239	-2,231	,028
2	(Constant)	4,186	,527		7,945	,000
	Perception	-,202	,096	-,229	-2,107	,038
	Implementation	,106	,168	,069	,633	,528
3	(Constant)	4,030	,554		7,271	,000
	Perception	-,201	,096	-,228	-2,094	,039
	Implementation	-,024	,221	-,016	-,110	,912
	Wellness_Benefits	,120	,131	,130	,916	,363
Dependent Variable: Participation						

As suggested by Fritz and Berger (2015:117), the researcher utilised stepwise regression due to the low predictive power of the variables. The stepwise regression results indicate that perception significantly predicted participation. In model (step) 1, perception *(B = -0.211, p = 0.028)* has a negative, significant effect on participation, indicating that as perception worsens, participation decreases. This significance remains in Model (step) 2 *(B = -0.202, p = 0.038)* and Model (step) 3 *(B = -0.201, p = 0.039)*, indicating that perception consistently influences participation, even after additional predictors are added. However, implementation (p = 0.528 in Model 2, p = 0.912 in Model 3) and wellness benefits (p = 0.363 in Model 3) are not statistically significant, indicating that they do not meaningfully predict participation.

The constant remains highly significant across all models ($p < 0.001$), implying that other unmeasured factors may play a stronger role in influencing participation (Fritz and Berger, 2015). Further, the small sample size (N = 84) may contribute to the poor predictive power of the model, as it reduces statistical power and increases variability in estimates, making it harder to detect relationships (Serdar et al., 2021:28). As Gumpili and Das (2022) state, expanding the sample size in future studies could help improve the model's accuracy and reliability. Furthermore, other variables, such as RAF wellness offerings, implementation challenges, and wellness experience, were excluded from the model due to their poor predictive power in earlier analyses. Their inclusion did not improve the model's explanatory strength, suggesting that they do not have a meaningful impact on participation in wellness programmes. The finding suggests that perceptions are a key determinant of participation, highlighting the need to improve perceptions to enhance engagement in wellness programmes. The finding aligns with Edwards and Marcus's (2018) and Altman et al.'s (2023) arguments that improving employees' perceptions of organisational support and their commitment to their well-being is crucial for enhancing engagement in wellness programmes.

The quantitative findings should be interpreted with caution because the 84 completed questionnaires represent only a proportion of the 831 employees in the study population. The response rate may have introduced response bias because employees who were more engaged with wellness programmes, or alternatively those who were particularly dissatisfied with them, may have been more willing to participate. Consequently, the quantitative findings cannot be assumed to represent the views of all RAF employees. This limitation reduces the generalisability of the statistical findings, although the qualitative findings and triangulation provide additional contextual understanding of the issues identified.

The qualitative analysis is presented in the following section.

5.3 ANALYSIS AND INTERPRETATIONS OF QUALITATIVE DATA: INTERVIEWS

In this section of the chapter, 81 excerpts from 13 interviewees were analysed. The summary is presented in Figure 5.14 below.

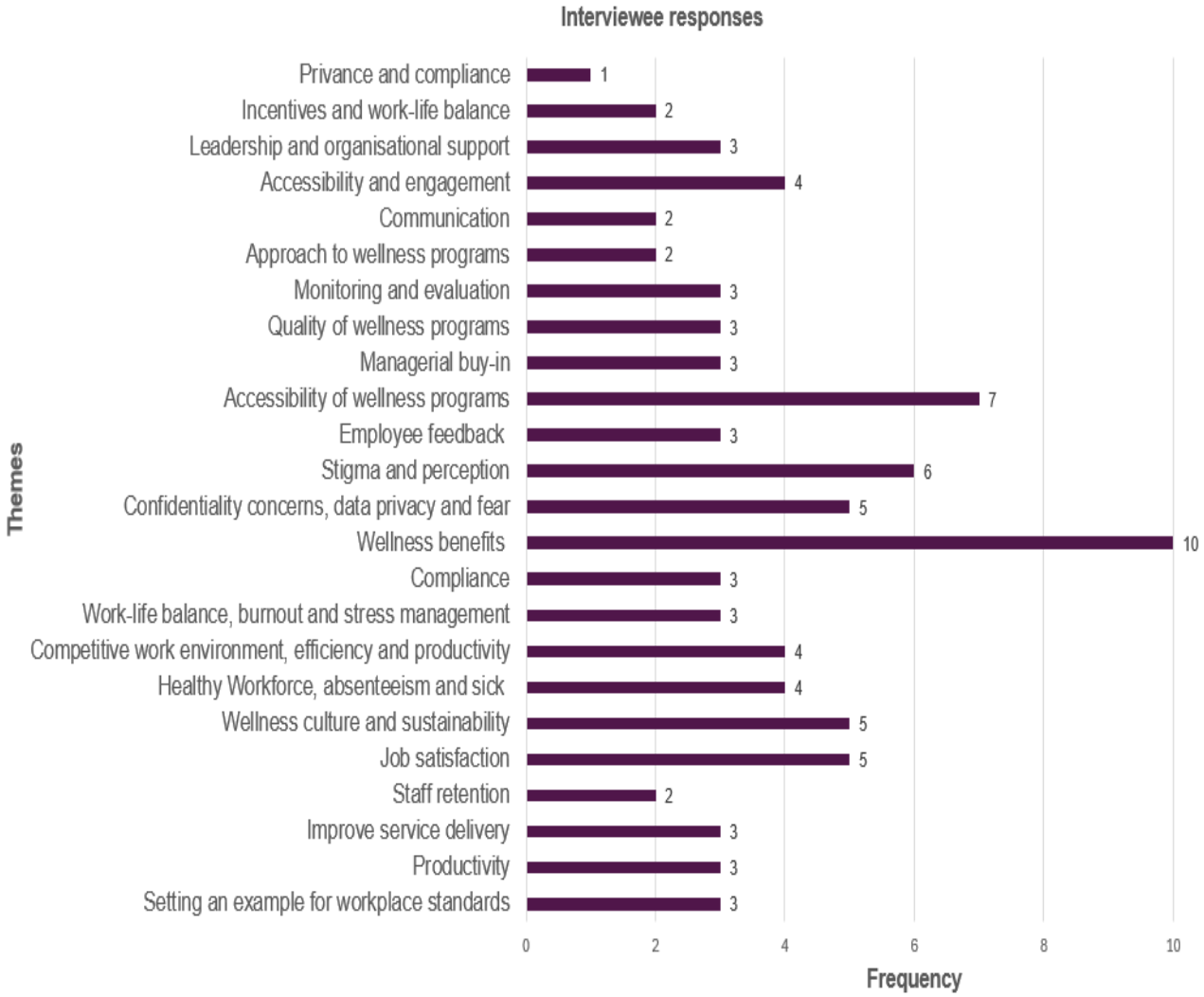


Figure 5.14: Themes and number of responses analysed

The figure shows that wellness benefits (10) received the most responses, followed by accessibility of wellness programmes (7) and stigma and perception (6). The themes with the fewest responses were privacy and compliance (1), as well as incentives and work-life balance, communication, approach to wellness programmes, and staff retention, all with two responses.

5.3.1 Demographic profile of participants interviewed

The following table illustrates the demographic information of the interview participants. Similar demographics were presented in Chapter 4, Section 4.7. The demographics were divided into gender, years of experience, qualification category, and occupational category.

Table 5.22: Qualitative data of interview participants

DEMOGRAPHIC INFORMATION OF PARTICIPANTS				
Participants	**Gender**	**Experience in years**	**Qualification category**	**Occupational category**
Participant001	Female	25	Hons degree	Wellness Practitioner
Participant002	Female	20	Honours degree	Wellness Practitioner
Participant003	Female	20	Undergraduate degree	Wellness Practitioner
Participant004	Female	18	Hons degree	Wellness Practitioner
Participant005	Female	23	Undergraduate degree	Wellness Practitioner & Manager
Participant006	Female	10	Undergraduate degree	Departmental manager
Participant007	Male	18	Undergraduate	Departmental manager
Participant008	Female	9	Undergraduate	Wellness Practitioner
Participant009	Male	11	Hons degree	Wellness Practitioner
Participant010	Male	21	Undergraduate	Employee
Participant011	Female	15	Undergraduate	Employee
Participant012	Male	11	Undergraduate	Wellness Practitioner
Participant013	Male	8	Undergraduate	Wellness Practitioner

The information in the table above shows that eight (8) participants were female and five (5) were male. It also shows that most of these participants had been with the RAF organisation for over 10 years and had formal qualifications. Most participants were wellness practitioners (8), two were departmental managers, and the other were employees. Only one participant carried two roles: a manager and a wellness practitioner.

The qualitative data analysis is presented in the subsequent sections.

5.3.2 The need for public institutions to institute employee wellness programmes

As illustrated in Chapter 1, Section 1.5, the following research question was explored: What are the perceived effects of employee wellness programmes in public institutions, specifically at the Road Accident Fund? Interviewees provided essential insights on this question. Table 5.23 below shows the responses analysed in exploring this issue.

Table 5.23: Responses on the need for public institutions to institute employee wellness

Item nr	Theme	Nr of responses
5.3.2.1	Setting an example for workplace standards	3
5.3.2.2	Productivity	3
5.3.2.3	Improve service delivery	3
5.3.2.4	Staff retention	2

In the subsequent sections, the researcher presents the responses and analysis. The researcher started by presenting data on “setting an example for workplace standards”, followed by “productivity”, “improved service delivery”, and “staff retention”.

5.3.2.1 Setting an example for workplace standards

Three (3) interviewees stressed the significance of public institutions in setting wellness standards. According to Participant 008,

> *Public institutions must champion employee wellness to set workplace standards and serve as a model for private organisations. Embedding wellness into policies reinforces positive workplace norms and encourages other sectors to adopt similar practices.*

Participant 008 highlighted how wellness initiatives in public organisations act as models for private entities. The participant further viewed wellness policies as significant in reinforcing employee wellness in the private sector. Participant 009

expanded on this view by stressing the need for structured programmes that comply with labour laws and prioritise regular health assessments and psychological support.

> *The public sector sets an example for workplace standards. Instituting employee wellness programmes demonstrates a commitment to worker well-being, aligns with labour laws, and promotes a healthier workforce. I believe policies should mandate regular wellness assessments, psychological support, and employee engagement initiatives to ensure sustainability.*

Further, according to Participant 005,

> *Public institutions must implement comprehensive wellness programmes focusing on preventive care and holistic health support.*

The interviewee (Participant 005) emphasised the importance of implementing comprehensive wellness initiatives in public institutions. These initiatives should act as models of wellness that prioritise preventive care and holistic health support.

These interviewees concur that public institutions, such as the RAF, should set a benchmark for employee wellness programmes that private entities in South Africa should adopt. As stated in Chapter 3, Section 3.5, studies by Ryu and Bae (2020:13), Mathaphuna, Roestenburg, and Mokwele (2024), and Badul and Subban (2022:124) support the argument that public institutions should lead in employee wellness initiatives. However, the studies by Kanyumba et al. (2024) and Conradie, van der Merwe, Smit, and Malan (2016) highlight challenges, such as low participation and financial constraints, that public institutions are likely to face when implementing and setting effective wellness benchmarks for private entities.

In the next section, data were presented on the need for public institutions to use wellness programmes to improve workplace productivity.

5.3.2.2 Productivity

The interviewees emphasised the importance of employee wellness in enhancing productivity and efficiency in the public sector. According to Participant 010,

> *Employee wellness programmes are essential in public institutions to enhance productivity and reduce absenteeism. High-stress environments, long working hours, and limited resources often lead to burnout. Public institutions can improve employee wellness by investing in structured programmes that support mental health, fitness, and financial wellness, resulting in a more efficient workforce.*

Participant 010 highlighted the impact of high-stress environments and long working hours in public institutions on employee burnout. The interviewee further advocated for structured wellness initiatives, such as mental health support, fitness programmes, and financial wellness, to support individuals in these high-stress working environments. This aligned with Participant 005's observation that high-pressure workloads in public entities contribute to anxiety, burnout, and mental exhaustion, negatively affecting productivity.

> *High-pressure workloads contribute to anxiety, burnout, and mental exhaustion, affecting individual wellness and productivity.*

On the other hand, according to Participant 007,

> *Institutions must implement accessible wellness resources, such as counselling, fitness programmes, and work-life balance policies, to support employee wellness and productivity efficiency.*

In other words, Participant 007 reinforced the argument by emphasising the importance of accessible wellness resources, including counselling, fitness programmes, and work-life balance policies, to support overall employee well-being and productivity.

The interviewees suggested that workplace stress and burnout are key concerns in public institutions, negatively affecting employee well-being and productivity. The finding aligned with Dollard and Bakker (2010), Johns (2010), and Malesic (2022), who highlighted the significant impact of workplace stress and burnout on employee well-being and productivity in public institutions. However, in Chapter 3, Section 3.7.3, studies by Vyas-Doorpersad (2024:4), Fihla and Chinyamurundi (2018:217), and Chang (2024:374) suggest that while employee wellness programmes aim to enhance employee wellness and productivity, their effectiveness may vary and they may

present ethical and practical challenges during implementation. As Cohen et al. (2023:3) implied in Chapter 3, Section 3.5, workplace stress and burnout have a well-documented negative impact on employee well-being and productivity. At the same time, implementing wellness programmes in public institutions is not a one-size-fits-all solution. As in Chapter 3, Section 3.7.1, Seward et al. (2019) suggest that public institutions must tailor wellness initiatives to align with specific workforce needs, ensuring they are evidence-based, ethically sound, and capable of delivering measurable benefits.

In the next section, data on the need for public institutions to improve service delivery through the adoption of wellness programmes is presented.

5.3.2.3 Improve service delivery

The interviewees stressed the importance of wellness in enhancing the quality of service delivery in public institutions. Participant 009 stated,

> *An employee wellness programme is significant in helping employees handle workplace challenges and improve service delivery quality.*

According to Participant 009, wellness initiatives help employees manage workplace challenges, ultimately improving the quality of service delivery. In addition, Participant 005 stated,

> *Implementing a well-designed wellness programme can help public institutions create a healthier, more motivated workforce. A well-thought-out and relevant employee wellness programme enhances service delivery, contributing to greater institutional efficiency and a more supportive work environment.*

In other words, Participant 005 believed that a well-structured wellness programme fosters a healthier, more motivated workforce, contributing to institutional efficiency and a supportive work environment towards quality service delivery. In expanding the argument, Participant 007 said,

> *Public sector employees often deal with demanding workloads and insufficient support. Without wellness programmes, stress and burnout become widespread, affecting service delivery.*

Participant 007 acknowledged that public sector employees frequently face demanding workloads with inadequate support, resulting in stress and burnout that negatively impact service delivery. These responses suggested that high job demands, when left unaddressed, contribute to employee disengagement and compromise the service delivery quality. Maslach and Leiter (2016) and Milliken (2024) found a connection between high job demands, burnout, disengagement, and declining service quality. This finding reinforces the importance of workplace wellness initiatives in public institutions in enhancing service delivery. In Chapter 3, Section 3.5, several studies emphasise the crucial importance of improving service delivery quality in public institutions to maintain public trust (Vyas-Doorgapersad, 2023; Medina-Garrido, Biedma-Ferrer, & Sánchez-Ortiz, 2020). Thus, wellness initiatives are crucial for enhancing service delivery efficiency and fostering public trust in institutions.

Data on the need for public institutions to retain skilled personnel within their ranks is presented in the next section.

5.3.2.4 Staff retention

The interviewees stressed the strategic importance of employee wellness in reducing turnover and enhancing job satisfaction in public institutions. Participant 010 said,

> *Public institutions must prioritise employee wellness to retain talent and skills. Workplace stress often leads to high turnover and low morale.*

Participant 010 suggested that failure to address employee well-being can lead to the depletion of talent and skills. On the other hand, Participant 008 argued,

> *Wellness programmes create a healthier work environment and increase job satisfaction.*

The assertion by Participant 008 demonstrates that a positive workplace culture, reinforced through structured wellness initiatives, improves retention rates and overall

workforce stability. In short, these responses demonstrate the importance of prioritising employee wellness in talent retention and enhancing institutional effectiveness. The finding is consistent with Kossivi, Xu, and Kalgora (2016) and Gelencsér et al. (2023), who underscore the significance of wellness in talent retention and institutional efficiency. The findings stress the need for public institutions to prioritise employee wellness initiatives. Ghani, Zada, Menon, Ullah, Khattak, Han, Montes, and Castillo (2022:2) state that public institutions risk higher attrition rates, reduced engagement, and operational inefficiencies without wellness programmes, ultimately affecting long-term sustainability. In other words, public institutions must implement wellness programmes to reduce turnover, enhance job satisfaction, and improve the quality of service delivery (Medina-Garrido et al., 2020).

In the following section, the researcher presents data analysis on key drivers for designing and implementing wellness programmes at RAF.

5.3.3 Key drivers for the design and implementation of wellness programmes at RAF

A word cloud in Figure 5.15 illustrates the themes that emerged from the interviewees' discussions of the key drivers for designing and implementing wellness programmes at the RAF.



Figure 5.15: Themes on key drivers for designing and implementing wellness programmes at the RAF

The identified themes include job satisfaction, a competitive work environment, efficiency, work-life balance, compliance, a healthy workforce, a wellness culture, and sustainability. Table 5.24 below shows the responses analysed concerning key drivers for designing and implementing wellness programmes at the RAF.

Table 5.24: Responses on key drivers for designing and implementing wellness programmes at the RAF

Item nr	Theme	Nr of responses
5.3.3.1	Job satisfaction	5
5.3.3.2	Wellness culture and sustainability	5
5.3.3.3	Healthy workforce, absenteeism and sick	4
5.3.3.4	Competitive work environment, efficiency and productivity	4
5.3.3.5	Work-life balance, burnour and stress management	3
5.3.3.6	Compliance	3

Data on the themes shown in Table 5.24 above will be presented in the following sections in the order shown in the table.

5.3.3.1 Job satisfaction

Five interviewees underscored job satisfaction as a key factor in RAF wellness implementation. According to Participant 007,

> *Job satisfaction is one of the many indicators of employee wellness and engagement. In other words, job satisfaction is a foundation for the successful implementation of a wellness programme.*

The interviewee Participant 007 stressed job satisfaction as a foundation for RAF wellness initiatives. As Speace (2020:12) and Tzenios (2019:29) implied in Chapter 3, Section 3.72, RAF wellness can improve employee wellness and increase satisfaction, leading to better service delivery and organisational efficiency. Further, according to Participant 006,

> *Job satisfaction is a key component in creating wellness programmes because employees engage in them when they feel valued and supported.*

Participant 006 emphasised the importance of wellness programmes at RAF, noting that employees are more likely to participate when they feel valued and supported. The argument aligns with Marshall (2020:238) and Stinger (2016), in Chapter 3, Section 3.7.2, and Harris (2018), Chapter 2, Section 2.5.3, who emphasise the importance of job satisfaction in improving wellness. Participant 010 introduced work-life balance by stating that,

> *Supporting work-life balance can improve job satisfaction, boost productivity, and reduce turnover.*

The interviewee believed that introducing wellness programmes would help the RAF improve employees' work-life balance and job satisfaction. As a result, wellness programmes should give employees work flexibility that boosts productivity and reduces turnover. This argument aligns with Subibio and Sutarji (2020:478), in Chapter 3, Section 3.7.2, who found that work flexibility and work-life balance positively impact employee retention, engagement, and job satisfaction. This finding suggested that

organisations should implement wellness policies that enhance job satisfaction by fostering flexibility and a supportive work environment.

In addition, Participants 005 and 009 emphasised the importance of prioritising mental health initiatives in relation to job satisfaction:

> *Prioritising employees' mental health creates an environment where they feel supported, thereby improving their well-being, job satisfaction, and overall productivity (Participant 005).*
>
> *We also provide workplace fitness programmes, mindfulness exercises, and mental health resources, including counselling and stress management workshops. These initiatives aim to foster a healthier, more supportive work environment, thereby increasing well-being and job satisfaction (Participant 009).*

According to Law et al. (2011:1783), organisations can promote job satisfaction by incorporating mental health resources, such as counseling services, stress management programmes, and flexible work arrangements, into their wellness initiatives. Studies by Mansour and Tremblay (2019) and Zadow et al. (2021) support this idea.

These interviewees suggested job satisfaction is a key driver of RAF wellness implementation, suggesting that employees who are already engaged and satisfied are more likely to participate in wellness initiatives. This finding is consistent with those of Marshall (2020) and Viseu et al. (2020) in Chapter 3, section 3.7.2, job. Conversely, the study by Arena et al. (2013:607) demonstrated that job satisfaction is an outcome of effective wellness implementation. In other words, job satisfaction is influenced by wellness programmes (Marshall, 2020). Thus, organisations must prioritise job satisfaction as a key factor in the design and implementation of employee wellness programmes.

In the next section, the researcher presents data on wellness culture and sustainability as key drivers in wellness implementation at RAF.

5.3.3.2 Wellness culture and sustainability

The interviewees emphasised the importance of a strong wellness culture and sustainability in effective RAF wellness implementation. Participant 009 stated,

> *The various aspects of the mental health needs of employees at the RAF are being influenced by the growing need for mental well-being programmes, since several employees are dealing with high-pressure workloads and emotionally demanding cases. Dealing with accident claims and helping those involved can create stress that affects their well-being.*

In other words, Participant 009 noted the importance of wellness culture in a work environment where employees face high-pressure workloads and emotionally demanding cases. According to Wu et al. (2021:926), cultivating a wellness culture that addresses the mental health needs of employees in high-pressure and emotionally challenging roles is crucial. In Chapter 2, Section 2.5.2, Bakker and de Vries (2021:2-5) argue that, according to the Job Demands-Resources (JD-R) model, job resources can buffer the effects of job demands (e.g., high workload, emotional strain) on employee well-being. Studies by Huang, Wang, and You (2015), Zadow et al. (2021), and Roemer and Harris (2018) have demonstrated that employees' access to sufficient job resources helps them manage high job demands, resulting in increased engagement and reduced burnout.

Similarly, Participant 005 reinforced the notion presented above by stating that,

> *We want to encourage a supportive workplace culture that empowers our staff to perform their duties effectively and efficiently. A high-performance culture arises in the organisation through the effectiveness of wellness initiatives.*

Participant 005 emphasised the importance of a supportive wellness culture in enabling employees to manage their workloads effectively and fostering engagement and motivation. Research by Huang et al. (2016) and Roemer and Harris (2018) in Chapter 2, Section 2.5.2.1 supports this claim, demonstrating that a well-structured job demands-resources balance significantly contributes to employee engagement and lower burnout rates. According to Participant 007,

> *Supporting employees' wellness according to what they [employees] are looking for in their workplace leads companies to drive a wellness culture.*

Participant 007 emphasised the importance of aligning wellness initiatives with employees' expectations in strengthening the RAF's wellness culture. The interviewee suggested that employee wellness, driven by employees' expectations, improves engagement and job satisfaction. This finding is consistent with those of Hoert et al. (2016) and Badul and Subban (2022:117), as stated in Chapter 2, Section 3.7.2, who also found that employee-driven wellness programmes improve employee job satisfaction.

Conversely, Participants 002 and 010 argue that a long-term sustainability goal is a key driver of RAF wellness implementation. Participant 002 said,

> *Strategically, the wellness programmes align with RAF's long-term sustainability. Investing in employee well-being reduces healthcare costs, enhances retention, and improves overall job satisfaction, ensuring the organisation remains competitive and efficient.*

Participant 002 suggested that wellness programmes are an immediate intervention and a long-term strategic investment for the RAF. In Chapter 3, Section 3.7, the studies by Goetzel (2020) and Caloyeras et al. (2014) demonstrated that long-term strategic investment in wellness initiatives can enhance organisational sustainability and success. Participant 010 expanded on this argument by stating that,

> *Public institutions, like the Road Accident Fund, can sustain long-term productivity through effective wellness initiatives.*

The interviewee suggested that public institutions, such as the RAF, can sustain long-term productivity through wellness initiatives, reinforcing that employee well-being directly impacts organisational sustainability. This finding aligns with Ahmad et al. (2023), who revealed that wellness initiatives are associated with organisational sustainability.

These interviewees provided robust insights into how a strong wellness culture drives organisational sustainability. Conversely, while supporting the notion that a strong wellness culture enhances organisational sustainability, Mattke et al. (2013) and Fleming (2024) underscore the importance of assessing wellness programmes to address broader employee expectations and goals in achieving long-term organisational sustainability.

Data on healthy workforces, absenteeism, and sickness as key drivers of wellness implementation at RAF are presented in the following section.

5.3.3.3 Healthy workforce, absenteeism, and sick leave

Interviewees suggested that absenteeism is a significant challenge for RAF, negatively impacting productivity and increasing operational costs, as employees continue to receive wages while on sick leave. Participant 007 said,

> *Absenteeism due to sickness is the biggest challenge for most public institutions. Absenteeism reduces productivity and, at the same time, increases operational costs as employees are paid while not on duty. Organisations with well-functioning wellness programmes experience lower absenteeism rates, as healthy employees take fewer sick days.*

Participant 006 suggested that, in recognition of high absenteeism, RAF has introduced structured wellness programmes. Participant 006 said,

> *Absenteeism and productivity are the main reasons for our wellness programmes. Employees with health problems have more days off, and sick leave interrupts workflow, affecting service delivery. By introducing structured wellness programmes, we aim to establish a proactive approach to employee health and reduce absenteeism due to preventable illnesses and stress-related conditions.*

The interviewee suggested that RAF wellness programmes result from the organisation's need to reduce employee absenteeism. As in Chapter 3, Section 3.7.6, Rezai et al. (2020:650) reinforce the benefits of wellness programmes addressing high-level employee absenteeism. Participant 010 suggested that absenteeism is mainly due to sickness, as the participant stated,

> *Employees in good mental and physical health are productive. Regular sick days are often a sign of deeper problems in the workplace, such as stress, burnout, and chronic conditions. Institutions that proactively address issues like stress and burnout experience higher productivity, improved service delivery, and greater retention of talent, as well as greater resilience.*

The interviewee suggested a direct link between employee health and productivity. The participant indicated further that absenteeism is often a symptom of deeper

workplace issues rather than isolated health concerns. For instance, according to Calitz (2022:322), frequent sick days may indicate stress, burnout, or chronic conditions arising from excessive workloads, poor work-life balance, or inadequate mental health support. Calitz (2022) and Marshall (Chapter 3, Section 3.7.5) further argue that organisations that proactively invest in employee wellness tend to experience lower absenteeism rates, higher engagement, and improved staff retention. This argument resonates with Participant 003, who stated that,

> *A well-designed wellness programme can significantly reduce absenteeism.*

These interviewees concurred that reducing employee absenteeism is a key factor in RAF wellness strategies. The studies by Deloitte (2022:31) and Richemond and Needham (2020:592) - see Chapter 3, Section 3.7.6 - support the argument that reducing absenteeism through wellness programmes is a key strategy for improving employee well-being, organisational efficiency, and financial sustainability. The adoption of well-designed wellness programmes helps organisations avoid high health costs arising from an unwell workforce.

Data on a competitive work environment, efficiency, and productivity as key drivers of wellness implementation is presented in the following section.

5.3.3.4 Competitive work environment, efficiency, and productivity

The interviewees emphasised the crucial role of a competitive work environment in driving RAF wellness implementation, highlighting the need for high productivity and efficiency. Thus, at the RAF, these factors ensure that employee wellness programmes benefit individuals and contribute to the organisation's overall performance and sustainability. Participant 006 stated,

> *Over the years, we have witnessed a direct relationship between employee welfare and overall performance.*

Thus, Participant 006 established a foundational argument by emphasising the direct relationship between employee welfare and organisational performance. Studies by

Pawar (2016), Zhenjing et al. (2022), and Abdi and Qutieshat (2023) underscore the importance of prioritising wellness for organisational success. These scholars emphasise the importance of structuring wellness initiatives to maintain a competitive work environment. Building on this argument, Participant 009 stated,

> *A group of healthy employees is a productive group. Employees who feel their well-being is supported achieve high productivity and are highly effective, leading to improved morale, teamwork, and the quality of services to the public.*

Participant 009 reinforced that employees who feel supported are more effective, experience higher morale, and contribute positively towards organisational performance. The interviewee suggested that wellness programmes benefit individual employees by fostering a collaborative and high-performing work culture. This finding is supported by Yin et al. (2022) and Hening et al. (2019:10) - Chapter 3, Section 3.1.2 - who found that well-executed wellness programmes contribute to a culture of high work performance, especially when their leaders are involved. In reverse, organisational success becomes a key factor in implementing wellness programmes (Dollard & Bakker, 2010).

Participant 008 emphasised efficiency as a key factor in implementing RAF wellness programmes. According to Participant 008,

> *Efficiency is the backbone of a competitive public institution. Efficiency reduces staff burnout and turnover and optimises public resource use.*

The argument focuses on efficiency in reducing burnout and staff turnover, and on ensuring optimal resource utilisation. The interviewee positioned RAF wellness programmes as a tool for sustaining a high-performing workforce while minimising the costs of absenteeism and recruitment. In Chapter 3, Section 3.7.5, the studies by Clarke et al. (2016), Baicker et al. (2010), and Jones et al. (2019:1749) affirm the link between workplace wellness, productivity, and cost reduction. The scholars found that for every dollar invested in wellness programmes, absenteeism costs decreased by approximately $2.73, and medical costs fell by about $3.27. The finding highlights the financial benefits of wellness initiatives in promoting employee health and reducing absenteeism.

Finally, Participant 007 advocated for well-planned wellness programmes to enhance productivity and competitiveness.

> *Well-planned wellness programmes create a competitive work environment that promotes efficiency and productivity.*

The interviewee suggested that well-planned wellness programmes create a work environment where employees thrive and sustain organisational success. The argument is supported by Radu (2023), who found that organisations with structured wellness initiatives experience lower employee turnover, improved job satisfaction, and enhanced productivity, reinforcing the link between well-being and long-term business performance. Similarly, Chang (2024) highlights that wellness programmes improve individual health outcomes and foster a culture of collaboration and resilience, thereby increasing efficiency and reducing absenteeism. This has been confirmed by Participant 009, in Section 5.3.2.3 in Chapter 5, who stated that well-designed wellness programmes promote a healthy working environment. In other words, a strategic approach to sustaining organisational success is a key driver in RAF wellness implementation.

These interviewees demonstrated that a competitive work environment, high productivity, and efficiency are desirable outcomes and essential drivers of strengthening RAF wellness implementation. According to Arevin et al. (2024:607) and Juba (2024:14) - in chapter 3, section 3.11.4 - organisations that integrate wellness into their strategic framework benefit from improved employee engagement, reduced turnover, and optimised performance. This shows that organisations must conduct a thorough investigation into appropriate wellness programmes to initiate.

Data interpretation on work-life balance, burnout, and stress management as key factors in RAF wellness implementation is presented in the following section.

5.3.3.5 Work-life balance, burnout, and stress management

The interviewees suggested that work-life balance, burnout prevention, and stress management are critical components of RAF's wellness implementation strategy. Participant 009 said,

> *Employees ask for better work-life balance and for effective stress-reduction initiatives. In most cases, workloads leave many people working long hours, leading to burnout. As a result, RAF offers wellness programmes to help employees deal with their professional and personal lives.*

Participant 009 suggested that the growing demand for work-life balance and stress reduction initiatives highlights the need for structured wellness programmes to support employees in managing their professional and personal responsibilities. The interviewee (Participant 009) further suggested that prolonged work-related stress could lead to reduced productivity, increased absenteeism, and adverse health outcomes in the absence of wellness programmes, ultimately affecting the RAF's organisational efficiency. Several studies support the role of structured wellness programmes in reducing workplace stress, improving productivity, and enhancing organisational success (WHO, 2022; Amoadu, Ansah, & Sarfo, 2023).

Further, Participant 008 provided insight into the RAF's proactive approach to stress management. Participant 008 stated,

> *We provide psychological support services, virtual and on-site counselling, mental health awareness sessions, and stress management workshops. We also offer resilience training and peer support programmes to assist employees with workplace challenges.*

Thus, the interviewee underscored the importance of psychological support services, counselling, mental health awareness sessions, resilience training, and peer support programmes in the RAF's wellness strategy. These measures address stress-related issues and empower employees with coping mechanisms to navigate workplace challenges (Wu et al., 2021). In addition, the interviewee suggested that the RAF shift from reactive wellness solutions to long-term preventive strategies, ensuring that employees develop the skills to manage workplace pressures effectively. According to Cohen et al. (2023:2), reactive wellness solutions refer to interventions that address employee well-being only after issues such as stress or burnout have emerged. Thus,

the interviewee suggested that a long-term approach ensures that RAF employees develop proactive coping mechanisms, leading to sustained wellness, reduced absenteeism, and organisational efficiency.

Participant 007 extended the argument by focusing on preventative wellness strategies such as promoting healthy lifestyle choices and regular health screenings. Participant 007 stated,

> *We aim to protect our employees from work-related illness by promoting healthy lifestyle choices and providing regular health screenings.*

The interviewee proposed a holistic wellness model that integrates physical health, mental well-being, and work-life balance. The interviewee further indicated that by implementing wellness programmes, the RAF reduces the risk of work-related illnesses. This finding is consistent with the studies by Baicker et al. (2010) and Chap (2019) – see Chapter 3, Section 3.2 - advocating the need for wellness programmes.

Data on compliance as a key factor in implementing the RAF wellness programmes is presented in the following section.

5.3.3.6 Compliance

The interviewees emphasised the importance of compliance as a crucial factor in implementing wellness at RAF. Participant 008 said,

> *We must comply with labour laws, health and safety standards, and ethical guidelines to protect the employees. In other words, wellness initiatives are key drivers in ensuring organisational compliance with various laws and regulations in the country and beyond.*

The interviewee alluded that the RAF utilises wellness initiatives to comply with labour laws, health and safety regulations, and ethical guidelines that protect employees. The interviewee further suggested that the RAF should prioritise employee wellness as both a moral responsibility and a legal obligation. Studies by Cavico et al. (2014), Strassle and Berkman (2020), and Chen, Chu, and Wang (2021) - Chapter 3, section 3.11.5 - reinforce the notion that implementing wellness programmes is both an ethical duty and a legal requirement for organisations, aligning with Participant 008's

perspective on RAF's commitment to comply with ethical and legal standards. It is crucial to ensure that the instituted wellness programmes are not prejudiced to maintain a harmonious work environment.

Similarly, Participant 007 added,

> *Implementing wellness programmes creates occupational health and safety compliance, providing a healthy working environment. It is significant to note that compliance-driven wellness ensures accountability and long-term sustainability.*

The interviewee argued that implementing wellness programmes leads to occupational health and safety compliance, thereby fostering a healthy working environment. The mention of compliance-driven wellness, which ensures accountability and long-term sustainability, implies that a structured and legally compliant wellness framework protects employees and enhances organisational efficiency and risk management (Jain et al., 2021). The above argument aligns with Richardson (2017:425) and Mattke et al. (2013) - Chapter 3, Section 3.11.5 - who found that compliance-driven wellness policies foster safer work environments, enhance productivity, and minimise potential legal and financial risks.

Participant 010 further argued,

> *Public institutions must adhere to national and international wellness compliance as this fosters a culture of trust, responsibility, and sustainability.*

Participant 010 added the national and international wellness standard dimension into the argument, suggesting that compliance involves meeting minimum requirements and embedding wellness as a core institutional value. Similarly, the studies by Thaivalappil et al. (2024), Lister and Allman (2024), and Soren and Ryff (2023) support the argument that embedding wellness into institutional core values goes beyond compliance and fosters a conducive working environment.

An analysis of the perceived effects of RAF employee wellness programmes is presented in the following section.

5.3.4 The perceived effects of employee wellness programmes at RAF

A word cloud is presented in Figure 5.16 to illustrate the themes identified by the interviewees regarding the perceived effects of RAF wellness programmes.



Figure 5.16: Themes on the perceived effects of RAF wellness programmes

The identified themes include wellness benefits, confidentiality concerns, data privacy, fear, stigma, perception, compliance, and accessibility of wellness programmes.

Table 5.25 below presents the responses analysed concerning the perceived effects of RAF wellness programmes.

Table 5.25: Responses on the perceived effects of RAF wellness programmes

Item nr	Theme	Nr of responses
5.3.4.1	Wellness benefits	10
5.3.4.2	Confidentiality concerns, data privacy and fear	5
5.3.4.3	Stigma and perception	6
5.3.4.4	Employee feedback	3
5.3.4.5	Accessibility of wellness programs	7

5.3.4.1 Wellness benefits

Improved employee performance and work-life balance

Interviewees have suggested some perceived benefits from RAF wellness programmes. Participant 001 suggested that RAF has experienced enhanced employee performance and work-life balance. Participant 001 stated,

> *Increased performance is one of the benefits of wellness programmes. The wellness programmes help employees to achieve a healthy work-life balance. Maintaining a healthy workforce to achieve productivity targets. The programme provides life skills, sports programmes, and hospital visits; flowers are sent to the bereaved and those in hospital, and we check on unwell employees by phoning them.*

Participant 001 asserted that RAF wellness initiatives have increased work performance and employee wellness. This interviewee further suggested that RAF wellness initiatives have fostered a supportive work environment by integrating life skills training, sports activities, and support services, including hospital visits and bereavement assistance. This signals a caring gesture from an employer. As Chang (2024:374), Fihla and Chinyamurundi (2018:218), and Vyas-Doorpersad (2024:4) suggest (Chapter 3, Section 3.7.3), the RAF wellness initiatives enhance employee morale and promote work commitment. In other words, as Participant 001 stated, the RAF wellness initiatives reinforce the link between employee satisfaction and productivity. As employees utilise wellness services to stay healthy, their morale at work increases.

Access to counselling and legal support

One interviewee highlighted the availability and accessibility of counselling and legal support through RAF wellness. Participant 005 said,

> *Individuals can access counselling 24/7, 365 days a year, with immediate family members, focusing on family. They could also have legal counselling focused on family law.*

The counselling services are available at any time of day and are accessible to employees and their families. The interviewee suggested that RAF wellness initiatives are holistic, ensuring employees receive mental health and legal support. In Chapter 3, Section 3.12.3, Abe et al. (2017:59), Attridge (2009), and Henderson et al. (2011) advocate for a holistic approach to employee wellness that includes mental health support, financial counselling, legal assistance, and workplace well-being initiatives to ensure comprehensive care for employees. Such services are offered to employees to help them with professional and family-related issues, as these issues can affect their performance.

More confidentiality and accessibility concerns are discussed in Section 5.3.4.2 below.

Health promotion and chronic disease management

Participant 005 noted the preventative health measures provided through RAF wellness programmes. Participant 005 noted,

> *The benefit of wellness programmes is that the service is free. We provide health information to help the information plan help employees avoid the onset of chronic conditions by following the advice we give them during our health days. If employees are already sick and have chronic conditions, our events will help them stay healthy and productive.*

The interviewee suggested that health promotion and chronic disease management are perceived as benefits of RAF wellness initiatives. The interviewee emphasised that employees receive health information to help prevent chronic illnesses, while those already diagnosed with chronic conditions receive support to manage their health and remain productive. The interviewee suggested a proactive approach within RAF wellness to reduce absenteeism and ensure that employees can continue working despite health challenges. Studies by Song and Baicker (2019), Goetzel (2020), and

WHO (2018) in Chapter 2, Section 2.2.1, support a proactive approach to health promotion and chronic disease management within wellness initiatives.

Financial wellness and debt management

Two interviewees highlighted financial wellness and debt management as the benefits of RAF wellness.

> *Our wellness programmes have focused on financial management, assisting indebted employees. Various workshops and seminars have helped employees manage their debt repayment. Participant 004*

> *Employees have been given financial advice. They have received training in financial budgeting and debt management. These sessions have been good and helpful, as some employees are now debt-free. Participant 005*

These interviewees stressed the positive impact of RAF's financial wellness initiatives. Interviewees suggested that financial interventions were successful and that other employees are debt-free. In Chapter 3, Section 3.3, Williams (2020) emphasises the importance of providing financial guidance to organisations, as ignoring this can trigger mental health issues among employees who fail to manage their finances. However, Participant 013 raised concerns about confidentiality in financial assistance. Participant 013 said,

> *I have attended financial management sessions more than once, and I have been assisted in managing my finances. However, I still believe these issues require greater privacy and confidentiality, which I feel was a significant challenge in my case. I will not go into detail, but I think RAF wellness managers must ensure that issues like these do not go public.*

The interviewee suggested that the RAF's financial wellness was beneficial, but expressed discomfort with handling personal financial matters. The interviewee further suggested that RAF wellness managers must strengthen confidentiality to increase trust and participation. In Chapter 3, Section 3.9.2, Hendricks-Sturrup, Cerminara, and Lu (2020), Perrault et al. (2020), and Singh et al. (2024: 9) validate the importance of secrecy in workplace wellness programmes by showing how privacy concerns hinder employee participation.

The above interviewee took the argument to criticise the RAF's wellness programmes.

Criticism of wellness programmes

Interviewees have criticised RAF wellness programmes for several reasons. For example, Participant 012 highlighted the need for high-quality, impactful wellness programmes. Participant 012 stated,

> *"The quality of wellness programmes is questionable. We need programmes that offer real impact rather than ticking boxes for compliance. Better investment is needed in high-quality services that genuinely benefit employees.*

The interviewee (Participant 012) cautioned that RAF wellness programmes lack impact and may be implemented mainly to meet compliance requirements rather than to benefit employees. In line with this finding, McQuillen (2024) argues that wellness programmes should focus on tangible benefits such as improved mental health, financial stability, and holistic employee well-being. McQuillen (2024) further states that employees may not fully engage with or benefit from these initiatives without tangible benefits. The finding suggests that RAF's wellness programmes must move beyond policy compliance and focus on real, measurable benefits such as mental well-being, financial stability, and career growth. This finding aligns with the studies by Sorensen et al. (2019) and Smidt et al. (2023:616) in Chapter 3, Section 3.7, emphasising the importance of designing wellness programmes beyond mere compliance.

Further, Participant 011 stressed the limited scope of RAF wellness initiatives. According to Participant 011,

> *Many wellness initiatives focus too much on physical health, neglecting key areas such as financial wellness and career growth. Employees struggle with financial stress, yet there are no in-house structured programmes to help with budgeting, savings, or debt management.*

Participant 011 stressed that most RAF wellness initiatives focus primarily on physical health, neglecting financial wellness and career development. However, this argument contradicts Participant 013, who maintained that RAF wellness programmes include financial and debt management. Participant 013 said,

> *I have attended financial management sessions more than once and have been assisted in managing my finances. However, I still believe these issues need more privacy and confidentiality, which I feel was a significant challenge. I will not go into detail, but I think RAF wellness practitioners must ensure that issues like these do not go public.*

Conversely, Participant 011 argued that RAF's financial wellness programmes are not widely utilised, raising concerns about their effectiveness and relevance to employees' needs. Participant 012 further attributed this lack of popularity to privacy and confidentiality concerns, which may discourage employees from fully engaging with financial assistance programmes. These findings are supported by the arguments of Hendricks-Sturrup et al. (2020) and Perrault et al. (2020) (Chapter 3, Section 3.9.2) that trust and confidentiality are critical factors in employee participation in workplace wellness initiatives. In addition, these findings suggest that employees are often hesitant to seek financial assistance when they struggle to manage their finances. This happens because employees develop a sense of shame that their problems may be disclosed to colleagues, who may judge them negatively.

Conversely, Participant 007 suggested that organisational barriers exist that hinder the effective implementation of RAF wellness initiatives. Participant 007 noted,

> *For a healthy working environment, all employees, especially in our environment, require such services or support outside the bureaucratic framework of manager-subordinate, employee-subordinate, or supervisor-subordinate coordination. EWS plays an essential role in bridging the gap between the organisation's structured, high-ranking structure. And to support the organisation, especially with issues that may impact work and employees, or subordinate managers who cannot get into it.*

The interviewee suggested that bureaucratic structures hinder employees' access to wellness programmes. This finding indicates the need for the RAF to make wellness programmes more accessible, independent, and free from hierarchical constraints.

In short, wellness programmes should be accessible and reach a diverse workforce to address various wellness issues and influence lifestyle changes (Harrison and Stephens, 2019:637; Thaivalappil et al., 2024). In this instance, some interviewees expressed concerns about the quality, inclusivity, and accessibility of the RAF's

wellness programmes. Since wellness programmes are employer-sponsored initiatives, everyone must have access to the services.

The following section presents data interpretation of perceived concerns about confidentiality, data privacy, and fear.

5.3.4.2 Confidentiality concerns, data privacy, and fear

Interviewees raised concerns about fear, a lack of trust in data protection, and uncertainty about data privacy. Participant 001 stated,

> *Many employees avoid seeking wellness support due to fear of judgment or retaliation. They worry that admitting stress or burnout could be seen as a weakness, affecting job security.*

Participant 001 underscored fear of judgment and retaliation as a primary reason for the lack of employee participation in RAF wellness programmes. The interviewee suggested that many employees at the RAF are hesitant to admit to experiencing stress or burnout, as these may be perceived as weaknesses that could potentially impact their job security. Similarly, Participant 004 said,

> *Employees hesitate to use wellness programmes due to concerns about confidentiality. There's a fear that personal information shared during counselling sessions might reach management, affecting career progression. Some managers demand information about employees.*

The interviewee (Participant 004) suggested that employees hesitate to use RAF wellness due to concerns about confidentiality. The interviewee also indicated that trust in RAF wellness is weak, as shown by concerns that management might gain access to personal counselling information and use it against employees in career progression decisions. In Chapter 3, Section 3.9.2, the studies by Harrison and Stephens (2019) and Unsal (2020) support strengthening data privacy measures, improving confidentiality protections, and fostering trust to increase employee engagement. Their sentiments are supported by the Constitution of South Africa (RSA, 2019), Chapter 2, Section 2.4.5, which states that shared private information must be handled with care.

In addition, the issue of confidentiality in mental health and counselling services was reinforced by Participant 003, who stated,

> *Employees are reluctant to use mental health and counselling services because they fear that confidential information might be used against them in performance reviews or promotions. The organisation must guarantee better data protection and confidentiality so employees can trust these services.*

The participant (003) suggested that employees fear confidential information may influence performance reviews and promotions. This finding implies that without clear privacy safeguards, employees perceive wellness programmes as a risk rather than a benefit (Singh et al., 2024:9; Sears, 2022). The suggestion for better data protection and confidentiality policies underscores the need for RAF to strengthen trust in its wellness initiatives.

Participants 008 and 011 raised concerns over data privacy. Participant 008 stated,

> *There is uncertainty about how employee wellness data is stored and used. Without clear data protection policies, employees worry that sensitive health information could be accessed without consent.*

In the argument by Participant 008, the lack of clarity on how employee wellness data is stored and accessed raises concerns about unauthorised access to personal health information. The interviewee suggested that the absence of clear data protection policies creates uncertainty and suspicion over sensitive information being accessed without their consent.

On the other hand, Participant 011 noted the lack of transparency regarding data protection policies, which fuelled employee suspicions. Participant 011 stated,

> *The lack of transparency on data protection policies raises suspicions. Employees need clear communication on who has access to their personal health data and how it is safeguarded.*

The interviewee suggested that RAF employees do not feel their information is well-secured in the existing system. This further indicates that RAF employees may attempt to avoid wellness services to protect their personal information. Zhu and Dailey's (2019) study found that employees hesitate to use wellness programmes due to fears

over data privacy and workplace surveillance. This finding further reinforces the need for RAF to strengthen data security measures and transparency.

Data interpretation on stigma is presented in the following section.

5.3.4.3 Stigma and perception

Participant 006 offered a positive perception of RAF wellness programmes, stating,

> *So, I think it [RAF wellness] works for employees and employers.*

The interviewee (Participant 006) suggested that, to some extent, as indicated by the phrase 'so I think it works', some employees perceive mutual benefits in wellness programmes for both well-being and organisational success. However, the response is relatively brief and lacks some detail. However, most interviewees expressed negative perceptions towards RAF wellness offerings.

Participant 012 expressed the need for personalised wellness programmes by stating,

> *While the RAF has implemented several wellness programmes, many employees feel they are generic and not tailored to specific needs. A one-size-fits-all approach does not work when employees have diverse challenges, from stress management to financial wellness. More personalised programmes should be developed based on employee concerns rather than assuming what works for everyone.*

The interviewee (Participant 012) suggested a perception that RAF's wellness programmes lack relevance and effectiveness due to their general approach. The one-size-fits-all approach is perceived as inadequate because it fails to accommodate the diverse needs of employees, from stress management to financial wellness. This suggested that employees do not feel genuinely supported by the existing initiatives. The studies by Cohen et al. (2023) and Seward (2019) - Chapter 3, Section 3.7.1 - have shown that customised wellness programmes that cater to specific employee needs lead to higher engagement and participation. The finding suggested that RAF needs to adopt a more tailored approach to employee wellness.

Participant 001 further reinforced the perception that RAF wellness programmes are ineffective due to the lack of employee consultation. Participant 001 stated,

> *Wellness programmes are introduced without proper consultation with employees, making them ineffective. There needs to be more employee involvement in designing these initiatives so that they address real workplace challenges.*

The interviewee suggested that without employee input, wellness initiatives may fail to address real workplace challenges, resulting in low participation. This finding aligns with observations by Mattke et al. (2013), Ruvulcaba et al. (2022:426), and Lowensteyn (2019:857) in Chapter 3, Section 3.10.1, highlighting that employee participation in the design of wellness programmes is crucial for addressing workplace challenges and increasing participation. The finding suggests that the RAF should adopt a more participatory approach to wellness programmes. This should not give the impression that wellness decisions are dictated with less consideration of recipients. According to Bosma et al. (2022:667), in a participatory approach, employees contribute to the design and evaluation of wellness initiatives to ensure their relevance and impact.

Similarly, Participant 003 perceived employee wellness as directly linked to productivity and organisational performance. Participant 003 said,

> *Whenever an employee is unhappy, it affects production and their ability to meet the work target. Whenever the employee is depressed or unhappy at work, remember they will take more sick leave and be less physically present. The company needs to pay the employee whenever they are not on duty. So it is a loss for the organisation.*

The interviewee linked unhappiness, stress, and workplace dissatisfaction to employees' ability to meet work targets, increased absenteeism, and financial losses for the company. The perception that unhappy employees take more sick leave aligns with research by Van Der Feltz-Cornelis et al. (2020), Gilbert-Ouimet et al. (2024), and Rezai et al. (2020:650), as described in Chapter 3, Section 3.7.6, indicating that workplace stress and poor mental health contribute to higher absenteeism and presenteeism.

In addition, Participant 004 perceived some inconsistencies in the implementation of RAF wellness programmes. Participant 004 stated,

> *RAF wellness implementation is inconsistent with minimal managerial involvement, making it difficult for employees to see the value of this programme. Without managerial participation in wellness programmes, these programmes create uncertainties and impact the effectiveness of wellness initiatives.*

Further, Participant 001 said,

> *Managers would complain that they do not have time to attend a coaching and mentoring session, even for 30 minutes.*

The perception also centres on the ineffectiveness of wellness initiatives due to low or absent managerial involvement in these programmes. The interviewees suggested that employees do not see the value of these wellness programmes because management does not actively participate in these initiatives. The finding is consistent with studies by Graham et al. (2022) and Lier et al. (2019:5) - Chapter 3, Section 3.11.1 - who believe that more substantial leadership involvement ensures that wellness programmes are integrated into workplace culture rather than seen as isolated, ineffective initiatives. This reflects management involvement as key custodians to the successful implementation of wellness programmes.

These interviewees revealed leadership's critical weaknesses in the RAF's approach to wellness. The weaknesses include a lack of customisation, limited employee engagement, inconsistent execution, and minimal managerial involvement. These findings suggest revising the RAF's wellness programmes to tailored initiatives that address specific employee challenges and improve participation.

Data interpretation on employee feedback, compliance, and policies is presented in the following section.

5.3.4.4 Employee feedback

Participants 011, 004 and 003 highlighted three significant concerns with RAF wellness: lack of evaluation and measurable impact, ineffective feedback mechanisms, and poor implementation due to bureaucratic delays.

Participant 011 suggested that the RAF lacks clear metrics to assess the effectiveness of its wellness programmes. Participant 011 said,

> *The impact of wellness programmes is rarely evaluated. There are no clear metrics to measure their success or identify areas for improvement. Without proper feedback mechanisms, these programmes risk becoming routine exercises with no meaningful outcomes for employees.*

The interviewee suggested that there is a complete absence of defined metrics or that existing evaluation tools are not being implemented systematically. Hamid and Naidoo (2020) suggest that if the RAF lacks these measurable indicators, it indicates a gap in programme design and accountability, making it difficult to determine whether wellness initiatives achieve their intended outcomes. If the RAF does have established metrics, Participant 011's concern about the lack of precise measurement and improvement mechanisms suggests that wellness practitioners may not be utilising them effectively. The interviewee further suggested that wellness practitioners often fail to translate the results into actionable changes, even when evaluations are conducted. According to Torres et al. (2020:570), Chapter 3, Section 3.11.4, wellness programmes should be dynamic, with continuous adaptation based on employee feedback and measurable outcomes.

Similarly, Participant 004 pointed to slow and ineffective feedback mechanisms as a significant issue affecting employee trust in wellness programmes. Participant 004 stated,

> *Employees often feel unheard when raising workplace concerns. Feedback mechanisms exist, but responses are slow, and changes are rarely implemented. This lack of engagement impacts morale and reduces trust in wellness programmes.*

Participant 004 suggested that mechanisms for evaluating wellness programmes exist, but the lack of timely responses and the slow implementation of changes lead to frustration and disengagement. The interviewee indicated that employees who feel undervalued are associated with lower participation rates and scepticism toward the

programme's effectiveness. Several studies described in Chapter 3, Section 3.11.4, agree that employees who feel undervalued exhibit lower participation rates and scepticism toward wellness programmes (Sherman et al., 2024; Mhangeni & Malindini, 2023:18; Amaya, 2019:28; Person, 2010). At times, employees feel that their needs are not well represented.

However, Participant 003 highlighted implementation failures and bureaucratic delays, which prevent employees from fully benefiting from wellness initiatives. Participant 003 said,

> *The organisation has well-documented wellness policies, but implementation is weak. Employees struggle to access resources due to their hectic schedules, making wellness initiatives ineffective in addressing real workplace challenges.*

Participant 003 suggested that the RAF has structured wellness policies, but that they are ineffective in implementation, making these programmes inaccessible and inadequate at addressing the challenges employees face. In studies by Gillespie et al. (2022) and Sherman et al. (2024), structured wellness policies often face implementation challenges, making them inaccessible and inadequate.

Data interpretation on the accessibility of RAF wellness programmes is presented in the following section.

5.3.4.5 Accessibility of wellness programmes

The interviewees highlighted poor accessibility, limited awareness, and stigma as factors preventing employees from fully engaging with wellness programmes.

Participant 002 stressed the importance of employee support through training, therapy sessions, and a conflict resolution programme. Participant 002 said,

> *Firstly, it is important to support employees. To provide support, I must provide training and development on life coping skills within the working environment. I must also try to prepare programmes, like managing conflict in a working environment. Also, emphasise productivity, as it can be affected when employees are not happy. If employees are exposed to traumatic situations where they attend accident scenes or have to assess*

> *claimants' injuries, where we see they are sensitive, we encourage them to come to us. Then, we will have a therapy session, which may be the next date given to them, to say, on a particular date. So, we train them to work with one another and handle colleagues with unpleasant behaviour within the department.*

The interviewee (Participant 002) suggested that RAF wellness programmes help ensure employees remain mentally resilient, thereby contributing to improved service delivery. Similarly, Participant 003 suggested that RAF wellness programmes are beneficial to employees. Participant 003 said,

> *Employees can communicate their problems freely, whether they are work-related or not. It might be home or work. Through the EAP, employees will be free to express their feelings at work.*

The interviewee suggested that RAF wellness initiatives foster a supportive work environment that helps employees feel emotionally secure and less burdened as they perform their duties. Participant 007 reinforced the idea that RAF wellness programmes provide specialised support by stating,

> *Well, it will encourage people to take advantage of the wellness services. Where there is a need for specific individuals, we would recommend or guide them to attend EWS, where they will receive specialised support or guidance.*

Participant 007 suggested that wellness initiatives are structured to provide targeted interventions, ensuring that employees receive appropriate support tailored to their needs.

However, Participants 009, 011, and 004 indicated that significant barriers to employee engagement in RAF's wellness programmes include accessibility issues, lack of awareness, scheduling conflicts, and fears of stigma. According to Participant 009,

> *While having the right policies on paper is important, many employees find it difficult to access services. The scheduling conflicts make participation challenging, and the limited resource supply further restricts engagement. Moreover, there is limited awareness of such programmes, and employees are generally unaware of the complete well-being solutions available. There's much more to be done to close this gap.*

Participant 009 suggested that despite the RAF's structured wellness policies, participation remains low due to scheduling conflicts and resource limitations. The interviewee further suggested that employees struggle to balance wellness initiatives with work responsibilities. The mention of a limited resource supply restricting engagement suggested that the RAF may lack adequate staffing or facilities to meet employee wellness needs. As Basas (2014) and Zula (2013) indicated in Chapter 3, Section 3.9.3, the finding may imply that wellness programmes may not be scalable or accessible enough to accommodate the entire workforce.

Additionally, Participants 011 and 004 suggested that there is poor communication and a lack of employee awareness regarding RAF wellness programmes. Participant 011 said,

> *Wellness initiatives exist, but accessing them is complicated. Some employees don't even know how to access these wellness services. A substantial number of employees have never attended a single wellness programme.*

The interviewee suggested that most employees are unaware of how to access RAF wellness programmes and that many have never participated in any. Participant 011 highlighted a significant gap in the RAF's communication and outreach strategies. Medina-Garrido et al. (2020:2-3) argue that employees must be aware of the services and how to access and utilise the outsourced resources efficiently. Participant 004 further reinforced accessibility concerns, stating that,

> *Employees face significant challenges in accessing wellness services. Many feel that there is a lack of clear communication about the availability of wellness initiatives, leading to confusion about how to seek support.*

The interviewee suggested that communications around wellness initiatives are unclear or inconsistent, implying the need for better information dissemination, more precise onboarding processes, and proactive engagement strategies to improve programme visibility and accessibility. In Chapter 3, Section 3.11.3, Stellefson et al. (2020:1) and Torres and Zhang (2021:2) suggest using advanced social media platforms to share information as a brilliant idea, since, due to the influx of e-mails, employees do not often check messages. Beyond structural and communication barriers, Participant 004 introduced fear of stigma and career repercussions, stating,

Some employees fear that requesting wellness assistance, especially for mental health issues, might be perceived negatively by management, potentially affecting their career progression.

The interviewee hinted that some employees are hesitant to seek mental health services, as this might affect their career progression. Medina-Garrido et al. (2020:2) warn against negative perceptions of wellness initiatives. If employees view wellness programmes as a potential career risk rather than a support system, participation rates decline (Medina-Garrido et al., 2020), undermining the programmes' effectiveness. The studies by Van Laar et al. (2019:7) and Marcussen et al. (2021:27) in Chapter 3, Section 3.10.3 support the finding that employees with low self-esteem tend to avoid wellness initiatives, focusing on what their peers say rather than on themselves.

The findings suggest that the RAF needs to improve the accessibility of its wellness programmes, enhance its communication strategies, and address the stigma surrounding mental health. The studies by Hogg et al. (2022) and Baicker et al. (2021:2) in Chapter 3, Section 3.9.3, resonate with this conclusion.

Findings on the RAF wellness implementation are presented in the following section.

5.3.5 Wellness implementation challenges

In Figure 5.17, a word cloud illustrates themes emerging from the interviewees regarding the implementation of the RAF wellness programmes.



Figure 5.17: Themes from the RAF wellness programme implementation challenges

Wellness programmes

The themes identified in the implementation challenges of RAF Wellness Programmes include managerial buy-in, communication, privacy, quality of the wellness programmes, monitoring and evaluation, and approach.

Table 5.26 below presents the responses analysed concerning the challenges of implementing the RAF wellness programme.

Table 5.26: Responses to the RAF wellness programme implementation

Item nr	Theme	Nr of responses
5.3.5.1	Managerial buy-in	3
5.3.5.2	Quality of wellness programmes	3
5.3.5.3	Monitoring and evaluation	3
5.3.5.4	Approach to wellness programmes	2
5.3.5.5	Communication	2

5.3.5.1 Managerial buy-in

Interviewees highlighted managerial buy-in as a significant barrier to the successful implementation of RAF wellness programmes. Participant 001 said,

> *The basic one is management buy-in. Management sees employee wellness as something in the background. I have realised that managers do not take wellness seriously. They do not refer people and see how wellness has helped the organisation. In the past, we had support from the executive level.*

Participant 001 implied that RAF management does not actively support wellness initiatives, treating them as secondary to other organisational priorities. The lack of referrals from managers indicated that they neither recognise the value of wellness programmes nor see their long-term benefits for the organisation. The withdrawal of executive-level support, which had previously been present, suggested a decline in strategic commitment to employee well-being. Adjognon et al. (2023:3) argue that wellness programmes struggle to gain traction without active participation from senior leadership.

Similarly, Participant 002 suggested that managerial buy-in affects the availability of resources and employee engagement. Participant 002 stated,

> *Management buy-in always affects wellness programmes. Management buy-in is crucial in availing resources and encouraging employee participation.*

The interviewee suggested that a lack of managerial support has led to insufficient funding, limited staff support, and inadequate infrastructure to sustain wellness programmes. The studies by Passey et al. (2018) and Altman et al. (2023:501) in Chapter 3, Section 3.11.1, support the finding that a lack of managerial support leads to insufficient funding, limited staff support, and inadequate infrastructure to sustain wellness programmes. This happens because the leaders have authority over the required budget and the decision-making for relevant wellness programmes. Consequently, Participant 007 stated,

> *Wellness should be at the top of the managerial to-do list alongside all organisational performance areas. This is not the case with RAF*

management. They do not support these programmes or appreciate their importance.

Participant 007 implied that wellness should be a core part of the organisational strategy, on par with other performance and operational objectives. (Mungania, Waiganjo, and Kihoro (2016) and Elufioye et al. (2024) concur that without positioning wellness as a critical component of organisational performance, it remains an isolated initiative with minimal impact. As Passey et al. (2018b), Shanafelt and Noseworthy (2019), and Badul and Subban (2022:122) imply in Chapter 3, Section 3.11.1, the RAF must reinforce executive-level commitment, incorporate wellness into leadership training, and establish accountability structures that require managers to track and report wellness programme participation and impact.

Data interpretation on the quality of RAF wellness programmes is elaborated on in the following section.

5.3.5.2 Quality of wellness programmes

Interviewees highlighted concerns about the quality and effectiveness of the RAF's wellness programmes. Participants 001 and 011 suggested a lack of creativity in RAF wellness programmes. Participant 001 stated,

Creativity is one of them. The programmes are the same every year. So you have to develop something new to attract more employees or to make these programmes more beneficial for regular attendees. This is what the wellness office is failing to achieve. People won't attend the sessions if they expect to hear the same information over and over again.

Similarly, Participant 011 added,

I attend these programmes more often, but sometimes you feel you are just wasting time. Programmes are repeated from time to time and require experts in various fields. The quality of these programmes needs to be improved, and employees will love it.

These interviewees suggested that repeating content each year reduces employee interest, as attendees do not feel they are gaining new knowledge or practical skills. Gubler et al. (2018:4969) and Camarillo (2021:355) in Chapter 3, Section 3.11, believe

that not introducing new content weakens engagement, making wellness initiatives feel like routine obligations rather than valuable experiences.

Further, Participant 007 raised another key challenge. Participant 007 stated,

> *Wellness programmes must be structured so that employees will not associate negative perceptions or stigma with wellness support. When you attend wellness programmes, other employees think those attending have serious problems.*

Participant 007 suggested that negative perceptions and stigma are associated with attending wellness programmes. This finding indicated that RAF structures can serve as a remedial intervention for serious problems. According to Jones et al. (2019), wellness programmes must be structured to normalise attendance, positioning them as proactive self-care rather than remedial interventions for serious problems.

Data interpretation on the monitoring and evaluation of RAF wellness programmes is elaborated on in the following section.

5.3.5.3 Monitoring and evaluation

The following interviewees suggested that the monitoring and evaluation of the RAF's wellness programmes are weak and ineffective. Participant 001 stated,

> *Let me be honest with you. We have not put more effort into monitoring and evaluating the wellness programmes.*

Participant 001 openly acknowledged that the RAF has not invested enough effort in monitoring and evaluating its wellness programmes. Recognising that wellness programmes may be implemented without clear accountability reduces their long-term effectiveness. The studies by Mattke et al. (2013) and Song and Baicker (2019) have identified that workplace wellness programmes lacking precise accountability mechanisms experience reduced long-term effectiveness.

However, Participant 005 stated,

> *We usually host our annual programme evaluation and planning meeting. During that meeting, we looked at the programmes we have implemented, the participation in those programmes, and what we need to do better in each programme to improve participation or even the programme's quality.*

While this suggests that some form of evaluation exists, it does not necessarily lead to meaningful change. Shiri, Nikunlaakso, and Laitinen (2023:2) in Chapter 3, Section 3.9.4 argue that evaluations focusing only on attendance and general feedback, without assessing actual programme outcomes, fail to address deeper issues such as engagement, effectiveness, and the long-term impact on employee wellness initiatives.

In addition, Participant 002 highlighted some ineffectiveness of evaluations due to resource constraints. Participant 002 said,

> *We must evaluate our programme's implementation to identify areas for improvement. This is done, but the effectiveness of these evaluations is questionable, as we must report the same things repeatedly. We need more resources, like money, to implement some recommendations, but resources are always an issue.*

The interviewee suggested that, although the RAF conducts evaluations, they are often ineffective because employees repeatedly report the same issues without resolution. A key issue is the insufficient allocation of resources, particularly funding, which prevents the RAF from implementing necessary changes based on evaluation findings. Studies by Stewart, Mandell, and Beidas (2021), Jaramillo et al. (2019), and Carbonell et al. (2024) in Chapter 3, Section 3.11.1, have highlighted that without adequate financial support, recommendations for improvement often remain theoretical rather than actionable.

Data interpretation on the approach to RAF wellness programmes is elaborated on in the following section.

5.3.5.4 Approach

Interviewees suggested a shift in the RAF's approach to implementing its wellness programme, focusing on digital transformation, employee engagement, and proactive participation strategies. Participant 005 stated,

> *We need to change our approach to wellness. Let us introduce a more digital approach to our programme. We need to encourage employees to access services through digital programmes, as we do with our service provider. They have an app that employees can use to request services, read health information, and so on.*

Participant 005 advocates for a more digital approach to improve accessibility and engagement. According to CoreHealth Marketing (2024b), digital wellness solutions eliminate traditional barriers such as scheduling conflicts and logistical challenges, making wellness programmes more inclusive and accessible. Furthermore, Participant 003 identified low participation and the need for a new engagement strategy. Participant 003 stated,

> *Low participation is a serious problem we face, and I think we need to change our approach. We must introduce health or wellness ambassadors who will recruit employees to come and participate. Our approach to implementing the wellness programme also needs to change. We need to involve employees in planning, designing, and evaluating these programs. Employees should lead these programmes because they are meant to benefit them.*

Participant 003 suggested that the current approach appears ineffective in motivating employees to engage in wellness activities. The participant suggested introducing wellness ambassadors to recruit and encourage employees to participate actively in wellness initiatives. Several organisational initiatives, such as Workplace Options (2022) and Personify Health (2024), support the introduction of wellness ambassadors to recruit and encourage employees to participate actively in wellness initiatives. The interviewee further suggested involving employees in programme design, planning, and evaluation to align wellness initiatives with their needs. In Chapter 3, section 3.10.2, Dudley and Rouen (2021) found that employees feel more invested and engaged when they own wellness programmes. Co-creation of wellness programmes fosters inclusivity, reduces resistance, and promotes higher engagement, as highlighted by Nevins (2024) and Soman (2024) in Chapter 3, section 3.11.4.

The researcher presents data on communication challenges to RAF wellness programmes in the next section.

5.3.5.5 Communication

Participants 001 and 004 highlight significant communication gaps, which limit employee awareness, engagement, and participation in RAF's wellness programmes. Participant 001 said,

> *I think communication needs to be improved when it comes to wellness awareness. Most employees do not read emails about wellness initiatives because they are busy, and many miss out on EWS activities. Some of these emails end up in junk folders, making communication ineffective. Although webinars seem to be attended, unlike face-to-face sessions, you may wonder whether people are actually there or just log in and continue attending other businesses. Sometimes you find that a person logs off 30 minutes after the session ends.*

Participant 001 revealed the limitations of relying solely on email communication to inform employees about wellness activities. The participant highlighted that when emails on wellness information are overlooked, employees remain unaware of available wellness programmes, leading to low engagement and underutilisation of services. The study by Burke et al. (2017) highlights the crucial role of effective communication in promoting employee awareness and engagement in wellness programmes.

Participant 001 raised a concern about employee engagement during these virtual meetings, suggesting that hosting webinars is insufficient to address this issue. The participant further indicated that RAF must enhance its engagement strategies to ensure active participation and effective knowledge transfer. As in Chapter 3, section 3.11.4, the studies by Shokrollahi (2023), Swaroop and Sharma (2022), and Vedernikov, Sun, Kykyri, Pohjola, Nokia, and Li (2024) emphasise the need to implement targeted engagement strategies to improve active participation and knowledge transfer in virtual meeting environments.

In addition, Participant 004 also stated,

> *Internal communication needs to improve when it comes to wellness initiatives. There are more employees in need of the services, but wellness programmes are failing to reach them. The wellness has failed to utilise the communication channels effectively to reach employees, and I think it is not too late.*

Participant 004 suggested that wellness programmes fail to reach employees in need due to ineffective use of communication channels. Thus, communication remained a significant barrier to the effectiveness of RAF's wellness initiatives. The studies by Anwar et al. (2020) and Perrault et al. (2020), described in Chapter 3, section 3.11.3, underscore the critical role of effective communication in enhancing employee awareness and engagement in wellness programmes.

In the following section, the researcher presents the findings and offers suggestions for addressing challenges encountered during the implementation of RAF wellness initiatives.

5.3.6 Resolving challenges in sustaining employee wellness at the RAF

Table 5.27 below presents the responses analysed regarding the resolution of challenges in implementing the RAF wellness programmes.

Table 5.27: Responses on resolving RAF wellness programme implementation challenges

Item nr	Theme	Nr of responses
5.3.6.1	Accessibility and engagement	4
5.3.6.2	Leadership and organisational support	3
5.3.6.3	Incentives and work-life balance	2
5.3.6.4	Privance and compliance	1

5.3.6.1 Accessibility and engagement

Participants 001, 007, 003, and 004 suggested strategic improvements to enhance accessibility and employee engagement in RAF wellness programmes. Participant 001 stated,

> *Wellness programmes need to be more interactive and accessible. Digital platforms, mobile health applications, and flexible wellness initiatives can help bridge the participation gap, making it easier for employees to utilise available resources.*

Participant 001 suggested that technology-driven wellness solutions can bridge participation gaps, ensuring employees utilise available wellness programmes more effectively. Studies by Altman et al. (2023) and Fleming (2024) emphasise the importance of implementing technology-driven wellness solutions in enhancing employee engagement and the overall effectiveness of wellness programmes.

On the other hand, Participant 007 highlighted the need to change employee perceptions regarding wellness programmes. Participant 007 stated,

> *Sustaining wellness programmes at the RAF requires shifting employee perceptions and increasing engagement.*

The interviewee suggested shifting employee perceptions and encouraging engagement by advocating more assertive leadership, improving communication strategies, and normalising wellness participation as essential to overall employee wellness. Flaming (2024:3) and Sears (2022) reinforce that leadership support, effective communication, and a supportive organisational culture are integral to enhancing employee engagement in wellness initiatives.

Similarly, Participants 003 and 004 advocated for a personalised approach to wellness. Participant 003 said,

> *Tailoring programmes based on actual employee concerns will improve participation and engagement. A personalised approach ensures that wellness initiatives remain relevant, effective, and sustainable, ultimately leading to a healthier and more productive workforce.*

In addition, Participant 004 also stated,

> *Wellness programmes must be customised to fit employees' unique needs. One-size-fits-all initiatives often fail to address specific challenges different employee groups face.*

These two interviewees (Participants 003 and 004) suggested that tailoring wellness programmes to address specific employee concerns can increase participation, improve programme outcomes, and enhance workplace wellness. Jones et al. (2019), Gibson (2023), and Altman et al. (2023) emphasise the importance of tailoring wellness programmes to meet employees' individual needs, thereby increasing

participation rates, improving health outcomes, and fostering a more robust culture of wellness in the workplace.

Leadership and organisational support are delved into in the following section.

5.3.6.2 Leadership and organisational support

Participants 002, 006, and 010 reinforced the critical role of leadership and organisational support in sustaining effective employee wellness initiatives at the RAF. Participant 002 stated,

> *Sustaining employee wellness requires leadership buy-in. Managers and executives must lead by example by actively participating in wellness initiatives. When leadership prioritises well-being, it creates a workplace culture that values health and encourages employees to engage consistently.*

The interviewee suggested that wellness programmes risk being seen as optional or secondary without strong leadership support, leading to low participation and limited impact. In Chapter 3, section 3.11.1, the studies by Hoert et al. (2018) and Arena et al. (2013) support the assertion that leaders who engage in wellness programmes enhance employee morale, retention, and overall organisational performance.

Participant 006 advocated for a comprehensive wellness strategy integrating physical, mental, and financial wellness. Participant 006 stated,

> *RAF should adopt a holistic, employee-centred approach that integrates physical, mental, and financial wellness.*

The interviewee (participant 006) suggested that a holistic approach to wellness programmes enhances employee satisfaction and productivity. The study by Richemond and Needham (2020) reinforces the importance of holistic wellness strategies in improving employee wellness, job satisfaction, and workplace productivity.

Furthermore, Participant 010 emphasised the importance of ongoing evaluation to enhance RAF's wellness programmes. Participant 010 stated,

> *Wellness programmes must be continuously evaluated and improved. RAF should implement key performance indicators to measure programme effectiveness, regularly gather employee feedback, and make data-driven decisions to enhance engagement and long-term sustainability.*

Participant 010 suggested that wellness programmes may stagnate without robust evaluation mechanisms, failing to address evolving employee needs. As implied by Mattke et al. (2013), Lowensteyn et al. (2019), and Rezai et al. (2020), implementing continuous monitoring and improvement can boost engagement, ensure sustainability, and maximise the benefits of RAF's wellness programmes.

Although limited leadership support emerged as a dominant theme, the data did not indicate that all participants held the same view. Some participants acknowledged that supervisors provided support and encouraged employees to participate in wellness activities. This represents an important counterpoint to the dominant finding and suggests that support may differ between immediate supervisors and senior management. The presence of these differing views indicates that employee experiences of wellness support are not uniform and that leadership visibility and support may operate differently at different organisational levels.

Data interpretation on incentives and work-life balance is elaborated on in the following section.

5.3.6.3 Incentives and work-life balance

Participants 005 and 009 suggested incentives for engagement and work-life balance initiatives to enhance employee participation and wellness. Participant 005 stated,

> *Incentives can significantly improve participation in wellness programmes. RAF should introduce rewards such as gym subsidies, wellness days off, or financial incentives for completing health assessments. A well-structured incentive programme ensures continuous engagement and long-term commitment from employees.*

Participant 005 suggested that incentive-based wellness programmes can increase employee engagement and encourage long-term participation. The studies by Mitchell et al. (2013), Jones et al. (2019:1755), and Volpp et al. (2011) in Chapter 3, section 3.10.2, concur that implementing incentive-based wellness programmes can effectively enhance employee engagement and foster positive health behaviours within organisations. However, according to Lynn et al. (2023:81) and Fleming (2022), incentives must be well-structured and aligned with employee needs, ensuring they do not feel forced or transactional but rather an organic part of workplace wellness.

Additionally, Participant 009 emphasised the importance of flexible work arrangements and structured workload management to promote employee wellness. Participant 009 said,

> *RAF should implement flexible work arrangements, including hybrid or remote work options. Additionally, structured workload management strategies, such as realistic performance targets and mandatory break periods, should be enforced to prevent overworking. Encouraging a culture where employees can disconnect after work hours is also vital.*

The interviewee suggested that poor work-life balance contributes to burnout, reduced productivity, and increased employee turnover. Several studies emphasise the negative impact of work-life imbalance on employee wellness, retention, and overall job performance, reinforcing the need for effective workload management strategies among organisations (Cvenkel, 2021; Salama et al., 2022; Boamah et al., 2022; Susanto et al., 2022; Razai, Kooner, and Majeed, 2023). Urme (2023:128) argues that organisations that implement structured workload management strategies see improvements in employee wellness, engagement, and retention.

The subsequent section delves into privacy and compliance.

5.3.6.4 Privacy and compliance

Participant 011 highlighted a critical challenge in RAF wellness: employee concerns about data privacy and potential misuse of personal health information. Participant 011 stated,

> Employees are increasingly concerned about data privacy when engaging in wellness programmes, fearing that their personal health information may be misused. Under the Protection of Personal Information Act (POPIA), RAF has a legal obligation to ensure strict confidentiality and implement secure data management practices.

The interviewee suggested that RAF's failure to comply with these legal standards could expose RAF to legal penalties, reputational damage, and employee dissatisfaction, further eroding trust in wellness programmes. This finding implied that the RAF must strengthen communication about privacy policies to reassure employees about data protection and ensure transparency about how their personal health information is handled. According to Kommisetty and Dileep (2024:216), implementing robust cybersecurity measures is essential to prevent unauthorised access and safeguard sensitive wellness data. Fleming (2020) and Oihane Gómez-Carmona et al. (2024) underscore the importance of adhering to data protection laws and implementing robust privacy measures to maintain trust and the effectiveness of employee wellness programmes. Furthermore, wellness services should operate independently of HR performance evaluations to eliminate concerns about biased treatment based on wellness data, fostering greater trust and engagement in RAF's wellness programmes. The Wieneke et al. (2019) study emphasises the importance of maintaining a clear distinction between wellness initiatives and performance evaluations in fostering employee trust and participation in wellness programmes.

5.4 SUMMARY OF THE FINDINGS

5.4.1 What are the perceived effects of employee wellness programmes in public institutions, specifically at the Road Accident Fund (RAF)?

The findings reveal that the perceived effects of employee wellness programmes at the RAF are predominantly negative, with limited evidence of sustained positive impact. Quantitative results show that employees largely disagreed that wellness programmes effectively promote physical activity, stress management, or serious engagement with personal well-being. Although some respondents acknowledged benefits related to work-life balance and the identification of performance challenges,

these perceptions were inconsistent and not strongly endorsed across the sample. Correlation analysis further demonstrated that perceived wellness benefits are interrelated, indicating that employees who view one aspect of wellness positively are more likely to perceive benefits across other domains (Arena et al., 2013; Hoert et al., 2018).

Qualitative findings provided more profound insight into these perceptions. Interviewees identified several perceived benefits, including access to counselling, legal support, financial wellness initiatives, health promotion activities, and chronic disease management. These services were seen as potentially valuable in improving employee well-being, productivity, and retention (Goetzel, 2020; Song & Baicker, 2019). However, these perceived benefits were frequently overshadowed by concerns related to confidentiality, data privacy, fear, and stigma, particularly regarding mental health and financial wellness services. Employees expressed apprehension that personal information might be misused or negatively influence career progression, which discouraged participation (Hendricks-Sturrup et al., 2020; Perrault et al., 2020; Singh et al., 2024). These findings suggest that, while RAF wellness programmes offer some functional benefits, their perceived effectiveness is constrained by low trust, weak engagement, and limited alignment with employee needs. Consistent with Mattke et al. (2013) and Seward et al. (2019), the study indicates that the success of wellness programmes depends not only on service availability but also on organisational culture, leadership commitment, and credible governance structures that foster employee confidence and participation.

5.4.2 What challenges influence the design and implementation of wellness programmes in public institutions, specifically at the RAF?

The study identified several interrelated challenges that significantly influence the design and implementation of employee wellness programmes at the RAF. Quantitative findings highlighted an unsupportive organisational wellness culture, low employee motivation, weak engagement with wellness needs, and ineffective communication of programme objectives as key barriers. Although some supervisory practices, such as sharing wellness information and encouraging participation, were viewed positively, broader organisational support and resource provision were perceived as inadequate. Strong correlations among unclear objectives, poor

engagement, lack of participation, and ineffective targeting suggest that these challenges are systemic rather than isolated (Gubler et al., 2018; Ordóñez et al., 2009).

Qualitative data further revealed that limited managerial and executive buy-in is a central obstacle to practical implementation. Interviewees consistently indicated that wellness is treated as a secondary organisational priority, resulting in insufficient funding, limited staffing, and low visibility of wellness initiatives (Passey et al., 2018; Adjognon et al., 2023). Concerns about the quality and repetitiveness of wellness programmes also emerged, with participants reporting a lack of innovation, overreliance on generic interventions, and insufficient personalisation, which reduced employee interest and engagement (Camarillo, 2021; Gubler et al., 2018).

Additional challenges included weak monitoring and evaluation mechanisms, ineffective feedback loops, and resource constraints that prevent meaningful programme improvement (Mattke et al., 2013; Stewart et al., 2021). Communication gaps, reliance on email-based dissemination, and limited awareness further restricted access to wellness services (Anwar et al., 2020; Perrault et al., 2020). Privacy, confidentiality, and stigma, particularly around mental health, were also identified as critical barriers discouraging participation (Harrison & Stephens, 2019; Singh et al., 2024). These findings demonstrate that wellness implementation challenges at the RAF are structural, cultural, and governance-related, requiring strategic leadership commitment and employee-centred programme redesign.

5.5 CHAPTER SUMMARY

Quantitative data analysis has revealed several key findings related to the implementation of the RAF wellness programmes. Counselling services had the lowest attendance (12) among change management (44), stress management (33), and financial wellness (27), suggesting that employees may avoid these services due to concerns about confidentiality. Communication gaps also emerged as a significant barrier, with 42 respondents (50%) stating they never received wellness-related communication. The quantitative analysis also reveals low participation, which is driven mainly by incentives rather than health-related motivations. The study revealed

widespread dissatisfaction with RAF wellness offerings and a negative perception of wellness programmes, with participants expressing doubts about the relevance of RAF wellness services. The implementation of RAF wellness programmes was met with mixed perceptions. While supervisors played an active role in sharing wellness information and motivating employees, organisational support remained weak. The study also identified several challenges in implementing wellness programmes, including low motivation to participate, poor engagement, and unclear programme objectives. The study further examined gender differences in wellness engagement. While no statistically significant differences were found, females generally had a slightly more positive perception of wellness initiatives than males. However, both genders expressed similar concerns regarding wellness participation, implementation, and overall effectiveness. Finally, regression analysis was used to examine the factors predicting wellness participation. Perception significantly influenced participation: employees who viewed wellness programmes negatively were less likely to participate.

Qualitative data analysis aligns with quantitative results, especially regarding the perceived benefits of RAF wellness programmes. Qualitative data analysis revealed that key drivers for designing and implementing wellness programmes at RAF included job satisfaction, a strong wellness culture, maintaining a competitive work environment, compliance, and sustainability. Participants shared mixed perceptions regarding the effects of RAF's wellness programmes. While many acknowledged the benefits, including improved employee performance, better work-life balance, access to counselling services, and chronic disease management, others raised concerns about confidentiality, data privacy, and fear of stigma. Some participants criticised the lack of creativity in programme delivery, stating that wellness initiatives remained the same year after year, making them repetitive and unengaging. Some participants admitted that the RAF had not put sufficient effort into assessing the effectiveness of wellness programmes. To resolve these challenges, participants recommended enhancing accessibility and engagement in wellness programmes through digital platforms and mobile health applications. Shifting employee perceptions and increasing leadership advocacy were also suggested to improve participation. Many participants called for a personalised approach to wellness, with programmes tailored to meet employees' needs rather than a one-size-fits-all model. Leadership and

organisational support were identified as key factors in sustaining wellness initiatives. Participants suggested that managers and executives should lead by example by actively participating in wellness programmes and advocating for their integration into workplace culture. Finally, privacy and compliance were highlighted as areas that need improvement. Participants suggested that the RAF should reinforce its commitment to data protection by ensuring strict confidentiality measures and complying with the POPIA. They also recommended that wellness programmes operate independently of HR performance evaluations to eliminate fears of bias or misuse of wellness-related data. Addressing these concerns would help build employee trust and improve engagement in wellness programmes.

The next chapter presents the discussions of the findings and proposes a framework for workplace employee wellness programmes.

CHAPTER 6:
PROPOSED FRAMEWORK FOR WELLNESS PROGRAMMES

6.1 INTRODUCTION

This chapter explicitly addresses the research question, *'How can the challenges experienced at the Road Accident Fund in sustaining employee wellness be resolved?'* by proposing a framework for wellness programmes at the RAF. The chapter begins by discussing findings on participation and communication, the significance of wellness in public institutions, key wellness drivers, and the perceived impact of these programmes. The chapter further outlines and critiques two wellness frameworks: Korman et al.'s (2022) Seven-Step Knowledge-to-Action model and Caprez's (2020) Ten-Step Health and Wellness Strategy, identifying their strengths, limitations, and relevance to organisational practice. In the last part, the chapter advances a proposed framework for wellness implementation that integrates participatory design, continuous feedback, and systems thinking. The proposed framework is designed to address the shortcomings of previous frameworks (Korman et al., 2022; Caprez, 2020) and is tailored to promote the adaptability and sustainability of wellness programmes in real-world settings. This structure enables a clear progression from data presentation to theoretical interpretation, supporting a deeper understanding of the findings and informing the proposed employee wellness framework for the RAF. The recommended framework is particularly relevant for organisations such as the RAF, offering a practical, evidence-informed roadmap for implementing effective wellness strategies.

6.2 LOW RAF WELLNESS PARTICIPATION

The study revealed low RAF participation in wellness, with varying levels of engagement across interventions. For instance, change management sessions had the highest attendance (44 participants), followed by stress management (33) and financial wellness (27). The significant participation in these three interventions indicated a strong interest in coping mechanisms for work-related stress and financial stability. This finding suggested that employees may prioritise wellness initiatives that address workplace challenges, stressors, and economic concerns. This finding

aligned with Varley and Glaser (2023) and Harvard Business Review (2023), who found that employees are more inclined to participate in wellness programmes that address their immediate workplace difficulties, pressures, and economic hardships. The finding also implied that RAF should tailor its wellness programmes to focus on areas relevant to the employees and provide practical support that directly improves employee wellness and work efficiency. The studies by Gibson (2023), Cohen et al. 2023, Seward (2019), Richemond and Needham (2020), and Juba (2024) in Chapter 3, Section 3.7.1, support the argument that customised workplace wellness programmes enhance employee wellness and efficiency.

However, other initiatives, such as Wellness Day (18), sports events (15), and counseling (12), had significantly lower participation rates. Lower participation in these wellness initiatives suggested that the programmes may not be as relevant to RAF employees, indicating a lack of awareness or the perception that these activities do not directly address employees' immediate concerns. As in Chapter 3, section 3.11.4, several studies agree that low participation in workplace wellness initiatives may be due to a lack of awareness, perceived irrelevance, and inadequate engagement strategies (Person et al., 2010; Sherman et al., 2024; Mhangeni & Malindini, 2023:18; Amaya, 2019:28; Sorensen et al., 2011). This aligns with some participants in Chapter 5, section 5.3.4.4, who held the view that lack of engagement and awareness hinders participation. In addition, seventeen (17) participants had never attended any wellness interventions before this study, indicating a gap in understanding, accessibility, or motivation for participation. The finding further suggested that some employees may not be aware of available RAF wellness initiatives, face barriers to participation, such as scheduling conflicts, or do not perceive these programmes as valuable to their needs. As Tenney (2024) implied, this finding highlighted the need for RAF to refine its wellness communication strategies, ensure greater accessibility, and explore ways to motivate employees to participate in wellness programmes. According to Browne and Tie (2024:2-3), Perrault et al. (2020:76), and Hoert (2018:1059), - Chapter 3, section 3.11.6 - implementing targeted wellness awareness campaigns, offering flexible participation options, and integrating wellness into organisational culture could help bridge this gap and enhance employee participation in wellness. In Chapter 5, section 5.2.3, the majority reported that they never received communication on wellness

programmes. Most participants in Chapter 5, section 5.3.4.5, highlighted that a lack of awareness inhibits knowledge of the wellness programmes.

Furthermore, linear regression analysis indicated that perception significantly predicts participation, suggesting that employees' attitudes toward wellness programmes influence their willingness to participate. The studies by Altman et al. (2023), Durkin (2023), and Fink et al. (2019) affirm that employees' perceptions of wellness programmes significantly predict their willingness to participate, reinforcing the need for organisations to foster positive attitudes and supportive workplace cultures. The findings reported in Chapter 5, section 5.3.4.3, indicated that the RAF must actively shape positive employee perceptions of wellness programmes to enhance participation through effective communication, leadership endorsement, and strategic wellness programme design (Edwards & Marcus, 2018; Hoert et al., 2018; Passey et al., 2018b).

The study also highlighted extrinsic rewards as a key driver of wellness participation, suggesting that employees are more likely to participate when they perceive tangible benefits, such as incentives or recognition. According to Aldana (2020:4), extrinsic rewards, such as incentives and recognition, are crucial for motivating employees to participate in wellness programmes. In Chapter 5, section 5.2.4.1, it is stated that incentive-driven employees often participate in wellness programmes to socialise. In Aldana's (2020) view, employees are more likely to engage in health and wellness initiatives when they perceive tangible benefits. Rewards are external motivators that reinforce positive behaviours and encourage sustained participation in wellness (Michaelsen & Esch, 2023:2-4). Studies by Crespin, Abraham, and Rothman (2016) and Marshall (2020) have demonstrated that extrinsic rewards, such as incentives and recognition, significantly motivate employees to participate in wellness programmes. Thus, the RAF should design wellness programmes that strategically integrate incentives to drive employee participation, improve employee health, and enhance overall organisational productivity.

However, Perrault et al. (2020) and Liu and Liu (2022) agree that, while incentives can encourage participation, they may also lead to unintended consequences, such as increased stress, perceived unfairness, and potential health inequities. According to

Aldana (2020:6), negative consequences could reduce employee morale, engagement, and trust in wellness initiatives, undermining their intended benefits. As Aldana (2020) suggested, RAF should implement a balanced approach that integrates intrinsic and extrinsic motivators while ensuring fairness, inclusivity, and voluntary participation in wellness programmes.

The researcher explores the RAF wellness communication strategies in the next section.

6.3 RAF WELLNESS COMMUNICATION

This study revealed a significant gap in RAF wellness communication. For instance, in Chapter 5, section 5.2.3, forty-two (42) respondents reported never having received communication about wellness sessions. The finding suggests a lack of awareness and engagement with wellness initiatives. The finding further indicates that the RAF conducts wellness outreach annually (33), while word of mouth is a popular method for communicating wellness programmes, used both annually (19) and biannually (20). This reliance on informal communication strategies suggests that formalised and direct communication methods are not effectively reaching all employees. As Baxter et al. (2014:349) suggest, ineffective communication may stem from limited outreach efforts or the failure to use preferred communication channels. The study further revealed that these communication gaps hinder employee engagement, limiting employees' awareness of and participation in wellness programmes. Tangirala and Ramanujam (2008) and Donaghey et al. (2011) also report that poor communication of wellness initiatives negatively impacts employee engagement. Anwar et al. (2020) and Perrault et al. (2020) suggest that addressing communication gaps is crucial for enhancing employee engagement in wellness programmes. These scholars reinforce the need for RAF to adopt more structured and targeted wellness communication strategies.

On the other hand, RAF uses internal communication monthly (26), indicating that this is the primary method of disseminating wellness-related information. However, relying solely on internal communication may exclude employees who prefer alternative channels such as face-to-face meetings, workshops, or digital platforms (Sisko et al.,

2014:276). Furthermore, in Chapter 5, Section 5.3.5.5, the study also revealed that some employees overlook wellness-related emails due to their workload. As a result, some messages may be lost in junk folders, thereby reducing the effectiveness of communication efforts. The study revealed concerns over employee engagement in virtual wellness sessions, with participants suggesting that some employees log in without actively participating. Studies by Shokrollahi (2023), Swaroop and Sharma (2022), and Vedernikov et al. (2024) emphasise the importance of targeted engagement strategies to improve participation and knowledge retention in virtual environments.

The study further revealed that wellness programmes fail to reach many employees due to ineffective communication strategies, suggesting that RAF should improve its outreach efforts. Anwar et al. (2020) and Perrault et al. (2020) stress the significance of clear, multi-channel communication in promoting employee engagement in wellness programmes. To enhance participation and awareness, the RAF should diversify its communication approach by incorporating interactive wellness campaigns, leadership-driven promotion, and personalised messaging to ensure broader employee reach and engagement. Burke et al. (2017) and Shrivastava and Prasad (2019) suggest that various communication methods can significantly enhance employee engagement in wellness programmes.

The researcher addresses the significance of public institutions' wellness programmes in the next section.

6.4 PUBLIC INSTITUTIONS' EMPLOYEE WELLNESS PROGRAMMES

The study highlighted the importance of public institutions' employee wellness initiatives in establishing a benchmark for workplace standards. The finding reinforced the need for public institutions like the RAF to develop a benchmark of wellness programmes that private entities in South Africa can adopt. Sieberhagen et al. (2011) and Wentzel (2020) suggest that public institutions play a pivotal role in modelling effective wellness programmes, thereby influencing private entities to adopt similar practices, ultimately enhancing employee well-being across various sectors. The

studies by Goetzel et al. (2014) and Horwitz, Kelly, and DiNardo (2013) highlight limitations in workplace wellness programmes and argue that public institutions may not always be the best models for setting benchmarks, since effectiveness varies due to regulatory, methodological, political, and financial constraints. These scholars suggest that, while public institutions aim to lead by example, their wellness initiatives may not always be scalable, sustainable, or universally applicable to private entities (Goetzel et al., 2014; Horwitz et al., 2013). Therefore, instead of relying solely on public institutions to establish wellness standards, Song and Baicker (2019:1498) suggest a collaborative approach involving both public and private sectors to develop adaptable, evidence-based wellness frameworks that cater to diverse workplace needs.

Furthermore, in Chapter 5, Sections 5.3.2.2, 5.3.2.4, and 5.3.2.4, the findings emphasised the significance of employee wellness in promoting productivity, enhancing service delivery, and fostering staff retention in public institutions. According to Cohen et al. (2023:3), wellness programmes increase efficiency by addressing work-related stress, absenteeism, and burnout. Burton et al. (2017) and Damien (2024) agree that wellness programmes increase efficiency by addressing stress issues, absenteeism, and burnout. In addition, studies by Qaisar, Mariam, and Ahmad (2018), Adams (2019), and Schill (2017) suggest that a strong focus on wellness enhances the quality of service delivery, as healthy and engaged employees are more motivated to provide efficient and effective public services. In other words, implementing comprehensive wellness programmes in public sector organisations can lead to healthier, more engaged, and more productive employees, thereby enhancing the quality of service delivery. In the context of public service, where responsiveness and quality are critical, Badul and Subban (2022:117) argue that employee wellness is a strategic asset. In their argument, Badul and Subban (2022:118) prioritise wellness as not merely a health initiative but also as a vital driver of high-quality, consistent, and citizen-focused service delivery.

According to Kwon and Park (2019:353), organisations with well-structured wellness initiatives experience lower turnover rates and higher job satisfaction. Studies by Marshall (2020), Richemond and Needham (2020), and Song and Baicker (2019) underscore the value of employee wellness initiatives in staff retention. Findings in Chapter 5, Section 5.3.3.3, showed that investing in well-structured wellness initiatives

benefits employee health and serves as a strategic tool to improve staff retention and job satisfaction. Additionally, the wellness programmes are found to create a competitive work environment that promotes efficiency and productivity. According to Foy (2024:1), prioritising employee wellness is essential for health outcomes and building a stable, satisfied, and productive workforce. By implication, RAF should consider investing in well-structured wellness initiatives as a strategic priority to reduce staff turnover and enhance overall job satisfaction. As Gubler et al. (2018:4973) suggest, organisations such as the RAF should conduct ongoing assessments and refine their wellness programmes to support employees. This aligns with the findings in Chapter 5, Section 5.3.3.4, which state that well-planned wellness programmes promote a healthy work environment.

The key drivers for RAF wellness programmes are discussed in the next section.

6.5 KEY DRIVERS FOR THE DESIGN AND IMPLEMENTATION OF RAF WELLNESS PROGRAMMES

The findings in Chapter 5, Section 5.3.4, revealed that combining organisational priorities and employee well-being needs drives the design and implementation of RAF wellness programmes. As Peña et al. (2024:2-3) suggest, this dual focus ensures that wellness programmes benefit staff morale and satisfaction, contributing to broader organisational performance and sustainability. The findings by Weinstein (2022), Muñoz et al. (2022), and Santoso (2024) support the integration of wellness programmes into workforce planning and organisational development. These studies argue that embedding wellness initiatives within the core framework of organisational development and workforce planning leads to a more engaged, productive, and effective workforce. However, the study by Croft, Parks, and Whillans (2024:1) states that simply embedding wellness programmes within organisational development strategies does not guarantee enhanced employee engagement or productivity. According to Parker (2023:1), factors such as programme design, employee perception, and whether wellness programmes address fundamental workplace issues are crucial in determining their success.

A key driver identified is job satisfaction, which underpins efforts to create a positive workplace environment where employees feel valued and motivated. The studies by Mafini and Pooe (2013), Samanta (2017), Raziq and Maulabakhsh (2015), and Taheri, Miah, and Kamaruzzaman (2020) agree that job satisfaction is integral to cultivating a positive workplace atmosphere, enhancing employee motivation, and improving organisational performance. Conversely, the studies by Montuori et al. (2022), Gazi et al. (2024), and Lee et al. (2023) agree that, while job satisfaction is essential, its direct impact on performance is complex and influenced by multiple variables such as remuneration, job security, recognition, and growth opportunities. These scholars suggest a more holistic approach to workforce engagement and organisational development. As Tetrick and Winslow (2015:584) note, while job satisfaction remains crucial to building a positive workplace environment, RAF should adopt a holistic, integrated approach to employee wellness and workforce development.

Building a sustainable wellness culture embedded in daily organisational practices is central to RAF operations, as it encourages ongoing participation and long-term behavioural change. According to Arevin et al. (2024:608), embedding wellness into the organisational work culture fosters long-term behavioural change, creating a healthier, more resilient workforce. Employees are more likely to engage in wellness initiatives when they are continuously visible, relevant, and supported by management and peers. The studies by Roemer and Harris (2018) and Stiehl et al. (2019) prove that organisational support and programme visibility are essential drivers of wellness programme engagement. In other words, these scholars argue that employees are more likely to engage in wellness initiatives when they are consistently visible and relevant. Thus, the RAF must prioritise consistent visibility and relevance of wellness initiatives supported by strong organisational endorsement (Peña et al., 2024; Altman et al., 2023).

The study discussed in Chapter 5, Section 5.3.3.3, highlighted the role of employee health, particularly in addressing absenteeism and sick leave, and found that high absenteeism rates prompted the RAF to introduce structured wellness programmes. The study by Rabarison et al. (2017:454) revealed that structured wellness programmes effectively reduce absenteeism, supporting the RAF's initiative to implement such programmes in response to high absenteeism rates. In introducing

wellness intervention, RAF recognised the association between a healthy workforce and organisational productivity (Goetzel et al., 2014), positioning wellness as a support service and a strategic tool to improve performance. Similarly, the study revealed in Chapter 5, Section 5.3.3.4, that efficiency and productivity emerged as significant drivers, particularly in maintaining a competitive work environment. Several scholars agree that fostering a productive and efficient workforce is crucial for sustaining organisational competitiveness (Hanaysha, 2016; Collatto, Dresch & Lacerda, 2018; Zhenjing et al., 2022). Thus, the RAF must continue to prioritise wellness initiatives as strategies to foster a productive, efficient workforce and remain competitive while delivering high-quality public services. In other words, the RAF wellness programmes should improve employee health and strategically align with organisational deliverables. According to Luthans, Youssef, and Avolio (2006:234), well-structured and aligned wellness programmes ensure that employees are well-supported, motivated, and equipped to contribute effectively to organisational objectives.

The study also revealed in Chapter 5, Section 5.3.3.5, the importance of promoting work-life balance, preventing burnout, and managing stress as integral components of the RAF's wellness strategy. The studies by Adams (2019) and Razai, Kooner, and Majeed (2023) agree that prioritising work-life balance, stress management, and burnout prevention within wellness strategies is crucial for enhancing employee well-being and organisational performance. The finding signals a shift toward a more proactive, preventive wellness approach, where promoting work-life balance and reducing workplace stress are embedded in organisational culture, driving long-term sustainability and productivity. The studies by Tetrick and Winslow (2015) and Krekel, Ward, and De Neve (2019) provide strong evidence that embedding wellness and stress management into an organisation's culture improves employee performance, wellness, and organisational success.

Further, the study revealed in Chapter 5, Section 5.3.4.1, that compliance with relevant policies and legislative frameworks is necessary to ensure that the RAF's wellness efforts align with national standards and reflect best practices. This finding suggests compliance with relevant policies and legislative frameworks as a key driver of RAF wellness implementation. Horwitz et al. (2013:451) imply that wellness programmes must be practical and comply with regulatory frameworks to ensure fairness, employee

protection, and organisational accountability. Horwitz et al. (2013) suggest that wellness initiatives should be designed within the organisational context and tailored to meet employee needs without being intrusive or coercive. In addition, aligning wellness programmes with regulatory frameworks promotes organisational accountability by obligating employers to maintain transparency, uphold ethical standards, and provide equitable access to all employees (Mattke et al., 2013; Goetzel et al., 2008). Thus, the RAF must ensure its wellness initiatives are practical, legally sound, and ethically robust. As Ehlers (2020:2-3) suggested, this legal alignment strengthens employee trust in the system, enhances employee participation, reduces risks of non-compliance, and positions RAF as a responsible and forward-thinking public institution. It also ensures that wellness initiatives are sustainable and reflect best practices, supporting employee well-being and the organisation's strategic and reputational goals (Department of Public Services and Administration (DPSA), 2019).

In the following section, the researcher describes the perceived impact of RAF wellness programmes.

6.6 PERCEIVED IMPACT OF RAF WELLNESS PROGRAMMES

The study revealed in Chapter 5, Section 5.3.4, that the perceived impact of the RAF's wellness programmes is, in general, unfavourable, with employees expressing dissatisfaction across several dimensions of the wellness strategy. The finding aligns with Marin-Farrona et al. (2023) and the Employee Benefit Research Institute (EBRI) (2024), who recently reported employee dissatisfaction with workplace wellness programmes in the United States. Marin-Farrona et al. (2023) conducted a systematic review that revealed that although wellness programmes based on physical activity may improve health outcomes, their overall impact on employee satisfaction and engagement remains mixed due to implementation challenges and limited participation. Similarly, the workplace wellness survey by EBRI (2024) reported high levels of employee stress, mainly regarding financial well-being and lack of emergency savings, with many employees feeling that existing wellness initiatives do not adequately address their needs. The alignment of these studies (Marin-Farrona et al., 2023; EBRI, 2024) with the current finding reinforces the need for RAF to critically

assess its wellness strategy and respond to employee feedback to enhance programme relevance and effectiveness.

The study revealed, in Chapter 5, Section 5.2.4.2, that many participants perceive RAF wellness offerings as inadequate, poorly executed, and irrelevant to their personal and professional needs. This dissatisfaction is rooted in perceptions of poor accessibility, limited communication, and a general lack of engagement from both leadership and employees. The studies by Seward et al. (2019) and Edwards and Marcus (2018) underscore the importance of designing and implementing well-executed, relevant, and tailored wellness programmes to meet the diverse needs of employees and ensure higher participation and satisfaction. The finding further suggested in section 5.3.6.3 of the same chapter that for the RAF to increase participation and improve employee satisfaction, its wellness programmes must move beyond a one-size-fits-all model. As DPSA (2019) stated, the RAF must strategically tailor its wellness programmes to address its workforce's diverse personal and professional needs. The tailored approach will help reshape current employee perceptions of wellness programmes, strengthen trust, increase participation, and enhance the long-term impact of wellness on RAF performance.

The study identified limited managerial and supervisory involvement in wellness implementation, as stated in Chapter 5, Sections 5.2.5 and 5.3.5.1, which employees perceive as a lack of institutional support. While survey data shows that some supervisors are perceived as supportive (e.g., sharing information or allowing time off to attend programmes), this has not translated into a strong overall wellness culture. The study by Smidt, Jimmieson, and Bradley (2021:1006) argued that, while supportive supervisors are valuable, a comprehensive and committed organisational approach is essential to establish a strong wellness culture that effectively promotes employee well-being. As in Seward et al. (2019) and Fink et al. (2019), employees consistently cited bureaucratic delays, weak monitoring and evaluation systems, and ineffective feedback mechanisms as significant barriers to success. The studies by Mattke et al. (2013), Jones et al. (2019:1755), and Gubler et al. (2018:4974) have identified that when employees perceive workplace wellness programmes as symbolic rather than impactful, it undermines employee trust and participation. Therefore, if RAF employees continue to perceive wellness initiatives as symbolic gestures rather than

meaningful interventions (Smidt, 2021; Gillespie et al., 2022), it risks eroding employee trust, discouraging engagement, and ultimately undermining the intended benefits of the wellness strategy. As emphasised by Smidt (2021) and Gillespie et al. (2022), when employees perceive wellness programmes as not genuine, inclusive, or responsive to their needs, they are likely to be met with scepticism, resulting in low participation. In other words, unless RAF wellness programmes are well-executed, transparently communicated, and visibly supported by leadership, they may fail to achieve their strategic goals, weakening the wellness agenda and organisational performance.

Furthermore, several interviewees in Chapter 5, section 5.3.6.1, questioned the accessibility and inclusivity of the RAF's wellness initiatives. In other words, the study revealed challenges in implementing RAF wellness, including limited awareness, limited communication, and stigma around participation. The studies by Smit et al. (2022), Singh et al. (2024:8), and Sears et al. (2022) suggest that to enhance the effectiveness of wellness initiatives, organisations like the RAF should focus on improving communication strategies, increasing awareness, and addressing stigmas associated with participation. These studies maintain that a lack of awareness and understanding about wellness offerings often stems from poor communication channels and messaging that fails to resonate with diverse employee needs.

Additionally, confidentiality concerns, fear, and mistrust of data privacy protocols were raised in sections 5.3.4.2, 5.3.6.4, and 5.2.4.3 of Chapter 5, particularly regarding sensitive wellness services such as counselling or mental health support. The studies by Wadyka (2020) and CoreHealth (2022) underscore the importance of organisations like RAF implementing robust data privacy measures and transparent communication strategies to build trust and encourage employee engagement in wellness programmes. The Hendricks-Sturrup et al. (2020:2) study highlighted that concerns about data privacy and confidentiality can significantly deter employees from participating in workplace wellness programmes. Employees are less likely to engage with wellness services, especially those involving mental health or personal data, if they fear misuse or inadequate information protection (Coppens et al., 2023:2). Without addressing these systemic barriers, RAF risks widening the gap between programme intention and employee experience. The studies by Perrault et al. (2020)

and Goetzel et al. (2014) stress the risk of a disconnect between programme intentions and employee experiences. Perrault et al. (2020:14) found that employees often decline to participate in wellness programmes due to barriers such as lack of trust, time constraints, or a perception that the programmes do not address their real needs. Similarly, Goetzel et al. (2014:932) emphasise that wellness initiatives may fail to deliver their intended benefits unless systemic factors like organisational culture, leadership support, and meaningful communication are addressed. Bridging these gaps requires a more inclusive, feedback-driven approach to wellness intervention that aligns wellness strategies with employees' experiences and concerns (Flaubert et al. 2021; Engelen, 2024).

The study also revealed gender-based differences in perceptions of wellness programmes, with female employees reporting slightly more positive experiences than male employees. The finding in Chapter 5, Section 5.2.9, suggested varying experiences across demographic groups, which should be taken into consideration in future programme design. The study by Wolff (2012) reported gender-based differences in perceptions of workplace wellness programmes. Wolff (2012) found that men and women often engage with and evaluate wellness initiatives differently, based on their expectations, roles, and workplace experiences. The research by Wolff (2012) indicated that female employees tended to express more significant appreciation for wellness components related to emotional well-being, social support, and work-life balance, while male employees were more likely to value programmes tied to physical activity or performance-based outcomes. Wolff (2012) also noted that women were often more receptive to communication about wellness offerings, whereas men showed lower levels of engagement, possibly due to cultural norms or perceived stigma. According to Esposito et al. (2024:2), acknowledging gender differences is vital for promoting equitable participation and enhancing the overall effectiveness of wellness interventions.

In the next section, the researcher discusses the conceptual implications of the findings. This section explores the conceptual implications of the study's conclusions by drawing on key organisational behaviour theories that help explain employee engagement with wellness initiatives. The section focuses on the job demands-resources (JD-R) model, Maslow's hierarchy of needs, the transtheoretical model of

behaviour change, and the social exchange theory. These frameworks provide a robust conceptual foundation for interpreting the study's results and guiding the design of more effective wellness programmes at RAF.

6.7 CONCEPTUAL IMPLICATIONS

Job demands-resources (JD-R) model

The study's findings on low RAF participation in wellness offer valuable insights into how organisational behaviour theories can inform the design and implementation of more effective wellness strategies. The studies by Bakker and Demerouti (2007), Luthans et al. (2006), and Dollard and Bakker (2010) underscore the importance of integrating organisational behaviour theories into the design of wellness programmes to enhance effectiveness and employee participation. For instance, Bakker and Demerouti's (2007) Job Demands-Resources (JD-R) model explains that when wellness programmes address job demands (e.g., stress, workload) and provide adequate resources (e.g., emotional support, coping strategies), they reduce burnout and boost engagement. Thus, drawing from the JD-R theory (Schaufeli & Taris, 2014:44), the study illustrates that employees are more inclined to participate in wellness initiatives that serve as job resources, helping them cope with the demands of their roles. High participation in change management, stress management, and financial wellness interventions reflects employees' prioritisation of programmes that offer practical coping mechanisms for workplace pressures and economic insecurity. (Hagl et al., 2023; Mabasa & Flotman, 2022; Errida & Lotfi, 2021; Khaw et al., 2022). Conversely, low engagement in activities perceived as non-essential, such as sports events and wellness days, suggested that employees undervalue and underutilise wellness programmes unless they align with employees' immediate challenges (Sherman et al., 2024; Gillespie et al., 2022).

Maslow's hierarchy of needs

The findings in Chapter 5, Section 5.2.4.1, also align with Maslow's hierarchy of needs, particularly the idea that employees will only pursue higher-level wellness benefits, such as social connection or self-actualisation, after meeting their foundational needs (Rojas, Méndez & Fassler, 2023; Trivedi & Mehta, 2019; Yurdakul & Arar, 2023).

According to Rojas et al. (2023), employees prioritise wellness interventions that address immediate concerns like financial stability, job security, and stress reduction, which correspond to Maslow's lower tiers of physiological and safety needs. Similarly, Trivedi and Mehta (2019) argue that participation in programmes designed to foster collaboration, creativity, or emotional fulfilment remains minimal unless these core needs are addressed. Yurdakul and Arar (2023) reinforce this by demonstrating that meaningful engagement in organisational wellness programmes increases once basic needs are secured and employees feel safe and supported. The preference for stress and financial management interventions suggested that RAF employees prioritise stability and security, which are foundational tiers in Maslow's hierarchy (Nurjanah & Suherman, 2022; Richardson & Rothstein, 2008). According to Nurjanah and Suherman (2022), employees are more likely to engage in wellness programmes that directly solve immediate challenges, such as financial strain and job-related stress, which threaten their sense of stability. Similarly, Richardson and Rothstein (2008) emphasise that occupational stress management programmes are most effective when they target the foundational stressors that impact daily functioning and overall well-being. These findings, described in Chapter 5, Section 5.2.4.1, suggested that employees may be less inclined to participate in wellness offerings that address higher-level needs, such as social connection or personal growth, until they feel secure and supported in managing these basic stressors (Hennicks, Heyns, & Rothmann, 2022; Richemond & Needham, 2020).

Transtheoretical model of behaviour change

Furthermore, the low programme visibility and employee participation highlight that RAF's wellness strategy may not address diverse employee needs or readiness levels (Sherman et al., 2024; Perrault et al., 2020). The Transtheoretical Model of Behaviour Change supports the findings by suggesting that without awareness, motivation, and tailored interventions, employees may remain unengaged in the pre-contemplation or contemplation stages of behavioural change (Raihan & Cogburn, 2023; Prochaska & Velicer, 1997). Raihan and Cogburn (2023:67) affirm that progress through the stages of behavioural change requires appropriate information and interventions tailored to individuals' readiness levels. Therefore, the RAF must implement stage-sensitive strategies, such as awareness campaigns, motivational support, and targeted messaging, to effectively transition employees from disengagement to active

participation in wellness initiatives (Miller et al., 2019; Plotnikoff et al., 2015; Griffin-Blake & DeJoy, 2006). These scholars argue that wellness interventions are most effective when tailored to match an individual's current stage in the behavioural change process, as described by the Transtheoretical Model. Employees in earlier stages, such as pre-contemplation or contemplation, may require awareness campaigns to build understanding and motivation. Conversely, those in the preparation or action stages benefit more from practical tools and encouragement. Plotnikoff et al. (2015) highlight that programmes aligned with individuals' readiness levels significantly increase participation rates and engagement. Similarly, Griffin-Blake and DeJoy (2006) demonstrate that stage-matched messaging and support mechanisms, such as personalised outreach or peer encouragement, lead to greater behavioural adoption than generic approaches.

Social exchange theory

The findings strongly align with the principles of social exchange theory, which suggests that employees' willingness to engage in wellness initiatives is influenced by their perception of reciprocal value from the organisation (Ahmad et al., 2023b; Li et al., 2019; Melkamu, 2023). According to Ahmad et al. (2023b) and Li et al. (2019), when employees believe their employer is genuinely invested in their well-being, they are more likely to respond positively by reciprocating through increased engagement and participation. This sense of reciprocity is especially crucial in wellness initiatives, where participation is often voluntary and driven by trust in the organisation's motives. Melkamu (2023) further supports this by showing that employee involvement increases when wellness programmes are perceived as beneficial rather than symbolic. Thus, the RAF must tailor employee wellness interventions to meet employee needs, communicate these initiatives effectively, and ensure that organisational leadership visibly supports wellness programmes to reinforce perceptions of fairness and organisational care (Wentzel, 2020).

The researcher discusses the legal implications of the study's findings in the following section. The findings of this study have significant legal implications, underscoring the RAF's obligation to align its wellness practices with national and international regulatory frameworks. The discussion underlines that the RAF's wellness initiatives are not merely organisational preferences but obligations rooted in national legislation,

such as the Occupational Health and Safety Act and the Constitution of South Africa, as well as international instruments, including ILO conventions and the SDGs. By framing wellness as a legal and ethical responsibility, the study reinforces the need for RAF to ensure its policies comply with standards that safeguard employee rights, promote workplace safety, and protect sensitive health data, thereby reducing legal exposure and enhancing organisational credibility.

6.8 LEGAL AND ETHICAL IMPLICATIONS OF THE STUDY'S FINDINGS

National legal and ethical implications

The findings of low participation in RAF's wellness programmes carried significant legal and ethical implications within the South African labour context (National Department of Health, 2023; Conradie et al., 2016) & Wentzel, 2020). Legally, the Occupational Health and Safety Act 85 of 1993 imposes a statutory obligation on employers in South Africa to ensure that the working environment is safe and does not pose risks to employees' health and well-being (South African Government, 1993). This mandate encompasses the physical and psychosocial aspects of the workplace, including managing occupational stress, promoting mental well-being, and preventing burnout. When wellness programmes are poorly communicated or difficult to access, especially those targeting mental health, stress, and physical well-being, this may signal a failure to meet this obligation. In other words, low participation in the RAF's wellness programmes could imply a failure to adequately address these obligations, especially if such programmes are intended to mitigate health-related risks.

Several studies support the above argument; for example, Hassard et al. (2018) emphasise that work-related stress imposes a significant societal and organisational burden, highlighting the need for proactive mental health management in the workplace. Similarly, Karanika-Murray and Weyman (2013) argue that focusing solely on physical hazards neglects a significant component of employee well-being, psychosocial risks, which require integrated intervention strategies. Kim, Park, and Park (2016) reinforce this by suggesting that creating a culture of occupational safety prevention must include mental health considerations, especially in high-pressure environments. Leka and Jain (2010) further support this view, stating that psychosocial

risks, including workload pressures and lack of organisational support, can lead to burnout. These studies (Hassard et al., 2018; Karanika-Murray & Weyman, 2013; Kim, Park & Park, 2016; Leka & Jain, 2010) underscore that compliance with occupational safety laws requires addressing mental and emotional health factors to ensure a safe, health-promoting work environment.

Furthermore, Sections 23 and 24 of the Constitution of South Africa of 1996 guarantee employees the right to fair labour practices and a healthy environment (South African Government, 1996). Suppose the RAF inadequately implements wellness strategies or fails to engage employees effectively. In that case, the RAF risks non-compliance with employees' right to fair labour practices and a healthy environment (South African Government, 1996), which could expose the organisation to reputational damage, legal liability, or formal grievances (Sieberhagen, Rothmann & Pienaar, 2009:19). In other words, the RAF has a constitutional obligation to uphold employees' rights to fair labour practices and a healthy working environment, as outlined in sections 23 and 24 of the Constitution of the Republic of South Africa (1996). As Sieberhagen, Rothmann, and Pienaar (2009:19) argue, wellness is not just an HR initiative but a legal and ethical imperative that, when poorly executed, can expose organisations to significant risks. Therefore, the RAF must ensure its wellness programmes are well-structured, participatory, and aligned with national constitutional and labour law requirements.

The findings also raise ethical concerns regarding the RAF's duty of care and commitment to employee wellness. The study by Kakimoto (2020:2) argues that workplace wellness initiatives must respect employee autonomy, avoid harm, and be grounded in fairness. According to Kakimoto (2020), employee autonomy, avoiding damage, and fairness principles may be compromised if wellness programmes are inadequately designed or implemented without meaningful employee input. Similarly, Van Berkel et al. (2014:2) further emphasise the ethical tensions that arise when employer-driven wellness efforts prioritise organisational interests over employee wellness, leading to mistrust and low employee participation. Low participation may indicate that wellness services are not accessible and relevant (Sherman et al., 2024). The ethical principle of beneficence, doing good and preventing harm (Cavico & Mujtaba, 2013:112), requires the RAF to ensure that wellness programmes are not tokenistic but meaningful, inclusive, and designed to meet the actual needs of

employees. In addition, the RAF compromises its ethical responsibility to ensure fairness, transparency, and employee dignity by excluding vulnerable groups from wellness programmes due to stigma or lack of capability. Similarly, the study by Oughton et al. (2021) reinforces the moral obligation of organisations like the RAF to ensure supportive, health-conscious working environments. In other words, this study suggests that the RAF may need to reevaluate its wellness strategies to better align with ethical standards and employee-centred values.

International legal frameworks

Internationally, organisations such as the WHO, ILO, and UN have emphasised employee wellness as a fundamental human right and an essential component of decent work (ILO, 2024; UN, 2015; WHO, 2024). For example, the ILO Convention No. 155 obligates employers to establish national policies to prevent workplace-related health risks. Similarly, the WHO Global Action Plan for Physical Activity (2018–2030) calls for proactive measures to promote employee health (WHO, 2024). This global action plan emphasises that employers, governments, and institutions are responsible for creating environments that encourage active lifestyles, reduce sedentary behaviour, and support mental and physical wellness (The Institute for Health and Productivity Studies, 2023). By targeting work settings as key areas for intervention, the WHO Global Action Plan underscores the role of organisations in fostering a culture of health that enhances productivity and protects workers from preventable illnesses and lifestyle-related conditions. Shiri et al. (2023:3) argue that employers actively promote a wellness culture through supportive policies and programmes to improve employee wellness and enhance overall productivity. The RAF's low participation in its wellness programmes and poor communication strategies could imply insufficient alignment with these international obligations. The study by Person et al. (2010) suggests that low participation and poor communication in wellness programmes may reflect an organisation's failure to meet international standards advocating for comprehensive and accessible employee health initiatives.

Similarly, failure to implement inclusive and preventive wellness strategies may place the RAF at odds with broader commitments to SDGs, particularly SDG 3 on Good Health and Well-being and SDG 8 on Decent Work and Economic Growth (UN, 2015). The studies by Vyas-Doorgapersad (2023), Vyas-Doorgapersad (2024:4), and

Mariappanadar and Hochwarter (2022) suggest that neglecting to implement inclusive and preventive wellness strategies may hinder an organisation's ability to fulfil commitments to SDG 3 and SDG 8. Vyas-Doorgapersad (2023; 2024:6) and Mariappanadar and Hochwarter (2022) highlight that comprehensive wellness programmes are not just internal organisational tools but global commitments to health, decent work, and sustainable growth. The RAF's low participation in wellness initiatives could, therefore, not only affect employee wellness and productivity but also damage its reputation as a public institution committed to ethical standards and sustainable development goals. In other words, the RAF must prioritise wellness strategies that are inclusive, accessible, and genuinely responsive to employee needs.

Data protection and ethical considerations

The study also raises legal concerns about data privacy and confidentiality, particularly regarding the low uptake of mental health services or counselling. The studies by Gulliver et al. (2015), Alhammad et al. (2023), and Lustgarten et al. (2020) indicate that addressing data privacy and confidentiality concerns is essential for increasing participation in mental health and counselling services. Under South Africa's Protection of Personal Information Act (POPIA) of 2013, employers are legally required to safeguard employee health data (Hofmeyr, 2020; Michalsons, 2019). If the RAF's wellness communication is unclear or trust in confidentiality is low, employees may avoid participation, potentially signalling a breach of POPIA obligations. Chowdhary et al. (2023) and Perrault et al. (2020) suggest that, to comply with data protection laws such as POPIA and to foster greater employee wellness participation, organisations must ensure clear communication about data use and robust measures to protect the confidentiality of employee health information.

Similarly, ILO Convention No. 161 on Occupational Health Services stresses the importance of confidentiality and voluntary access to wellness services (WHO, 2022; ILO, 1998). Thus, the RAF must reinforce the principles outlined in ILO Convention No. 161, emphasising the critical importance of confidentiality and voluntary participation in occupational health and wellness services. According to Lustgarten et al. (2020:27) and Torous and Nebeker (2017:38), the success of workplace wellness systems heavily depends on employees' trust, which can be compromised by perceived stigma or mishandling of personal data. According to Poddar and Chhajer

(2024:3), when employees believe their sensitive health information, primarily related to mental health, might be disclosed, misused, or accessed without proper consent, they may be less likely to participate in wellness programmes. This withdrawal limits the effectiveness of such programmes and exposes employers to legal risks, especially where data privacy laws are in place, such as South Africa's POPIA. Therefore, the RAF must ensure that wellness programmes comply with national health and safety standards and protect employee rights to privacy and informed consent.

In the next section, the study's practical implications are addressed.

6.9 PRACTICAL IMPLICATIONS OF THE STUDY'S FINDINGS

The findings of this study revealed critical practical implications for the design and implementation of employee wellness programmes at RAF. Low employee participation and selective engagement in wellness initiatives indicate that current programmes may not effectively meet employees' diverse needs and preferences. According to Thompson, Smith, and Bybee (2005) and Merrill and Hull (2013), this trend reflects a disconnectedness between the design of wellness programmes and employees' needs and preferences. Employees are more likely to engage when wellness initiatives are relevant, inclusive, and tailored to their specific wellness goals and work-life realities (Jones et al., 2019; Fleming, 2024). A top-down or generic approach often fails to resonate with the needs of all employees, particularly those already feeling marginalised or underserved in the workplace (Ravaghi et al., 2023; Linck et al., 2024). These studies argue for a more employee-centred approach to wellness intervention. This approach advocates involving all employees in the planning and implementation, prioritises accessibility and trust, and aligns wellness offerings with their lived experiences (Haldane et al., 2020; Juba, 2024). Such an approach enhances employee participation and builds long-term commitment to employee wellness within the organisation.

Programmes such as change management, stress management, and financial wellness received the highest engagement, indicating that employees prioritise

initiatives that directly address work-related stressors and economic concerns. The studies by Bayer et al. (2009), Wright and Huang (2012), and Wolever et al. (2012) highlight how employee engagement in wellness programmes increases when the initiatives are directly relevant to their daily challenges, especially work-related stress and financial wellness. By implication, the RAF must tailor its wellness offerings to align with employee priorities, ensuring relevance and perceived value. The studies by Perrault et al. (2020) and Sherman et al. (2024) emphasise the importance of customising wellness programmes to employee needs, interests, and lived experiences, thereby driving meaningful engagement and improving outcomes. Additionally, the findings demonstrate how targeted communication strategies enhance awareness and accessibility. Many employees reported never receiving wellness communication, highlighting the need for diversified, inclusive channels that reach all staff regardless of rank or location. Similarly, the studies by Chawla, Sareen, and Gupta (2022) and Lloyd et al. (2025) emphasise the critical role of transparent, inclusive, and multi-channel communication in improving employee awareness and participation in wellness programmes. Thus, the RAF should consider integrating wellness messaging into multiple platforms, including bulletins, supervisor briefings, and digital campaigns, such as displaying welcoming wellness messages when a screen is opened, to foster better engagement.

Furthermore, the study emphasised the importance of leadership involvement and organisational culture in enhancing participation. The studies by Othman et al. (2017), Southgate et al. (2023), and Goetzel (2020) support the view that leadership support and a positive, health-oriented organisational culture significantly boost employee engagement in wellness initiatives. According to Edwards and Marcus (2018:102), employee perceptions significantly influence engagement. In other words, trust and participation diminish when employees perceive employee wellness programmes as symbolic or poorly executed (Altman et al., 2022:496). Therefore, the RAF must demonstrate consistent leadership support and visibility in wellness activities to reinforce the importance. The studies by Othman et al. (2017) and Eriksson et al. (2017) conclude that leadership buy-in, involvement, and visibility are non-negotiable for effective uptake of wellness programmes, particularly in hierarchical organisations.

Structuring wellness programmes around fairness, voluntary participation, and confidentiality will foster employee trust and protect against legal or ethical risks. The studies by Lustgarten et al. (2020) and Chowdhary et al. (2023) affirm that legally and ethically grounded wellness programmes are more likely to gain employee participation. Thus, to improve employee participation in its wellness programmes and ensure long-term sustainability, the RAF must prioritise fairness, voluntary participation, and confidentiality in the structure and communication of these programmes. Van Berkel et al. (2014) and Bak et al. (2025) also affirm that wellness programmes grounded in ethical principles, particularly fairness, consent, and data protection, are more effective, better trusted by employees, and more sustainable.

Introducing regular feedback loops, performance evaluations, and employee consultations can ensure programmes remain responsive and effective. The studies by Feltner et al. (2016) and Linnan et al. (2019) reported that organisations with regular evaluations and feedback systems reported higher employee satisfaction and better health outcomes from wellness initiatives. In other words, these studies (Feltner et al., 2016; Linnan et al., 2019) highlight the critical role of ongoing evaluations and feedback mechanisms in enhancing the effectiveness of workplace wellness programmes. The effectiveness of wellness programmes is primarily attributed to employees feeling heard, valued, and included in shaping programmes for their well-being (Linnan et al*.,* 2019). Furthermore, by continuously monitoring outcomes and adapting initiatives based on employee input, these organisations achieved better wellness results, as the programmes remained responsive, relevant, and aligned with the evolving needs of their workforce (Feltner et al., 2016). Thus, the RAF must actively integrate regular feedback loops, performance evaluations, and employee consultations into its wellness strategy to improve the impact and relevance of wellness interventions.

The following section discusses two frameworks for wellness implementation.

6.10 FRAMEWORK FOR WELLNESS IMPLEMENTATION

Seven-step wellness knowledge-to-action framework

The study by Korman et al. (2022) proposed a seven-step wellness knowledge-to-action framework, as shown below.

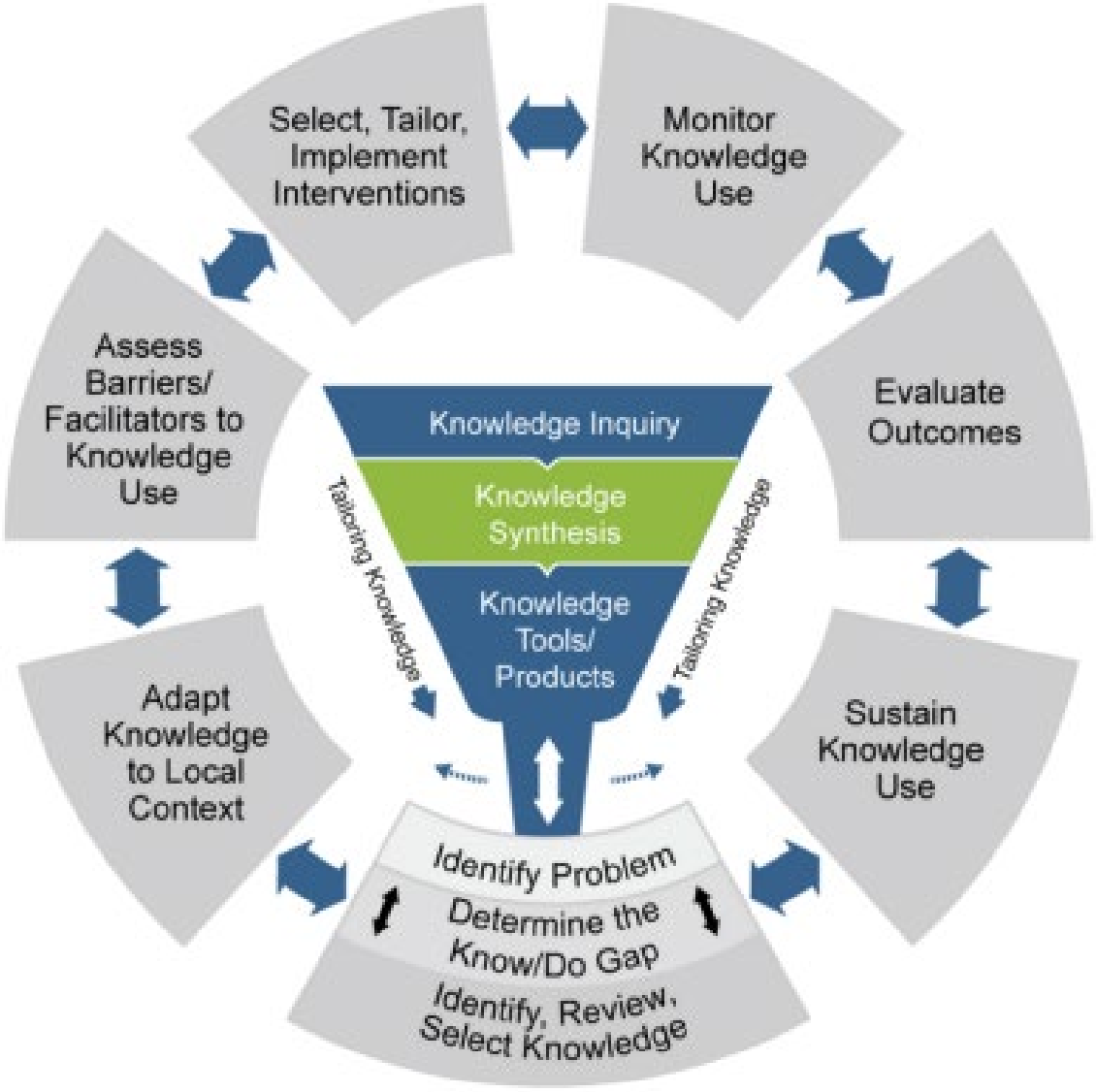


Figure 6.1: Knowledge-to-action framework

Source*:* Korman et al., 2022

The seven-step wellness knowledge-to-action framework developed by Korman et al. (2022) provides a systematic approach for translating wellness knowledge into actionable, sustainable workplace practices. The framework begins by identifying a wellness-related problem or opportunity, then adapting existing knowledge to the

organisation's unique needs and culture. Goetzel et al. (2014) and Hughes et al. (2011) support the idea that organisations should begin wellness interventions with a clear understanding of their needs and tailor programmes to fit their specific context. The framework by Korman et al. (2022) further emphasises the importance of understanding and addressing implementation barriers to ensure that wellness interventions are effective.

The framework also guides organisations in selecting, tailoring, and rolling out appropriate interventions, ensuring they are context-specific and employee-focused (Korman et al., 2022). Most contemporary studies support context-specific, employee-focused interventions, as Korman et al. (2022) suggested. A few studies caution against over-customisation or question the effectiveness of tailoring wellness programmes too narrowly (Keida, Harris & Friedman, 2021). Thus, while adopting a context-specific, employee-focused approach to wellness, aligned with Korman et al. (2022), can enhance relevance and engagement, the RAF must also remain cautious of the potential drawbacks of over-customisation. The studies by Miller et al. (2019:387), Juba (2024), and Fleming (2023) assert that excessive customisation may lead to challenges such as increased complexity, scalability issues, and limited effectiveness.

Korman et al.'s (2022) wellness framework further promotes the ongoing monitoring of how wellness knowledge is applied, regular evaluation of outcomes, and continuous improvement. Several studies underscore the importance of assessment, feedback loops, and iterative improvement in workplace wellness programmes to ensure they remain effective, evidence-based, and aligned with employee needs (Linnan et al., 2019; Schwatka et al., 2022; Daniels et al., 2021). Without regular assessment and feedback loops, wellness programmes risk becoming outdated, misaligned with employee needs, and ineffective in addressing emerging health and well-being challenges (Goetzel et al., 2014). The RAF must adopt the principles outlined in Korman et al.’s (2022) framework by embedding ongoing monitoring, outcome evaluation, and continuous improvement into its wellness strategy. By adopting Korman et al.’s (2022) framework, the RAF can ensure its wellness initiatives remain evidence-based, responsive, and adaptable to evolving workforce challenges.

Finally, the framework calls for embedding successful wellness practices into the organisation's culture to ensure long-term sustainability (Korman et al., 2022). According to Kelly et al. (2021:1), organisations must integrate wellness programmes into their organisational culture to achieve sustainable impact. When wellness initiatives are embedded into an organisation's values, practices, and daily operations, they become more than temporary projects, evolving into core components of how the organisation supports its workforce (ILO, 2013; Bessinger, 2009). According to Bayot, Tadi, and Sharts-Hopko (2024:1), integration fosters a culture in which leadership and internal systems prioritise and actively support employee wellness. As a result, employees are more likely to engage with and benefit from wellness programmes, as they perceive them as beneficial and aligned with the organisation's broader mission (Cavico & Mujtaba, 2013). Thus, the RAF must move beyond implementing wellness initiatives in isolation and embed these practices into its organisational culture. As Korman et al. (2022) and Kelly et al. (2021) argue, long-term sustainability in wellness initiatives is achieved when wellness becomes part of the organisation's core identity, reflected in leadership commitment, operational systems, and daily interactions.

Ten-step model for health and wellness strategy

Caprez (2020) proposed a ten-step health and wellness strategy model, as shown in Figure 6.2 below.

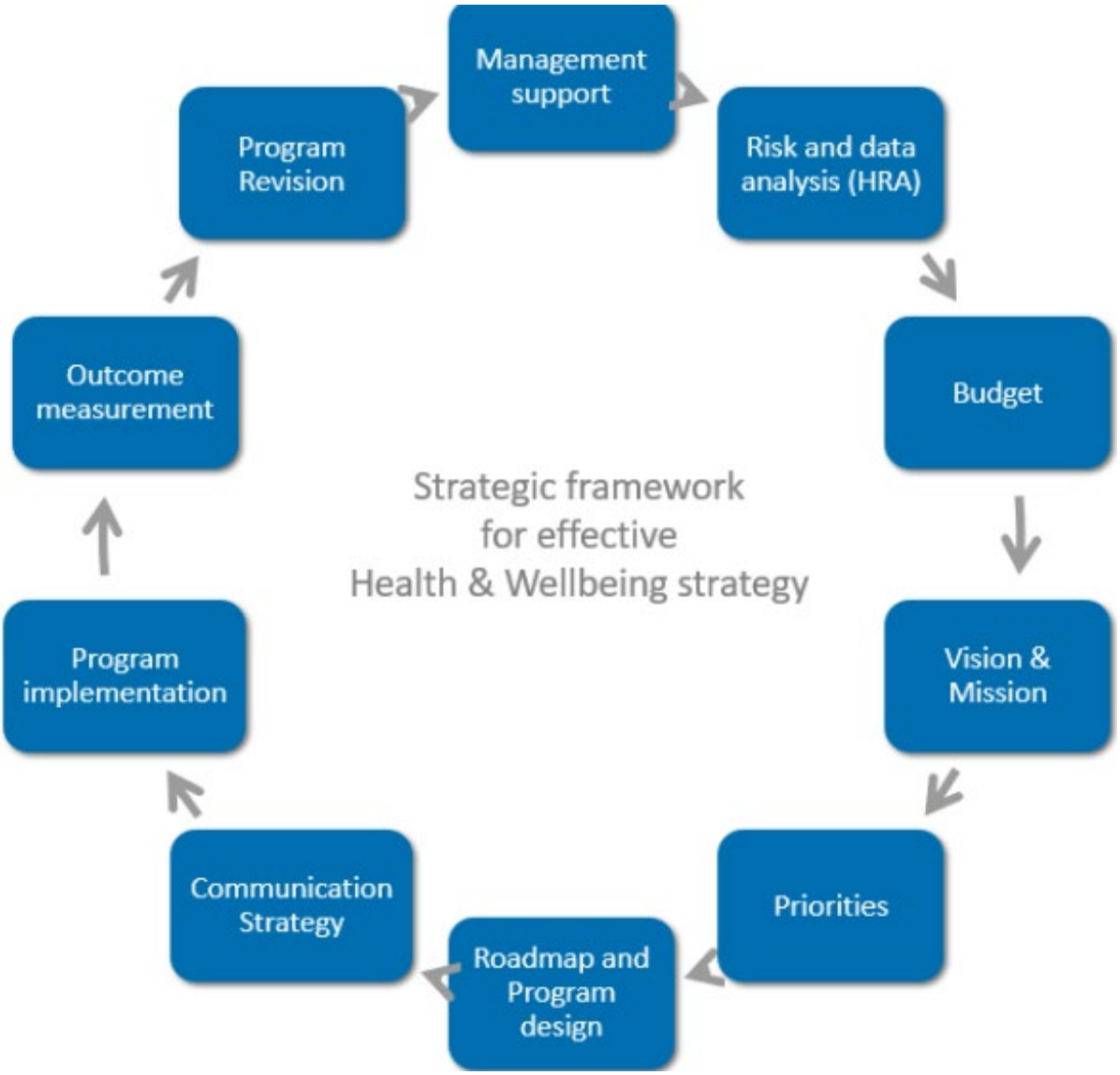


Figure 6.2: Ten-step model for health and wellness strategy

Source: Caprez, 2020

The Ten-Step Model for Health and Wellness Strategy by Caprez (2020) presents a structured, cyclical framework for designing and sustaining effective workplace wellness programmes. The studies by Juba (2024) and Schwatka et al. (2020) align with the model's focus on leadership commitment, data-driven design, prioritisation, communication, implementation, outcome measurement, and continuous improvement. The model begins with management support, emphasising the need for

leadership commitment as a foundation (Caprez, 2020). According to Pathak (2024:1), leadership involvement sets the tone for organisational priorities and legitimises wellness efforts by aligning them with broader business objectives. Nabil, Abdelhay, and Hamid (2024:1162) further state that when leadership visibly endorses, participates in, and allocates resources to wellness programmes, it signals to employees that wellness programmes are strategic organisational priorities. This top-down commitment encourages employee participation and creates a supportive environment where wellness initiatives can thrive (CoreHealth Marketing, 2024c).

According to Caprez (2020), step two (2) involves risk and data analysis, where organisations assess health risks and workforce data to identify key focus areas. This step lays a critical foundation for designing targeted and evidence-based wellness strategies. The studies by Reif et al. (2020) and Lee et al. (2023b) underscore the importance of conducting risk and data analyses as a foundational step in designing targeted, evidence-based workplace wellness strategies. This step involves systematically gathering and analysing data related to employee health risks, absenteeism, productivity, and other workforce indicators to identify key areas of concern. The studies by Cramer et al. (2017:105), Korneeva and Simonova (2024), and Peles et al. (2024:5) underscore the increasing use of data-driven approaches to monitor and manage workforce wellness. In other words, the studies by Reif et al. (2020) and Lee et al. (2023b) reinforce that wellness strategies risk being generic and ineffective without this analytical foundation. On the other hand, research by Cramer et al. (2017), Korneeva and Simonova (2024), and Peles et al. (2024) highlights how data-driven practices not only identify high-risk employee segments but also shape targeted, measurable interventions.

Caprez's (2020) step 3 involves setting a budget to align resources with strategic intent. Research by Kent et al. (2016), Hoert et al. (2018), and Shanafelt et al. (2019) shows that allocating a dedicated budget for wellness initiatives is a critical success factor in wellness implementation. For instance, Kent et al. (2016:116) argue that without financial commitment, wellness efforts lack continuity and fail to build a sustained culture of health. Hoert et al. (2018:1055) further highlight that leadership support for budget allocation directly influences employee participation and programme legitimacy. Shanafelt et al. (2019:157) add that budget planning enables

organisations to tailor wellness programmes to their unique workforce needs, enhancing relevance, integration with broader institutional goals, and long-term effectiveness. Thus, budget-setting is vital in implementing wellness and translating strategic intent into tangible, sustainable action.

Caprez's (2020) step 4 involves organisations defining a clear vision and mission for their wellness programme, ensuring that wellness goals support the broader organisational objectives. This step establishes strategic clarity and alignment between wellness initiatives and the broader organisational mission (Gede & Huluka, 2023). In other words, the step ensures that wellness goals are not siloed or peripheral but integrated into the organisation's core values and long-term objectives. The studies conducted by Campos and Campos (2025:15), Mazelis et al. (2025:289), and Loeppke et al. (2015:587) show that wellness programmes gain greater traction, legitimacy, and impact when they are purposefully aligned with an organisation's strategic goals, values, and mission. These studies further confirm that aligning wellness with organisational values amplifies its credibility, relevance, and long-term wellness sustainability. Thus, establishing a clear wellness vision and mission is a strategic anchor that integrates wellness efforts into the broader fabric of the organisation (Provost, 2024; Halliday, van der Laan & Raineri, 2024).

According to Caprez (2020), step 5 focuses on setting priorities, which helps to streamline wellness efforts and ensure a targeted impact. The significance of Caprez's (2020) step 5 lies in its role as a strategic filter, ensuring that wellness initiatives are focused, resource-efficient, and aligned with the most pressing workforce needs. Setting priorities enhances programme relevance, clarity, and accountability, ensuring that wellness efforts are well-intentioned, measurable, and strategically effective. The studies by Omose and Ikuyinminu (2024) and Linnan et al. (2019) demonstrate that wellness programmes often lack direction and low participation when priorities are not well defined. In other words, the evidence from Omose and Ikuyinminu (2024) and Linnan et al. (2019) underscores that when organisations fail to establish clear priorities, wellness programmes become fragmented, lack participation, and deliver minimal impact.

Step 6 of Caprez's (2020) framework involves roadmapping and programme design, outlining the creation of customised initiatives based on identified needs and priorities. This step is followed by establishing a communication strategy (step 7), which ensures effective messaging and engagement across all staff levels. Thus, the significance of Caprez's (2020) steps 6 and 7 lies in their combined ability to translate strategic planning into action and sustain organisational engagement. Step 6 ensures that wellness initiatives are not generic but customised to address the specific needs and priorities identified in earlier steps. It provides a structured wellness plan that guides implementation, timelines, resource allocation, and evaluation metrics (Omose & Ikuyinminu, 2024). Step 7 ensures that the designed wellness initiatives are clearly communicated, culturally resonant, and accessible to all staff levels. Charlot-Swilley et al. (2025:2-3) state that effective communication fosters buy-in, participation, and ongoing engagement, transforming wellness from a top-down directive into a shared organisational commitment. According to Caprez (2020), these steps serve as the operational bridge between planning and practice, ensuring the wellness strategy is well executed and well received.

Caprez's (2020) step 8 involves programme implementation and translating plans into action, and it is supported by step 9, which requires outcome measurement to track effectiveness, participation, and programme impact. These steps ensure wellness initiatives are executed continuously, assessed, and refined. The studies by Dushyanthen et al. (2025), Sheen, Rubin, and Edelstein (2024), and Elliott, Mehravaran, and Hohmann (2024) emphasise that without well-managed implementation and robust outcome evaluation, wellness programmes risk becoming symbolic or unsustainable. The last step (step 10) by Caprez (2020) involves programme revision, ensuring that the strategy remains dynamic and adaptable through continuous feedback and refinement. The studies by Bartholomew et al. (2016), Jongen, McCalman, and Bainbridge (2018), and Staniszewska et al. (2018) demonstrate that evaluation, adaptation, and iterative improvement are essential for sustaining the relevance, engagement, and long-term success of wellness programmes.

In the subsequent section, before outlining the proposed wellness framework, the research delves into the key weaknesses embedded within the Seven-Step Wellness

Knowledge-to-Action Framework (Korman et al*.,* 2022) and the Ten-Step Model for Health and Wellness Strategy (Caprez, 2020).

Key weaknesses in Korman* et al*.'s (2022) and Caprez's (2020) frameworks

The two frameworks risk over-customising wellness programmes (Keida et al., 2021; Miller et al., 2019:387; Fleming, 2023). Over-customisation of wellness programmes refers to tailoring initiatives so specifically to individual departments, demographic groups, or organisational subcultures that the programmes become overly complex, difficult to scale, and inconsistent across the broader organisation (Janshen & van Montfort, 2019:34). While personalisation can enhance relevance and engagement, studies by Keida et al. (2021), Miller et al. (2019:388), and Fleming (2024) caution that excessive customising can lead to fragmented delivery, lack of standardisation, and challenges in evaluating outcomes across the organisation. These studies argue that organisations must balance personalisation and standardisation, ensuring that core wellness principles remain unified across all levels while allowing for flexible implementation that reflects local needs.

In addition, while both frameworks highlight employee-centricity, they fall short of embedding participatory design or employee-led innovation throughout the process. According to Birkinshaw and Duke (2013:47), employee-led innovation occurs when employees at all levels actively contribute to wellness planning, design, implementation, and evaluation. Therefore, for RAF to truly foster a responsive and inclusive wellness culture, it must go beyond consultation and embed mechanisms that allow employees to co-create, influence, and iterate wellness initiatives as equal stakeholders. Research by Totterdill (2015) and Bell (2024) affirms that meaningful employee participation, mainly through co-creation and innovation, leads to more effective, inclusive, and sustainable wellness programmes. By implication, the RAF should not limit employee involvement to feedback stages but should embed mechanisms for shared ownership, innovation, and co-leadership across all phases of wellness planning and execution. The studies by Kezar and Holcombe (2017), Webber et al. (2024), and Belasen and Pfeffermann (2024) reinforce that employee co-leadership and shared ownership are essential for embedding wellness into organisational functions and operations, enhancing participation, and fostering innovation and accountability.

Korman et al. (2022) outline a sequential 7-step process, but organisational change and wellness implementation are rarely linear in practice. The studies by Guerin et al. (2021), Daniels et al. (2021a), and Niks et al. (2022) strongly support the argument that organisational change and wellness implementation are rarely linear in practice, challenging the sequential logic of frameworks like Korman et al.'s (2022) seven-step model. In other words, the framework underestimates the non-linear, iterative, and often cyclical nature of real-world wellness initiatives, in which organisations may need to revisit earlier steps frequently due to unforeseen challenges or evolving workforce needs (Schwatka et al., 2022; Daniels et al., 2021). By implication, while Korman et al.'s (2022) seven-step wellness framework offers a valuable structure, the RAF must recognise that wellness implementation in practice is rarely linear or predictable. The evidence from Guerin et al. (2021), Daniels et al. (2021a), and Niks et al. (2022) suggests that organisational change and wellness initiatives unfold in dynamic, iterative, and context-responsive ways, influenced by shifting employee needs, operational disruptions, and internal feedback loops. Therefore, as Levett et al. (2017:632) suggest, the RAF should not rigidly follow a step-by-step sequence but adopt a flexible, adaptive approach that allows continuous learning, re-prioritisation, and course correction. Embedding agility into its wellness strategy will enable the RAF to remain responsive to evolving workforce challenges and ensure the long-term sustainability and relevance of its wellness initiatives (Chambers, Glasgow, & Stange, 2013).

In addition, Caprez's (2020) framework relies heavily on sustained leadership support for wellness programmes. Kyei-Frimpong et al. (2022:273) and Rittschof and Fortunato (2015:375) critique leadership-dependent wellness frameworks, such as Caprez's (2020) proposal, highlighting the limitations of relying too heavily on sustained leadership support in wellness programmes. However, studies such as Pathak (2024) and CoreHealth Marketing (2024c) acknowledge the importance of leadership but fail to address the fragility of top-down support, leaving programmes vulnerable during transitions or crises. Further, neither Korman et al.'s (2022) nor Caprez's (2020) framework addresses external structural determinants such as job insecurity, workload intensity, systemic inequities, or economic instability that may hinder participation in wellness programmes. While internal interventions are crucial, they may be ineffective without addressing macro-level factors influencing employee

wellness. Scholars such as Goetzel et al. (2014) and Bayot et al. (2024) emphasise the need for a systems-thinking approach that extends beyond the workplace to achieve sustainable impact from wellness initiatives. The RAF must adopt a systems-thinking approach to wellness programmes, acknowledging that wellness challenges are interconnected and interrelated, as one health challenge often leads to several others.

The researcher proposes a framework for planning and implementation in the subsequent section.

6.11 PROPOSED FRAMEWORK FOR WELLNESS IMPLEMENTATION

Drawing from different frameworks and theories, the researcher proposes a framework that public organisations, such as the RAF, might adopt. This framework also considers a lack of leadership involvement, low participation in wellness programmes, and a negative perception of RAF wellness programmes, as reported in this study. Figure 6.3 below illustrates the summarised processes.

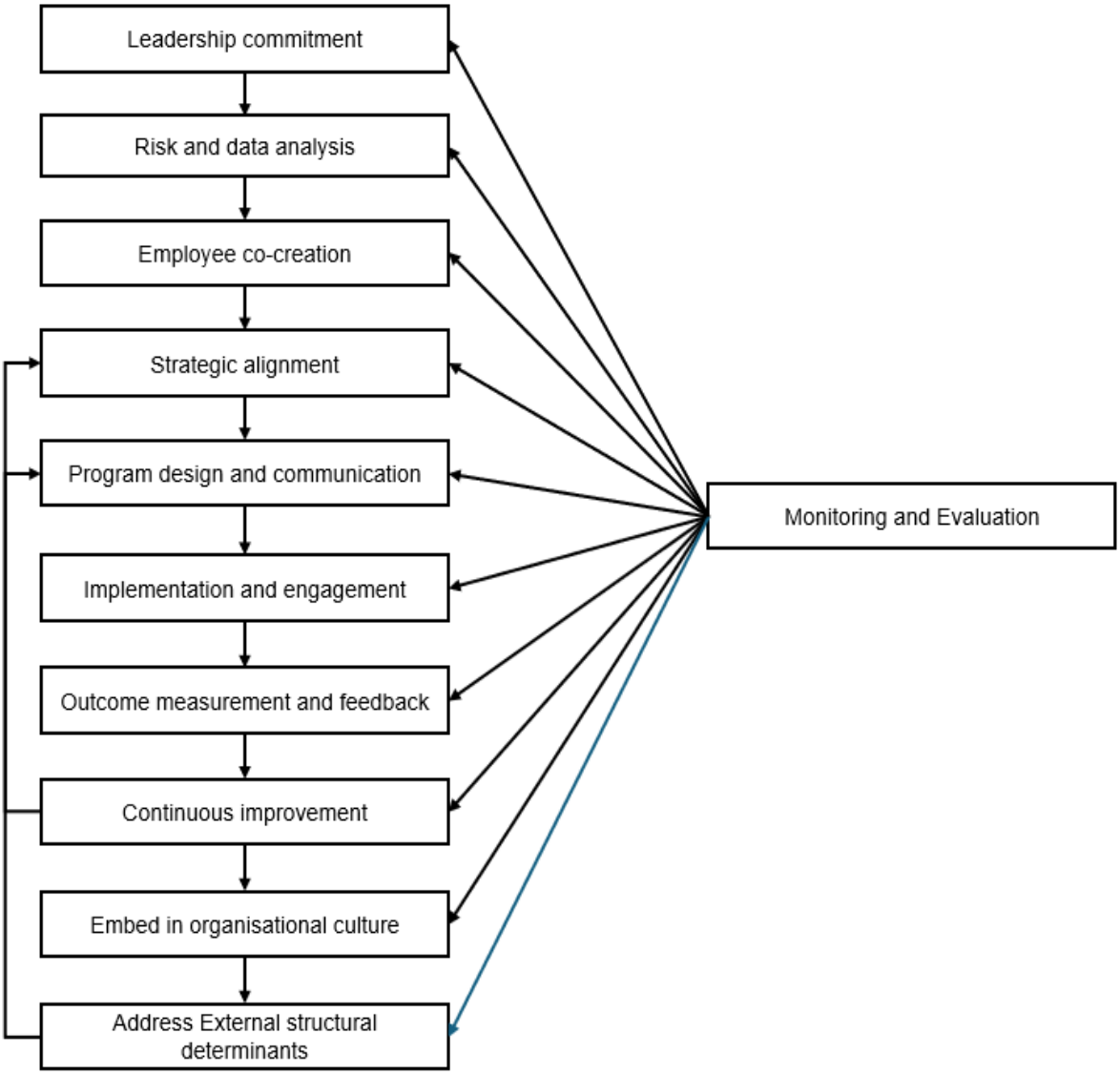


Figure 6.3: Proposed framework for wellness implementation

Source: Researcher's conceptualisation

The proposed framework for wellness implementation represents a more integrated and adaptive approach than the original models by Korman et al. (2022) and Caprez (2020). In other words, while Korman et al. (2022) and Caprez (2020) laid the foundation, the proposed framework explicitly addresses the limitations inherent in theirs. The framework embeds monitoring and evaluation at the centre of wellness programme implementation. In this way, the researcher acknowledges the non-linear and iterative nature of organisational changes, a key limitation of the Korman et al. (2022) framework. The diagram illustrates that each step is integrated with monitoring and evaluation, allowing real-time feedback, adjustment, and learning. The studies by Pant et al. (2022) and SoPact (2024) support integrating monitoring and evaluation mechanisms into wellness frameworks to facilitate real-time feedback, adjustment, and learning, thereby enhancing the overall effectiveness and sustainability of wellness programmes. Furthermore, this recursive framework reflects real-world dynamics, in which wellness strategies must constantly evolve in response to internal and external challenges, echoing the critiques of Guerin et al. (2021) and Schwatka et al. (2022) that linear frameworks do not accommodate adaptive change.

The originality of the proposed framework lies not in claiming that each individual component is entirely new, but in the way established theoretical and conceptual elements are integrated and reconfigured for employee wellness implementation in a South African public-sector context. First, the theoretical foundations are borrowed from established bodies of knowledge, namely Maslow's Hierarchy of Needs, the Job Demands–Resources Model, Social Exchange Theory and the Transtheoretical Model of Behaviour Change. These theories provide the explanatory foundation for understanding employee needs, job demands and resources, organisational support and trust, and readiness for behavioural change.

Second, the framework adapts elements from existing wellness implementation models, particularly Korman et al.'s (2022) Seven-Step Knowledge-to-Action model and Caprez's (2020) Ten-Step Health and Wellness Strategy. These models provide useful implementation structures; however, the present study adapts their principles by moving away from a predominantly linear implementation process towards a more iterative and context-sensitive approach.

Third, the genuinely original contribution of this study is the integration of employee co-creation at the early design stage, continuous monitoring and evaluation as a feedback mechanism throughout implementation, explicit consideration of external structural determinants, and iterative adjustment within a single wellness implementation framework designed for public-sector conditions. The framework therefore does not simply add another wellness intervention to existing models. It reorganises established theoretical and practical insights around a recursive process in which employee participation informs design, implementation generates feedback, monitoring and evaluation inform adjustment, and changing organisational and external conditions are continuously considered. This integrated configuration emerged from the interaction between the theoretical perspectives, the literature, the empirical findings at the RAF, and the limitations identified in existing wellness frameworks. The contribution of the framework should therefore be understood as an original synthesis and contextual adaptation of existing knowledge into a public-sector wellness implementation model rather than as the invention of entirely new individual theoretical constructs.

The proposed framework also represents an integration of the four theoretical perspectives adopted in this study. Maslow's theory informs the identification of employees' different wellness needs; the Job Demands–Resources Model informs the relationship between workplace pressures and organisational resources; Social Exchange Theory informs the emphasis on trust, organisational support and reciprocal relationships; and the Transtheoretical Model informs the recognition that employees differ in their readiness to participate in and sustain behavioural change. The framework consequently translates these theoretical insights into implementation principles rather than treating the theories as separate explanatory perspectives. This integration strengthens the theoretical contribution of the study by demonstrating how individual, relational and organisational dimensions of wellness can be considered simultaneously within a public-sector implementation process.

A significant improvement in this framework is the inclusion of employee co-creation early in the process, addressing a weakness in both previous frameworks around the lack of participatory design. The studies by Keller et al. (2022) and Intellect (2022) affirm that incorporating employee co-creation early in the development of wellness

programmes addresses previous shortcomings related to participatory design, leading to more effective and sustainable health initiatives in the workplace. Rather than limiting employee involvement to feedback or implementation, this framework positions co-creation as a foundation, ensuring that wellness initiatives are designed with employees as active partners. This shift aligns with findings from Totterdill (2015) and Bell (2024), who emphasise the importance of shared ownership and innovation. Moreover, by continuously looping back through strategic alignment and design, this model avoids the trap of over-customisation highlighted in the critiques of Korman et al. (2022) and Caprez (2020) by allowing recalibration without fragmenting the overall wellness strategy.

In addition, the framework's inclusion of "Address External Structural Determinants" reflects a critical systems-thinking mindset absent in earlier frameworks. Several studies support the inclusion of external structural determinants in wellness frameworks (Lipshutz et al., 2021; Leischow et al., 2008). By explicitly incorporating macro-level factors such as job insecurity and inequality, the model framework addresses a significant critique: that internal wellness programmes alone are insufficient (Goetzel et al., 2014; Bayot et al., 2024). In other words, Goetzel et al. (2014) and Bayot et al. (2024) agree that organisations must tackle wellness issues beyond the workplace boundaries. As several scholars have noted, when combined with continuous improvement and an embedded culture, this framework promotes a sustainable, participatory, data-informed, flexible, and socially aware wellness ecosystem (Lipshutz et al., 2021; Totterdill, 2015; Bell, 2024), effectively overcoming the key gaps in its predecessor models.

The proposed framework also provides a basis for future empirical testing through the following propositions. Proposition 1: Greater employee co-creation in the design of wellness programmes is positively associated with employee trust in the programme. Proposition 2: Visible leadership support and accountability are positively associated with employee participation in wellness programmes. Proposition 3: Clear communication and credible confidentiality safeguards are positively associated with employee willingness to use wellness services. Proposition 4: Continuous monitoring, employee feedback and adaptation are positively associated with the sustainability of wellness programmes. Proposition 5: Addressing external structural determinants,

such as job insecurity, workload and inequality, strengthens the relevance and effectiveness of employee wellness programmes. These propositions translate the proposed framework from a process-oriented model into a framework that can be empirically examined in future public-sector studies.

The proposed framework therefore constitutes the principal original contribution of the study. Its contribution lies in bringing together established theories, lessons from existing wellness frameworks and empirical evidence from the RAF Menlyn case into an integrated, participatory and adaptive implementation model. In contrast to approaches that primarily prescribe a sequence of wellness activities, the proposed framework positions employee participation, continuous feedback, monitoring and evaluation, organisational responsiveness and external structural conditions as interconnected elements of implementation. The framework is consequently intended not as a universal model that can be applied without adaptation, but as a theoretically informed and empirically grounded model that can guide wellness implementation in public institutions with similar organisational and contextual conditions.

6.12 CHAPTER SUMMARY

The chapter provides an in-depth discussion of the research findings on the implementation of the RAF's wellness programme. The debate first centred on low employee participation, ineffective communication, and the importance of wellness in public service institutions. The findings highlight that employee participation is highest in wellness interventions that address pressing workplace and financial challenges. This finding indicates the need for relevance and practicality in wellness offerings. The study identified limited awareness, weak communication channels, and low managerial involvement as barriers to effective engagement, suggesting that RAF should improve its outreach, responsiveness, and inclusivity in its wellness programmes.

The chapter further presents the conceptual, legal, and practical implications of the study’s findings on the RAF’s wellness programmes. Conceptually, the study underscores the importance of aligning wellness initiatives with established

organisational behaviour theories such as the JD-R model, Maslow's hierarchy of needs, the transtheoretical model of behaviour change, and social exchange theory. These frameworks help explain low participation and highlight the need for wellness programmes to meet employees' immediate needs, promote behavioural readiness, and reinforce reciprocal organisational support. Legally, the study reinforces RAF's duty to comply with national frameworks, such as the Occupational Health and Safety Act, the Constitution of South Africa, POPIA, and international conventions such as ILO C155 and SDG 3 and 8, affirming that wellness is not only a strategic priority but also a legal and ethical obligation. Failure to meet these standards may result in employee mistrust, non-compliance risks, and reputational harm.

The chapter further explores the strengths and limitations of two established wellness frameworks, Korman et al.'s (2022) seven-step knowledge-to-action model and Caprez's (2020) ten-step health and wellness strategy. While these frameworks offer structured approaches, they fall short in participatory design, adaptability, and addressing external structural determinants. Through critical evaluation, the chapter reveals that wellness implementation is rarely linear and requires dynamic, feedback-driven processes. The chapter also underscores the significance of systems thinking and cautions against over-reliance on leadership or excessive customisation, which can hinder scalability and sustainability. In response to these gaps, the chapter presents a proposed wellness implementation framework tailored to the needs of organisations like the RAF. The proposed model framework integrates continuous monitoring and evaluation, employee co-creation, and attention to external structural factors, such as job insecurity and inequality. The framework further places real-time feedback at the centre of a wellness strategy, enabling iterative learning and adaptation. The proposed framework represents a more flexible, inclusive, and systems-oriented approach than its predecessors. The framework offers RAF a practical, evidence-based roadmap for embedding wellness into its organisational culture and for long-term sustainability of its wellness programme.

In the subsequent chapter, the researcher presents the conclusion of this thesis.

CHAPTER 7:
SUMMARY OF THE FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter concludes by reiterating the research problem (Section 7.2), emphasising the persistent gap between the strategic intent of employee wellness programmes at the RAF and their limited practical impact, as evidenced by low participation, negative employee perceptions, and systemic implementation barriers that continue to undermine organisational effectiveness and employee well-being. The chapter further discusses systemic issues, including low participation rates, employee disengagement, and negative perceptions of EWPs, and explores them in depth through both theoretical and empirical analysis (Section 7.3). The chapter summarises the historical evolution and legislative foundation of EWPs (Sections 7.3.1 and 7.3.2), the scholarly debates surrounding their effectiveness (Section 7.3.3), and the methodological approach used to capture employee and managerial insights (Section 7.3.4). The findings, presented in Sections 7.3.5 and 7.3.6, highlight structural barriers, including ineffective communication, a lack of leadership support, limited accessibility, and confidentiality concerns, all of which contribute to the underutilisation of wellness services. These challenges culminate in the development of an innovative, integrated framework designed to enhance EWP uptake and impact in public institutions, such as the RAF. Conclusions are elaborated on in Section 7.5, and actionable recommendations and policy reforms are discussed in Section 7.6. The researcher examines potential areas for future research in Section 7.7. In other words, this chapter provides a clear roadmap for understanding how EWPs can be transformed from symbolic gestures into strategic tools that enhance employee satisfaction, promote legal compliance, and foster institutional effectiveness.

7.2 RESEARCH PROBLEM

Despite substantial investments in employee wellness programmes, the RAF continues to face significant challenges in fostering employee well-being and

enhancing organisational performance (RAF, 2019; Kellar-Guenther, 2016). Persistent low employee participation rates, high absenteeism, and employee dissatisfaction indicate systemic issues within the design, communication, and implementation of these wellness initiatives (Passey et al., 2018:1702; Southern African Legal Information Institute, 2016). Barriers such as limited managerial engagement, inadequate training, lack of individualisation in programme offerings, and ineffective communication have contributed to underutilisation and reduced impact (Van Niekerk et al., 2022; Zhu & Dailey, 2019:3600). Furthermore, many employees perceive wellness programmes as irrelevant, inaccessible, or even stigmatising, particularly when their personal needs and circumstances are not adequately considered (Dawad & Hoque, 2016:18; Wu et al., 2021). The result is not only a diminished return on investment for the organisation but also a compromised ability to deliver high-quality public services to those in need (RAF, 2019; RAF EWS, 2023:1).

Against this background, the primary aim of this research was to critically evaluate the challenges RAF faces in sustaining employee well-being through the implementation of employee wellness programmes (RAF, 2019; RAF EWS, 2024). By examining the perspectives of employees and managers, and assessing the structural, cultural, and operational factors that hinder effective programme uptake and impact, the study recommended targeted interventions that address the specific issues hindering participation and impact (Passey et al., 2018:1702; Whyte, 2021:28). This increases the potential for meaningful change within the organisation, as strategies developed from this research will be grounded in a clear understanding of the underlying problems, fostering greater buy-in, relevance, and long-term success in promoting employee well-being. The central research question guiding this inquiry is: How can the challenges RAF faces in sustaining employee well-being through employee wellness programmes be effectively addressed? In addressing this question, the research contributed valuable insights to the field of Public Administration and informed the development of more inclusive, effective, and sustainable wellness initiatives within public sector institutions (Badul & Subban, 2022:121; Singh, 2024:4).

7.3 SUMMARY OF KEY FINDINGS

This section presents the findings and principal arguments that emerged from the investigation into the effectiveness of employee wellness programmes within the RAF, with particular focus on the Menlyn regional office.

7.3.1 Chapter 1

The chapter introduced the foundational arguments for the study by tracing the historical development, significance, and contemporary challenges of EWPs both globally and within the South African context. The chapter begins by highlighting the evolution of EWPs in the United States during the 1880s, initially targeting alcoholism before transitioning into more structured employee assistance programmes aimed at enhancing overall health and productivity (Smith et al., 2017:1523). This historical background illustrates how wellness initiatives have consistently been linked to strengthening workforce efficiency. The ACA of 2010 further formalised employee wellness by offering government-subsidised healthcare services to employees and their families based on income brackets (Smith et al., 2017:1523). As organisational demands continue to increase globally, the World Health Organisation (WHO, 2020) asserts that all individuals, including workers, are entitled to good health, regardless of socio-political background. Scholars such as Gorgenyi-Hegyes et al. (2021) and Singh et al. (2024:6) argue that, because employees spend much of their time at work, the workplace is a crucial setting for wellness interventions. Consequently, EWPs are increasingly viewed not only as tools to support employees in managing health issues but also as strategic investments that enhance job satisfaction, reduce absenteeism, and improve organisational performance (Gubler et al., 2018:4969; Richardson, 2017). Despite these benefits, Chapter 1 acknowledges mixed perceptions toward EWPs, including concerns about confidentiality, lack of inclusivity, ineffective implementation, and the absence of managerial support (Cheo et al., 2019; Smidt et al., 2021). These concerns often lead to low participation, missed opportunities for early health interventions, and employee mistrust of wellness offerings.

The chapter shifts focus to the South African context, describing the introduction of EWPs in the 1980s within the mining sector and the influence of socio-cultural philosophies such as *Ubuntu* in shaping wellness policy frameworks (Siberhagen et

al., 2011; Singh, 2024:8). Chapter 1 argues that, despite the development of strategic frameworks such as the Employee Health and Wellness Strategic Framework (DPSA, 2023), significant gaps remain in terms of integration, coordination, and alignment with employee needs (Whyte, 2021). The South African Constitution (1996) and related labour laws, such as the BCEA (1997), provide the legislative foundation for employees' health rights; however, enforcement and application often fall short. The chapter presents a compelling case that public institutions, particularly the RAF, should do more to enhance the effectiveness of their wellness services. The RAF was selected as the case study for this research due to its vital social security role, high service demand resulting from the national road accident rate, and strategic alignment with public health goals (RAF, 2019; RAF EWS, 2023). Despite substantial investment in wellness services and outsourcing support to professional providers, participation rates remain low and have minimal impact (Kellar-Guenther, 2016; Zhu & Dailey, 2019). A recurring theme in this chapter is the disconnect between the intent of a wellness policy and its practical implementation, driven by weak leadership, poor communication, and a one-size-fits-all approach to programme design. These issues are compounded by barriers such as lack of trust, stigma, perceived invasiveness, and failure to accommodate diverse employee needs, including those living with disabilities (Van Niekerk et al. 2022). This chapter also lays the groundwork for the research by clearly defining the problem statement, research objectives, and questions, and by critically evaluating how the RAF can improve the implementation and uptake of EWPs to ensure meaningful employee wellness and better organisational performance.

7.3.2 Chapter 2

The chapter provides a comprehensive theoretical and conceptual grounding for the study by examining the legislative framework, scholarly discourse, and workplace dynamics surrounding EWPs, with particular emphasis on the public sector and the RAF. The chapter begins by tracing the historical roots of EWPs, identifying their emergence in the United States in the 1880s as employer-driven interventions aimed at managing alcoholism and promoting physical well-being (Smith et al., 2017:1530). Over time, EWPs have evolved to incorporate holistic approaches that address employees' physical, mental, emotional, social, financial, and occupational health

dimensions (Gorgenyi-Hegyes et al*.,* 2021). The global consensus, supported by the World Health Organisation (WHO, 2020), affirms that workplaces are ideal platforms for advancing health promotion given the time employees spend at work and their collective vulnerability to health risks. Scholars such as Singh et al. (2024:5) and Koinig and Diehl (2021) reinforce this view, noting that proactive investment in EWPs improves organisational performance, reduces absenteeism, and enhances employee morale. However, the chapter also critically engages with debates around the authenticity and effectiveness of these programmes, arguing that poor implementation, lack of leadership support, and limited employee involvement undermine their intended impact (Ryan et al., 2019:9; Cheo et al., 2019).

The chapter further examines the South African legislative and policy framework that underpins employee wellness within public institutions. The Constitution of South Africa (1996), the BCEA (1997), and the Wellness Management Policy for the Public Sector (2013) collectively mandate the promotion of a safe and supportive work environment. These policies emphasise the state's responsibility to ensure employees' health and well-being as a fundamental right. The Employee Health and Wellness Strategic Framework (DPSA, 2023) is also discussed in detail, highlighting its four pillars: health and productivity; HIV/AIDS and tuberculosis; occupational safety and hygiene; and general wellness. Despite the comprehensive nature of this framework, scholars such as Whyte (2021) critique its fragmented implementation, noting that its components often operate in silos, which limits effectiveness. The chapter also highlights the professionalisation of wellness services, with DPSA advocating specialised, skilled personnel to manage EWPs. At the organisational level, the chapter focuses on the RAF as a case study, revealing that, although the institution has adopted various wellness interventions, their effectiveness remains questionable due to low participation rates, poor communication, and a lack of manager engagement (RAF, 2019; Kellar-Guenther, 2016). Despite outsourcing services to providers such as ICAS (now Lyra Well-being), many employees continue to express discomfort with the impersonal nature of such support and with external consultants' lack of contextual understanding (Zhu & Dailey, 2019).

Finally, the chapter presents the theoretical and conceptual framework that guides the study. Several behavioural and organisational theories are explored, including

Maslow's hierarchy of needs, the job-demands resources model, social exchange theory, and the transtheoretical model of behaviour change. Maslow's theory supports the argument that wellness programmes must satisfy employees' basic needs for safety, belonging, and self-actualisation to motivate performance (Nurjanah & Suherman, 2022). The job-demands-resources model (Schaufeli & Taris, 2014) is employed to illustrate how a lack of organisational support, such as inadequate time off for wellness activities or insufficient incentives, can contribute to burnout and reduced productivity. Social exchange theory (Ahmad et al., 2023a, 2023b) posits that when organisations demonstrate genuine care for employee well-being, employees are likely to reciprocate with improved performance and commitment. Furthermore, the Transtheoretical Model (Prochaska & Velicer, 1997) emphasises the importance of recognising employees' readiness to adopt healthier lifestyles through structured, supportive wellness interventions. This theoretical integration provides a robust lens through which to analyse the challenges at RAF. The chapter concludes by asserting that effective wellness initiatives must be holistic, participatory, and context-specific, particularly in public institutions such as RAFs, which operate under unique legislative mandates and serve vulnerable populations. The chapter highlights the importance of continuous feedback, tailored communication, and leadership involvement as key factors in enhancing the uptake and effectiveness of employee wellness programmes.

7.3.3 Chapter 3

This chapter critically reviews the literature on EWPs, underscoring their importance in improving employee well-being, organisational performance, and service delivery in the public sector. Scholars widely agree that EWPs are no longer optional extras but essential strategies for fostering a productive and resilient workforce (Mutema & Mutswanga, 2015; Song & Baicker, 2019; Baicker, 2021). The literature reveals that workplace wellness extends beyond physical health, encompassing mental, emotional, and financial well-being. The shift from reactive healthcare to proactive wellness interventions is evident in how institutions globally have institutionalised EWPs as part of human capital management (Keller et al., 2022). In the South African context, public entities such as the RAF have embraced wellness programmes to manage stress, absenteeism, and chronic illnesses among employees, despite

implementation gaps and resource constraints (Van Niekerk et al., 2022). Wellness is increasingly recognised as a constitutional and labour imperative, aligned with employees' rights to health and dignity (RSA, 1996; DPSA, 2019).

The literature further reveals that the success of EWPs depends significantly on leadership commitment, human resource coordination, and active employee participation (Hamid & Naidoo, 2020; Badul & Subban, 2020:123). Several studies argue that, where leadership is visibly supportive and managers serve as wellness ambassadors, employee engagement with programmes improves markedly (Singh, 2024:6). Human resource departments are identified as key drivers of wellness, responsible for facilitating effective communication, implementing policies, and ensuring alignment and consistency across policies. However, concerns persist regarding low participation rates, often linked to poor communication, a lack of incentives, and distrust in confidentiality (Wu et al., 2021; Braganza et al., 2018:264). Some employees perceive wellness interventions as intrusive, especially when sensitive health information is involved, while others question the relevance of programmes that do not reflect their lived work realities. Furthermore, although valuable, external service providers may be perceived as detached from internal organisational culture, leading to feelings of alienation among staff (Kellar-Guenther, 2016). Critiques also highlight that many wellness programmes are reactive, disjointed, and lack continuity, thus failing to address the root causes of poor well-being, such as workload, job design, and systemic stressors (Motshudi, 2015).

The reviewed literature identifies clear benefits associated with well-structured EWPs. These include improved work-life balance, enhanced job satisfaction, better performance, stronger social support systems, and reduced healthcare costs and absenteeism (Jackson, 2021; Van Dyk & Coetzee, 2012). Yet, these outcomes are not automatic. Their realisation depends on strategic implementation that includes accessible services, inclusive participation, legal and ethical compliance, and sustained monitoring and evaluation. Incentivising participation, tailoring interventions to specific employee needs, and fostering trust through confidentiality assurances are critical success factors (Ahmad et al., 2023a; Zhu & Dailey, 2019). Moreover, implementation challenges, including limited budgets, a lack of internal champions, inadequate evaluation mechanisms, and weak alignment with institutional goals,

continue to undermine the effectiveness of wellness strategies in the public sector. The literature further observes that factors such as job demands, poor work-life balance, and organisational culture significantly influence the uptake and impact of EWPs (Hamid & Naidoo, 2022). In public institutions like the RAF, where workloads are high and emotional stress is prevalent, wellness programmes must be deeply embedded in organisational processes rather than viewed as add-ons.

The chapter demonstrates that EWPs, when strategically designed and properly executed, can serve as transformative tools for enhancing employee well-being and organisational resilience. However, their success is contingent on leadership support, employee trust, institutional relevance, and continuous evaluation. In the South African public sector, there is a pressing need for context-sensitive, inclusive wellness programmes aligned with broader public service delivery objectives. The literature confirms that without sustained commitment, EWPs risk being perceived as tokenistic and may fail to deliver meaningful impact.

7.3.4 Chapter 4

Chapter 4 outlines the research methodology adopted to examine the challenges of implementing EWPs at the RAF. The study employed a pragmatic paradigm, which combines qualitative and quantitative approaches to enhance depth and breadth of understanding (Creswell & Creswell, 2018). This mixed-methods design enabled the researcher to integrate subjective employee experiences with measurable patterns of engagement, fostering both contextual richness and analytical precision (Tashakkori & Teddlie, 2010). Qualitative methods captured the perceptions of wellness specialists and managers through semi-structured interviews, while quantitative data from structured questionnaires provided insights into employee participation rates, accessibility, and programme benefits. Additionally, a case study was employed to focus the research on the RAF Menlyn regional office, which was selected due to its size and complexity. The branch’s diverse staff profile and high claim volumes provided a relevant setting for investigating organisational wellness dynamics (Yin, 2014). Purposive sampling was employed to identify participants with the appropriate expertise and experience in implementing wellness. Managers and wellness

specialists were selected based on their involvement in the design and execution of EWPs, while employees were chosen based on their tenure and interaction with wellness services. Including participants at different occupational levels enabled data triangulation, thereby enhancing the credibility of the findings (Patton, 2002).

Ethical considerations were rigorously addressed. Ethical clearance was obtained from the University of South Africa's Department of Public Administration. Participants received clear information on the study's objectives, their right to withdraw at any point, and how confidentiality and anonymity would be protected, in line with the Protection of Personal Information Act (Republic of South Africa, 2013). Voluntary participation was ensured, and all responses were stored securely and used exclusively for academic purposes (Flick, 2018).

Data collection methods were tailored to each strand of the mixed-methods design. Semi-structured interviews allowed for open-ended exploration of themes such as leadership support, accessibility, and employee trust in the confidentiality of services. The flexibility of the interview process enabled the researcher to probe more deeply into participants' concerns (Kvale & Brinkmann, 2009). Quantitative data was gathered through self-administered questionnaires, and SPSS software was used to analyse descriptive statistics, frequency distributions, and cross-tabulations to establish key trends and relationships (Bryman and Bell, 2021:462). The convergence of both qualitative and quantitative findings enhanced the overall validity and interpretive power of the research. This triangulation of data sources provided a holistic view of the institution's wellness landscape and revealed inconsistencies between policy intentions and practical implementation (Bowen, 2009). Thematic analysis was used to categorise interview data into recurring themes using Braun and Clarke's (2006) six-step model, while quantitative findings helped confirm or contrast those emerging patterns.

Trustworthiness was ensured using Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability. Techniques such as member checking, detailed audit trails, and reflexive journaling were employed to limit bias and enhance data reliability. Limitations of the study included possible response bias, restricted generalisability due to the case study approach, and limited time for

extensive fieldwork. Methodological triangulation, clear protocols, and the use of multiple data sources mitigated these. In other words, the chapter presents a robust, ethically sound research design that supports the investigation of wellness challenges at the RAF. The integration of qualitative and quantitative methods, backed by sound ethical principles and analytical rigour, ensures that the study's findings are both credible and contextually meaningful. The methodological approach was appropriately aligned with the research objectives and contributed to a well-rounded exploration of employee wellness in a complex public-sector setting.

7.3.5 Chapter 5

This chapter reveals the primary findings of this study as follows:

The study shows low participation of EWPs at the RAF and that the most attended programmes were related to change management, stress management, and financial wellness. Employees' negative perceptions of wellness programmes were the most significant predictor of low participation, as participants viewed EWPs as symbolic or not beneficial to their wellness. EWPs' participation is often driven by extrinsic motivators, particularly material incentives such as gifts. However, reliance on rewards may compromise sustainable engagement and fairness. A significant number of employees reported not receiving any wellness-related communication, indicating that the communication channels used (e.g., internal emails) were ineffective due to information overload or lack of clarity. There is a lack of visible leadership support and a culture of wellness, which demotivates employees from engaging in wellness initiatives. However, the study reveals that supervisors were more supportive than top management, but this was insufficient to shift overall perceptions towards EWPs at RAF. Key barriers to EWPs' access and participation include privacy concerns, stigma around mental health services, poor accessibility, and lack of follow-up or feedback mechanisms. The wellness programme lacks adequate safeguards for confidentiality and data protection, raising concerns about POPIA and ILO compliance.

7.3.6 Chapter 6

The chapter begins by identifying low employee participation in RAF wellness programmes, despite evidence of staff interest in interventions related to work-related stress, financial strain, and organisational change. The highest participation levels were recorded in change management, stress management, and financial wellness sessions, indicating a preference for interventions addressing immediate psychosocial and economic pressures (Grobler & Joubert, 2020). Conversely, less urgent interventions, such as counselling, sports events, and wellness days, recorded the lowest participation, suggesting a disconnect between programme offerings and actual employee needs. Employees' perceptions significantly influenced participation; regression analysis confirmed that negative perceptions of wellness programmes were a strong predictor of low participation (RAF, 2025). Additionally, the study found that extrinsic motivators, such as incentives, played a critical role in driving participation, with half of the respondents citing gifts as a key motivator. However, reliance on rewards may undermine intrinsic motivation and create perceptions of unfairness (Deci et al. 2017). As such, the chapter advocates a balanced approach that integrates both intrinsic and extrinsic motivators and aligns interventions with staff realities. A gendered analysis further revealed that women were slightly more positive in their perceptions of wellness programmes. However, no statistically significant differences were found, reinforcing the importance of inclusive wellness strategies that accommodate diverse demographic needs (García-González et al., 2019).

The study also exposed critical gaps in the RAF's communication strategy regarding wellness programmes. Nearly half of the employees reported receiving no communication about wellness activities, indicating a significant failure in internal outreach mechanisms (RAF, 2025). While the organisation primarily relies on internal emails and virtual meetings, these channels appear ineffective—many employees overlook emails due to workload pressure or fail to engage meaningfully in virtual sessions (Pillay, 2021). This lack of communication is not merely a logistical issue; it represents a strategic weakness that limits awareness, fosters mistrust, and reduces participation. To address this, the chapter recommends a multimodal communication strategy that is direct, accessible, and employee-specific. Furthermore, many participants view wellness efforts as symbolic rather than substantive; initiatives are

seen as top-down, poorly resourced, and inadequately supported by senior management. This perception is exacerbated by the absence of feedback loops, minimal follow-up, and inaccessible services (Swanepoel et al., 2017). In addition, stigma, confidentiality concerns, and data privacy fears, especially regarding mental health services, emerged as notable barriers to participation. These concerns have both ethical and legal implications under South Africa's POPIA and ILO Convention 161, which require the secure and confidential handling of employee health data (ILO, 1985; RSA, 2013). The chapter, therefore, emphasises the importance of embedding trust, privacy, and legal compliance across all wellness initiatives.

In response to these challenges, the chapter critiques two leading frameworks: Korman et al.'s (2022) Seven-Step Knowledge-to-Action model and Caprez's (2020) Ten-Step Health and Wellness Strategy. It argues that while both provide structured guidance, they lack adaptability, employee input, and sensitivity to contextual realities. Korman et al.'s (2022) model, though evidence-based, fails to incorporate employee co-design and feedback loops. Similarly, Caprez's (2020) ten steps, though comprehensive, are overly linear and assume universal organisational readiness, which is often not the case in environments like the RAF. To bridge this gap, the study proposes a new, integrated framework specifically designed for public institutions such as the RAF. This proposed model introduces early-stage employee participation, ongoing feedback mechanisms, integrated monitoring and evaluation, and adaptability to external socio-economic variables. It also incorporates systems thinking and participatory governance principles to ensure sustainability and responsiveness to change. The conceptual foundation of this model is drawn from four key theories: the JD-R model, which highlights the need to balance workload and support (Bakker & Demerouti, 2007); Maslow's hierarchy of needs, which situates wellness within the broader fulfilment of personal and professional needs (Maslow, 1943); the transtheoretical model of behaviour change, which underscores the importance of readiness and incremental change (Prochaska & Velicer, 1997); and social exchange theory, which explains the link between perceived organisational support and employee commitment (Blau, 1964). These theories collectively emphasise the importance of realistic, trust-based wellness interventions aligned with employee expectations. Finally, the chapter concludes by asserting that wellness is not only a strategic imperative but also a constitutional and legislative obligation, grounded in the

Labour Relations Act, Basic Conditions of Employment Act, and Constitution of South Africa (RSA, 1995; RSA, 1997; RSA, 1996). The findings call for an adaptive, inclusive, and legally compliant wellness framework that advances employee wellbeing and organisational effectiveness in the public sector.

7.4 ACHIEVING OBJECTIVES

7.4.1 To explore which theoretical principles form the basis of instituting employee wellness programmes within the Public Administration discipline

This objective was achieved through a comprehensive theoretical and legislative analysis presented in Chapter 2. The chapter examined the principles underpinning the institution of Employee Wellness Programmes within Public Administration. It further demonstrated that EWPs are grounded in internationally recognised governance, legal, and organisational theories that emphasise employee protection, ethical administration, and sustainable service delivery (WHO, 2020; Rantanen et al., 2020). At the international and regional level (Sections 2.2–2.3), the study established that employee wellness is informed by public-value principles promoted by global and continental institutions. The frameworks of the World Health Organisation, the United Nations Sustainable Development Goals, and the International Labour Organisation position employee wellness as a human right, a decent work imperative, and a sustainable development imperative (ILO, 1985; UNDP, 2016; WHO, 2017). These principles align with core Public Administration values such as accountability, equity, responsiveness, and social justice, confirming that wellness programmes are integral to effective public governance rather than discretionary organisational benefits (Vyas-Doorgapersad, 2024).

At a national level (Section 2.4), South Africa's legislative framework, including the Constitution of the Republic of South Africa, the Occupational Health and Safety Act, the Basic Conditions of Employment Act, the Employee Health and Wellness Strategic Framework, and the National Health Insurance, demonstrated how wellness is institutionalised through statutory obligations (RSA, 1996; RSA, 1997; RSA, 1993; DPSA, 2019). These instruments embed wellness within Public Administration by

safeguarding employees' rights to health, safety, dignity, privacy, and fair labour practices. In addition, section 2.5 grounded EWPs in established organisational and behavioural theories, namely Maslow's hierarchy of needs (Maslow, 1954), the job demands–resources model (Bakker & Demerouti, 2007), social exchange theory (Blau, 1966), and the transtheoretical model (Prochaska & DiClemente, 1977). These theories explain how motivation, work demands and resources, reciprocity, and behavioural change inform the design and implementation of EWPs in public institutions, thereby achieving the study objective.

7.4.2 To conduct a literature review on the need for public institutions to institute employee wellness programmes

This objective was achieved through a comprehensive literature review presented in Chapter 3. The chapter examined global, regional, and national scholarship on the need to establish EWPs in public institutions. The review established that public-sector employees operate under high job demands, resource constraints, and intense public accountability, making wellness interventions essential for sustaining performance and service delivery (Steen & Schott, 2019; Audenaert et al., 2019). The literature consistently shows that neglecting employee wellness contributes to stress, burnout, absenteeism, and declining productivity, ultimately compromising organisational effectiveness and public trust (Whyte, 2020; Rossouw & Rothmann, 2020).

Furthermore, the review demonstrated that EWPs are necessary to address the multidimensional nature of employee well-being, encompassing physical, mental, emotional, social, occupational, and financial wellness (Hettler, 1977; Rothmann et al., 2019; Vyas-Doorgapersad, 2023). Empirical studies reviewed in Chapter 3 highlighted that holistic wellness programmes in public institutions improve work–life balance, job satisfaction, perceived organisational support, and employee engagement, while reducing healthcare costs and absenteeism (Sabharwal et al., 2019; Vyas-Doorgapersad, 2024). In addition, the chapter showed that, within Public Administration, wellness programmes are not discretionary initiatives but governance tools aligned with statutory obligations, ethical responsibilities, and performance mandates (RSA DPSA, 2019; Badul & Subban, 2022). Chapter 3 conclusively

demonstrated the need for public institutions, such as the RAF, to institute structured, inclusive, and sustainable EWPs, thereby achieving this research objective.

7.4.3 To explore the perceived effects of employee wellness programmes in public institutions

This objective was achieved through an in-depth analysis of empirical findings presented in Chapter 5 (Section 5.3.4) and their interpretive synthesis in Chapter 6 (Section 6.6), focusing on employees' perceptions of the effects of wellness programmes at the RAF. Using qualitative interview data, supported by word clouds and thematic analysis, the study explored how employees experience, interpret, and evaluate existing wellness initiatives.

The findings revealed that the perceived effects of RAF wellness programmes are largely mixed but predominantly unfavourable. While some employees acknowledged positive outcomes such as improved work–life balance, access to counselling, health promotion, chronic disease management, and financial wellness support, these benefits were inconsistently experienced across the organisation (Chang, 2024; Vyas-Doorgapersad, 2024). A significant proportion of participants perceived the programmes as inadequately implemented, poorly communicated, and insufficiently tailored to diverse employee needs, echoing concerns raised in previous studies on workplace wellness effectiveness (Seward et al., 2019; Marin-Farrona et al., 2023; EBRI, 2024). Further, the study identified negative perceptions related to confidentiality, data privacy, fear, stigma, limited managerial involvement, and weak monitoring and evaluation systems, which undermined employee trust and participation (Hendricks-Sturrup et al., 2020; Smidt et al., 2021; Gillespie et al., 2022). These findings demonstrate that while wellness programmes exist at the RAF, their perceived impact is constrained by systemic, cultural, and governance-related barriers. This study successfully achieved this objective by empirically documenting and critically interpreting employees' perceived effects of wellness programmes within a public institution context.

7.4.4 To establish the challenges that influence the design and implementation of employee wellness programmes in public institutions, specifically at the Road Accident Fund

This objective was achieved through an empirical examination of wellness implementation challenges presented in Chapter 5 (Section 5.3.5) and further synthesised in Chapter 6 (Sections 6.2 and 6.3). Using qualitative interview data, word cloud analysis, and participation statistics, the study systematically identified organisational, managerial, and structural barriers to the design and implementation of wellness programmes at the RAF. The findings revealed that limited managerial buy-in is a central challenge, with employees perceiving wellness as a low strategic priority for senior management, resulting in inadequate resourcing, weak accountability, and minimal leadership support (Passey et al., 2018; Adjognon et al., 2023). In addition, concerns about the quality and relevance of wellness programmes, including repetitive content, stigma, and a one-size-fits-all approach, reduced employee engagement and participation (Gubler et al., 2018; Jones et al., 2019).

Furthermore, the study highlighted weak monitoring and evaluation systems, ineffective feedback loops, and insufficient funding as barriers preventing continuous programme improvement (Mattke et al., 2013; Stewart et al., 2021). Communication gaps, reliance on ineffective channels, and poor awareness were also found to significantly limit accessibility and participation (Anwar et al., 2020; Perrault et al., 2020). Finally, low participation rates and negative perceptions were shown to influence programme uptake, confirming that employee attitudes and organisational culture critically shape implementation outcomes (Altman et al., 2023; Durkin, 2023). Collectively, these findings demonstrate that this objective was achieved by clearly identifying the multi-level challenges constraining effective wellness implementation at the RAF.

7.4.5 To investigate the challenges experienced at the Road Accident Fund in sustaining the wellness programmes

This objective was achieved by analysing resolution-oriented evidence in Chapter 5 (Section 5.3.6) and consolidating sustainability mechanisms in Chapter 6 (Section

6.10) through the proposed implementation frameworks. In Chapter 5, interview data (Table 5.27) identified practical strategies to sustain wellness at the RAF, notably improving accessibility and engagement via interactive delivery, digital platforms, and flexible participation options, which are associated with stronger uptake and programme continuity (Altman et al., 2023; Fleming, 2024). Employees further emphasised that sustainability depends on leadership and organisational support, where managers and executives model participation, embed wellness into organisational culture, and legitimise wellness as a strategic priority (Arena et al., 2013; Hoert et al., 2018).

The findings also demonstrated that sustained wellness requires continuous monitoring and evaluation, including KPIs, regular feedback, and data-driven refinement to prevent stagnation and ensure responsiveness to changing employee needs (Mattke et al., 2013; Lowensteyn et al., 2019). In addition, participants proposed incentives and work-life balance interventions (e.g., wellness days, subsidies, flexible work, workload management) to reduce burnout and maintain ongoing participation (Volpp et al., 2011; Cvenkel, 2021). Finally, the study addressed sustainability risks linked to privacy and compliance, arguing that POPIA-aligned confidentiality safeguards and separation of wellness data from performance systems are essential for trust and long-term participation (Wieneke et al., 2019; Kommisetty & Dileep, 2024). Chapter 6 synthesised these solutions into structured sustainability guidance using the wellness knowledge-to-action and strategy models (Korman et al., 2022; Caprez, 2020).

7.5 CONCLUSIONS

This study has highlighted the intricate challenges and potential solutions related to implementing EWPs within the RAF, with particular focus on the Menlyn regional office. Despite extensive national and organisational policy frameworks designed to support employee well-being, the findings underscore the persistent disconnect between policy intent and employees' actual experiences. The low participation rates, coupled with widespread perceptions of irrelevance and distrust in EWPs, signal a fundamental misalignment between programme design and the lived realities of RAF employees (RAF, 2025; Zhu & Dailey, 2019). Notably, many wellness initiatives were perceived as symbolic, top-down efforts that lacked

the contextual specificity and sensitivity required for meaningful engagement. This misalignment was exacerbated by systemic communication failures, insufficient managerial involvement, and weak monitoring and evaluation mechanisms (Swanepoel, Erasmus & Schenk, 2017). The qualitative and quantitative findings jointly point to the conclusion that a paradigm shift is required, one that moves away from the traditional, compliance-based approach to wellness and toward a participatory, employee-centred model grounded in trust, inclusivity, and strategic alignment with organisational goals (Prochaska & Velicer, 1997; Bakker & Demerouti, 2007).

More critically, this study concludes with the presentation of an original and robust framework for public sector wellness that integrates theoretical underpinnings from the Job Demands-Resources Model, Maslow's Hierarchy of Needs, the Transtheoretical Model of Behaviour Change, and Social Exchange Theory (Maslow, 1943; Schaufeli & Taris, 2014; Ahmad et al., 2023). This model stands in contrast to prevailing one-size-fits-all approaches, offering instead a context-sensitive, feedback-driven, and systemically embedded alternative. By placing employee voice and co-creation at the centre of wellness strategy, the framework demonstrates potential to generate sustained employee engagement, improve morale, and foster a culture of wellness that is legally compliant and ethically grounded (RSA, 1996; ILO, 1985; RSA, 2013). Moreover, the framework's adaptability to shifting organisational landscapes, such as restructuring or socio-economic shocks, renders it particularly relevant for institutions like the RAF that operate under public scrutiny and within resource-constrained environments (Caprez, 2020; Korman et al., 2022). Importantly, the study concludes that EWPs should be repositioned from being merely compliance obligations to strategic levers for institutional effectiveness, employee empowerment, and public service excellence. As the RAF continues to navigate complex administrative and operational reforms, this reorientation emerges as both timely and necessary.

Furthermore, the study concludes that its findings carry broader implications for wellness governance across the South African public sector. There is an urgent need for a national paradigm that integrates wellness planning into institutional mandates, human resource functions, and performance metrics (Wellness Management Policy for the Public Sector, 2013; Singh, 2024:10). Public institutions, including the RAF, cannot afford to treat wellness as an ancillary activity; rather, it must be embedded within the core functioning of the state's social delivery apparatus. The adoption of a Wellness Governance Charter, as recommended in this study, is concluded to be a practical mechanism for institutionalising wellness accountability, legal compliance, and employee representation (ILO, 1985; RSA, 2013). When designed through inclusive consultation and aligned with frameworks such as POPIA and the

Constitution of 1996, such governance tools can embed wellness into organisational systems, thereby reinforcing trust and transparency (Badul & Subban, 2022:124). Additionally, the study concludes that the proposed framework offers a replicable and adaptable model for other public entities facing similar challenges, providing a theoretically grounded and policy-aligned strategy for addressing wellness gaps. As the public sector evolves in response to economic, technological, and social pressures, an adaptive wellness model is essential to ensure that employee well-being remains both a human rights imperative and a catalyst for institutional resilience (Van Niekerk et al., 2022; Pant et al., 2022).

Finally, this study concludes with implications that extend beyond institutional policy to the academic discipline of Public Administration. By highlighting the interplay among wellness policy, organisational culture, and employee behaviour, the research bridges the often-siloed domains of human resource management, occupational health, and public governance (Lipshutz et al., 2021). It provides empirical validation for existing theoretical constructs while advancing an integrated framework tailored to the dynamics of the public sector. The proposed model addresses critiques within the literature regarding the lack of adaptability, participatory mechanisms, and macro-sensitivity in prevailing wellness strategies (Totterdill, 2015; Bell, 2024). Moreover, the identification of longitudinal, comparative, and psychosocial research areas for future exploration opens avenues for scholars to further interrogate the evolving nature of wellness in complex bureaucratic systems (Goetzel et al., 2014; Bayot et al., 2024). By centring employees' lived experiences and grounding conclusions in behavioural theory and legal frameworks, the study offers a multidimensional lens through which wellness in public institutions can be understood, evaluated, and transformed. In essence, this research concludes that employee wellness is not only a moral and legal obligation but also a foundational pillar of effective and sustainable public administration.

7.5.1 Acceptance of the hypothesis

The study tested two hypotheses:

Hypothesis 0: The implementation of employee wellness programmes at the RAF has no significant effect on employee well-being and organisational performance.

Hypothesis 1: The implementation of employee wellness programmes at the RAF has a significant effect on employee well-being and organisational performance.

Based on the statistical analysis, the p-value obtained was less than 0.05, indicating a statistically significant relationship between the implementation of wellness

programmes and improvements in both employee well-being and organisational performance. Consequently, the null hypothesis (Hypothesis 0) was rejected, and the alternative hypothesis (Hypothesis 1) was accepted.

This outcome confirms that the RAF's employee wellness programmes have a meaningful impact on the organisation’s overall performance and employees' well-being. The findings therefore validate the study’s theoretical position that effective implementation, communication, and management of wellness initiatives can enhance organisational efficiency and employee satisfaction. However, the results also highlight the need for sustained institutional support and policy alignment to maximise the long-term impact and sustainability of wellness interventions within the RAF and similar public institutions.

7.5.2 RAF Policy

The following conclusions are significant to RAF policy because they reveal a misalignment between wellness initiatives and employee needs. Low participation, driven by negative perceptions, ineffective communication, and limited managerial support, indicates a failure to cultivate a culture focused on wellness (RAF, 2025; Grobler & Joubert, 2020). Policies must be revised to promote inclusive, needs-based programme design, enhance outreach, and ensure compliance with privacy laws such as POPIA (RSA, 2013). Adopting an employee-centred framework, grounded in models such as the JD-R and Social Exchange Theory, can improve engagement, trust, and long-term organisational resilience (Bakker & Demerouti, 2007).

These conclusions further demonstrate that RAF policy must transition from a compliance-driven orientation to a strategically embedded wellness approach. The study concluded that perceptions of confidentiality risks, weak feedback mechanisms, and inadequate leadership visibility significantly constrain programme effectiveness. Therefore, policy reform should institutionalise co-creation processes, structured monitoring and evaluation systems, and clearly defined managerial accountability measures. Embedding wellness indicators into performance management systems and strengthening communication strategies across multiple platforms will directly address the systemic and cultural barriers identified in the conclusions. In doing so,

RAF policy can reposition employee wellness as a governance priority that supports productivity, ethical compliance, and sustainable public service delivery rather than as a peripheral human resource function.

7.5.3 RAF national governing body

These conclusions are significant to the RAF national governing body as they reveal systemic weaknesses in the implementation and oversight of wellness programmes. The low participation rates and poor perceptions reflect not just operational challenges but governance gaps in ensuring accountability, employee inclusion, and policy effectiveness (RAF, 2025). The governing body must revise its strategic directives to enforce greater leadership involvement, transparent communication, and legal compliance within the frameworks of POPIA and the Constitution (RSA, 1996; RSA, 2013). The governing body can foster a healthier workforce, improve service delivery, and fulfil its organisational and legal obligations by adopting the proposed framework for the design and implementation of EWPs.

In addition, the conclusions highlight that wellness shortcomings are rooted in structural governance deficiencies rather than isolated programme failures. The absence of robust oversight, measurable targets, and visible executive sponsorship has reinforced perceptions that wellness is not a strategic priority. As such, the national governing body must embed wellness accountability into corporate governance frameworks, risk management systems, and strategic performance reporting. By institutionalising a Wellness Governance Charter and strengthening compliance monitoring mechanisms, the governing body can restore employee trust, mitigate reputational and legal risks, and ensure that wellness initiatives align with constitutional mandates and public administration principles. This strategic repositioning affirms wellness as integral to institutional legitimacy and long-term organisational sustainability.

7.5.4 RAF employees

The conclusions are significant for RAF employees, as they highlight critical gaps that directly affect their well-being, engagement, and trust in the organisation. Low participation and negative perceptions suggest that current wellness initiatives do not adequately address employees' needs or concerns, especially regarding communication, accessibility, and confidentiality (RAF, 2025). The lack of support and stigma around wellness services may discourage help-seeking behaviours and reduce morale. Addressing these issues through inclusive, needs-driven, and transparent programmes, grounded in models like the JD-R and Transtheoretical Model, can enhance employee satisfaction, motivation, and overall wellness (Bakker & Demerouti, 2007; Prochaska & Velicer, 1997).

The conclusions also underscore the importance of empowering employees as active participants rather than passive recipients of wellness services. Employees expressed a desire for greater voice, contextual relevance, and assurance that personal information would remain confidential. By embedding participatory feedback mechanisms, peer-led initiatives, and transparent data protection practices, the organisation can strengthen reciprocal trust consistent with Social Exchange Theory. Furthermore, aligning wellness interventions with employees' lived work pressures, such as high workloads, financial stressors, and prolonged sedentary work patterns, can enhance perceived relevance and intrinsic motivation to participate. Ultimately, these conclusions affirm that employee engagement is both a determinant and an outcome of effective wellness governance.

7.5.5 Public institutions

The conclusions are significant to public institutions as they underscore the importance of aligning wellness programmes with employee needs, organisational culture, and legal requirements. The RAF case illustrates how poor communication, limited support, and a lack of trust can undermine wellness efforts, ultimately reducing productivity and morale (RAF, 2025). Public institutions must prioritise inclusive, participatory wellness strategies to ensure effectiveness and compliance with laws such as POPIA and labour regulations (RSA, 2013; RSA, 1995). Implementing

frameworks grounded in behavioural and organisational theory, such as the JD-R and Social Exchange Theory, can foster healthier and more resilient workforces, thereby enhancing public service delivery (Bakker & Demerouti, 2007).

Beyond the RAF context, the conclusions indicate that wellness challenges in public institutions are often embedded in broader governance and cultural systems characterised by high job demands, bureaucratic rigidity, and resource constraints. Institutionalising structured monitoring and evaluation frameworks, strengthening ethical safeguards, and integrating wellness metrics into performance management can professionalise wellness practice across the public sector. Moreover, positioning wellness as a constitutional, legal, and human rights imperative reinforces its relevance within Public Administration. By adopting adaptive, theory-informed, and employee-centred wellness models, public institutions can enhance workforce resilience, reduce burnout and absenteeism, and ultimately strengthen the state's capacity to deliver equitable and sustainable public services.

7.6 RECOMMENDATIONS, PRACTICAL INSIGHTS AND POLICY IMPLICATIONS

The recommendations translate into practical organisational shifts that reposition employee wellness from a peripheral support function to a core management and performance priority within the RAF. As Mujtaba and Cavico (2013) argued, mandating co-creation of wellness initiatives, inclusive design, age-sensitive activities, and compulsory micro-breaks operationalises wellness in employees' daily work routines rather than treating it as an optional add-on. Embedding wellness messaging on digital entry points, aligning communication with POPIA, and instituting five-year policy review cycles enhance visibility, trust, and adaptability to evolving workplace demands. Importantly, according to Jena (2018:228), linking executive and line-manager performance evaluations to wellness engagement targets introduces accountability and shared ownership, ensuring that responsibility does not rest solely with wellness offices. Robust monitoring and evaluation mechanisms, together with integration of wellness goals into individual performance development plans, create measurable feedback loops that strengthen participation, sustainability, and organisational learning (Mdhluli & Grobler, 2025; Gubler et al., 2018).

At the governance and employee levels, the introduction of a Wellness Governance Charter and a peer-led wellness ambassador programme simultaneously addresses ethical, legal, and participation gaps. A formal charter clarifies roles, safeguards employee data, and aligns wellness delivery with POPIA and ILO standards, thereby reducing compliance risks and strengthening institutional legitimacy (Adabala, 2022). According to Wieneke et al. (2019:107), peer-led wellness ambassadors, when professionalised and adequately trained, can serve as a trusted bridge between management and staff, enabling continuous feedback, local responsiveness, and stronger buy-in across departments and branches. Complementary initiatives such as social support groups, team walks, and healthy nutrition activities reinforce a culture of collective responsibility for well-being, while also addressing psychosocial health, social cohesion, and preventative lifestyle behaviours. These measures promote wellness as a shared, visible, and normalised organisational practice rather than an episodic intervention.

From a broader public-sector and policy perspective, the recommendations signal a shift towards system-wide standardisation and professionalisation of employee wellness. Embedding wellness participation, data protection, and standardised M&E frameworks across public institutions enhances consistency, comparability, and accountability (Besharati, 2022). Positioning Public Administration principles as a coordinating discipline strengthens planning, control, and evaluation of wellness initiatives across government entities. At the ministerial level, elevating employee wellness to a formal pillar within the national transport sector strategy, supported by ring-fenced funding and harmonised legislative alignment, ensures policy coherence and long-term sustainability. These policy implications move employee wellness beyond organisational “goodwill” toward a regulated, funded, and measurable public-sector function that contributes to workforce resilience, service delivery efficiency, and institutional performance.

The study made the following recommendations and policy changes:

7.6.1 RAF policy

RAF may mandate co-creating wellness initiatives with employees through regular needs assessments, focus groups, and feedback mechanisms. Additionally, the policy may ensure that everyone is included in all activities by considering diverse abilities and ensuring that pathways are designed to accommodate all. The policy may be designed to be mindful of different age ranges in physical activities. Furthermore, RAF may revise its communication policy to include scheduled, multi-platform wellness messaging with embedded data protection standards in line with POPIA. The wellness message must be engraved on the welcome screen to draw employees' attention. It is imperative that the RAF review and update its wellness policy every 5 years to accommodate changes in the workplace. This information may be made accessible to everyone within the organisation and allows employees to become familiar with the processes. In addition, the RAF policy should require executive and line managers to report quarterly on wellness engagement targets, linking their performance evaluations to measurable wellness outcomes. The responsibility should not be placed solely on the wellness services office. The RAF should embed robust monitoring and evaluation processes into the wellness policy to assess the programme's reach, effectiveness, and employee satisfaction. In addition, the RAF may include a wellness engagement component in individual performance development plans (PDPs) to increase participation and build a cycle of healthy employees. To engage employees, the RAF policy may require employees to take a 10-minute break to stretch while remaining near their workspace or to move around. This may help boost their concentration and reduce stress, since employees spend most of their time at work seated.

The findings strongly justify these policy reforms. Employees perceived current wellness initiatives as poorly communicated, inadequately tailored, and lacking visible leadership support. Quantitative results showed weak endorsement of physical activity and stress-management outcomes, while qualitative findings highlighted low trust, confidentiality concerns, and limited alignment with employee needs. Co-creation through structured consultations directly addresses the documented disconnect between programme design and employee expectations. Embedding wellness accountability into executive and managerial performance contracts responds to

evidence that limited managerial buy-in and weak leadership visibility undermine participation. Strengthened monitoring and evaluation mechanisms are further supported by findings indicating ineffective feedback loops and limited programme refinement. Moreover, revising communication strategies to include multi-platform dissemination and visible wellness messaging responds directly to employees' reports of low awareness and overreliance on email-based communication. Embedding POPIA-aligned safeguards into policy is essential given the expressed fears around privacy and data misuse, particularly regarding mental health and financial wellness services. Collectively, these policy adjustments respond to structural, cultural, and governance-related barriers identified in Chapters 5 and 6.

7.6.2 RAF governing bodies

The RAF governing body should develop and adopt a Wellness Governance Charter that outlines roles, ethical responsibilities, data protection protocols, and compliance with relevant legislation, including POPIA and ILO standards. The absence of clear legal and ethical safeguards around privacy and wellness service delivery exposes the RAF to compliance risks. A governance charter formalises protection mechanisms and builds employee trust (RSA, 2013; ILO, 1985).

The study's findings demonstrate that confidentiality concerns, stigma, and fear significantly discourage participation in wellness programmes. Employees expressed apprehension that personal information, particularly relating to mental health and financial wellness, could negatively affect career progression. This indicates a governance gap rather than merely an operational weakness. A formal Wellness Governance Charter would institutionalise ethical safeguards, clarify accountability structures, and separate wellness data from performance management systems, thereby directly addressing trust deficits identified in the research. Furthermore, the findings revealed weak executive prioritisation and insufficient oversight of wellness initiatives. By adopting a governance charter, the RAF governing body signals strategic commitment, strengthens compliance with national legislation and international labour standards, and reinforces wellness as a governance imperative rather than a discretionary HR function. This structural reform aligns with the study's

conclusion that organisational culture and credible governance frameworks are essential to improving employee participation and programme legitimacy.

7.6.3 RAF employees

The process may run effectively if the RAF creates a peer-led wellness ambassador programme, with trained employee representatives in each department responsible for promoting wellness activities, gathering feedback, and fostering participation. The peer-led wellness ambassador must always be visible so that even new employees can recognise them. The peer-led wellness ambassador may play a role in introducing structured employee feedback loops, such as quarterly wellness surveys, suggestion platforms, and co-design workshops, to ensure employee voice in wellness planning. To make this role effective, such individuals must be regularly trained and allowed to meet quarterly with peer-led wellness ambassadors from other branches. The peer-led employee must be someone with a wellness interest at heart who can encourage employees to take an active role in wellness activities and personal health goals, and to remind employees about their wellness rights. Additionally, the peer-led employee must understand the RAF's work environment and be creative to align wellness initiatives with organisational goals. It may be recommended that the peer-led wellness ambassador be hired full-time to oversee wellness issues within the branch and be available for meetings as needed. Such an employee may work hand in hand with the wellness specialist and step in when the wellness specialist is not available or is otherwise committed elsewhere.

Furthermore, it is important to encourage employees to form groups to discuss social or personal matters, take walks during the day, or go out for team-building. Additionally, the organisation may make it a norm to organise fruit and shake events at least once a month to familiarise employees with a healthy lifestyle.

The findings support the introduction of peer-led ambassadors as a strategy to address low engagement, weak communication, and limited trust in formal structures. Employees reported perceiving wellness as management-driven and insufficiently responsive to lived workplace realities. A peer-led model decentralises wellness

ownership, fosters inclusivity, and strengthens social support networks—factors shown in the findings to influence positive perceptions of work-life balance and engagement. Given that employees are more likely to participate when they perceive programmes as relevant and trustworthy, ambassadors can bridge the gap between management intentions and employee experiences. Regular inter-branch meetings would further address the problem of repetitive, generic programming by encouraging innovation and shared learning. Encouraging informal wellness groups, walking sessions, and healthy lifestyle events responds directly to findings that employees spend prolonged periods seated and experience high work-related stress. Such visible, low-cost, and inclusive initiatives promote a culture of everyday wellness, counteracting perceptions that current programmes are symbolic or inaccessible.

7.6.4 Department of Public Service and Administration

The DPSA should consider developing and promoting a standardised Wellness Governance Charter for national and provincial public institutions. The Charter should provide minimum requirements for governance, leadership accountability, employee participation, confidentiality, data protection, monitoring and evaluation, and reporting on employee wellness programmes. Such a framework could provide a common governance standard while allowing individual departments to adapt wellness interventions to their specific organisational and employee needs. Consideration could also be given to linking compliance with the Charter to the appropriate allocation and monitoring of wellness resources.

7.6.5 Public institutions

Public institutions should integrate employee participation in the design, implementation, and evaluation of wellness programmes through formal consultation processes, such as surveys, focus groups, and staff committees. Public institutions should embed mandatory compliance with POPIA and ILO Convention 161 into all workplace wellness policies, with clear guidelines on data handling, confidentiality, and access control. Public institutions should develop and implement a standardised M&E framework for employee wellness programmes, including key performance indicators

(KPIs), reporting tools, and feedback cycles. The Public Administration discipline may be utilised to control, plan, organise, and ensure that public institutions uniformly practise wellness principles. This may help to professionalise wellness practices.

The study's findings reveal that limited executive prioritisation, insufficient funding, weak monitoring systems, and inconsistent communication significantly undermine wellness effectiveness. These structural challenges require sector-wide strategic alignment beyond individual entities. By embedding wellness into the national transport sector strategic plan, the Ministry would signal that employee health is integral to operational efficiency, risk management, and public service delivery. Congruent policies across agencies would reduce fragmentation and ensure compliance with constitutional, labour, and data protection obligations. A ring-fenced budget responds directly to findings that wellness initiatives suffer from inadequate resourcing and low organisational priority. Furthermore, a sector-wide M&E framework would address the documented absence of systematic evaluation, enabling benchmarking, accountability, and evidence-based improvement. Such alignment reinforces wellness as a strategic, legal, and ethical imperative across the transport sector, strengthening both employee well-being and institutional sustainability.

7.6.6 Ministry of Transport

The Ministry of Transport may take on its mandate to amend the national transport sector strategic plan to include employee wellness as a formal pillar, with defined targets, responsibilities, and reporting structures across all entities under the Ministry. It must mandate all agencies under the Ministry (e.g., RAF, PRASA, SANRAL) to have congruent wellness policies aligned with the Labour Relations Act, Basic Conditions of Employment Act, and POPIA, and establish a conditional grant or ring-fenced budget line for employee wellness within the Ministry's annual budget allocation to state transport entities, with strict reporting criteria. Design a standardised monitoring and evaluation (M&E) framework for all transport sector entities to assess wellness outcomes, participation, impact, and cost-effectiveness.

The findings of this study reinforce the need for sector-level intervention to address systemic weaknesses that individual entities may struggle to resolve independently. Evidence from the RAF indicates that wellness initiatives are often undermined by inconsistent leadership prioritisation, fragmented implementation approaches, limited data integration, and inadequate accountability structures. By institutionalising employee wellness within the national transport sector strategy, the Ministry would shift wellness from an operational support function to a strategic performance enabler linked to productivity, service delivery quality, and organisational sustainability.

Furthermore, the study highlighted that weak monitoring systems and inconsistent reporting contribute to stagnation and limited programme refinement. A Ministry-led, standardised M&E framework would enable benchmarking across transport entities, facilitate comparative learning, and promote evidence-based decision-making at sector level. This would allow the Ministry to identify best practices, allocate resources more strategically, and intervene proactively where participation or impact indicators decline. In addition, a ring-fenced funding mechanism would mitigate the risk, identified in the findings, of wellness programmes being deprioritised during budget constraints. By embedding clear reporting obligations and measurable targets within performance agreements of accounting authorities, the Ministry can strengthen accountability while reinforcing wellness as integral to governance, compliance, and sustainable public administration within the transport sector.

7.7 AREAS FOR FUTURE RESEARCH

Many aspects must be scientifically researched to provide further clarity on the challenges of sustaining employee well-being through the implementation of employee wellness programmes. Hence, the study makes the following recommendations for future research:

Future studies could conduct a comparative evaluation of EWP implementation across multiple RAF regional offices, beyond the Menlyn branch. This would enhance generalisability and offer insights into how geographic, operational, and cultural differences influence the design, uptake, and impact of wellness interventions. A longitudinal study examining the long-term effects of EWPs on employee well-being, productivity, absenteeism, and retention would add depth to the current cross-

sectional findings. This approach would provide a clearer understanding of how wellness interventions influence workforce sustainability over time. Further research could examine employees' perceptions of barriers to participation in wellness programmes, particularly in the context of organisational change and workload pressures. Such qualitative inquiry would uncover psychosocial, structural, or cultural factors that limit engagement and help refine wellness strategies accordingly.

LIST OF REFERENCES

Abdelmotaleb, M. and Saha, S.K. 2019. Socially Responsible Human Resources Management, Perceived Organisational Morality, and Employee Well-being. Public Organisation Review, 20, pp.1–15. doi:https://doi.org/10.1007/s11115-019-00447-3.

Abdi, A.M. and Qutieshat, A. 2023. The employee welfare practices and organisational performance in private organisations in Somalia. *International Journal of Innovative Science and Research Technology*, 9(6), pp.1583–1597. Available at: https://doi.org/10.38124/ijisrt/IJISRT24JUN1160.

Abe, E.N., Fields, Z., and Abe, I.I. 2017. The efficacy of wellness programmes as work-life balance strategies in the South African public service. *Journal of Economics and Behavioural Studies*, 3(6), pp.52–67. doi:https://doi.org/10.22610/jebs.v8i6(J).1483.

Adabala, S.K. 2022. Ensuring Compliance with Data Privacy Regulations in Global HR Operations. IJIRCT, 8(1), pp.1–11.

Adams, J.M. 2019. The value of worker well-being. *Public Health Reports*, 134(6), pp.583–586. doi:https://doi.org/10.1177/0033354919878434.

Aderibigbe, J.K. and Mjoli, T.Q. 2020. The attenuating effects of organisational justice on the relationship between job insecurity and counterproductive work behaviours. *African Journal of Business and Economic Research,* 15(1), pp.203–225.

Adinma, D. 2022. Participation in wellness programmes in the workplace: Exploring the perspective of perceived barriers and incentives among employees of the Federal University of Technology, Owerri. *International Journal of Advanced Academic Research*, 8(12), pp.2488–9849. Available at: www.ijaar.orgwww.ijaar.org.

Adjognon, O.L., Cohen-Bearak, A., Kaitz, J., Bokhour, B.G., Chatelain, L., Charns, M.P., and Mohr, D.C. 2023. Factors affecting the implementation of employee whole health in the Veterans Health Administration: A qualitative evaluation. *BMC Health Services Research*, 23(1), pp.1–16. doi:https://doi.org/10.1186/s12913-023-09450-3.

African Union 2013. *Agenda 2063: The Africa We Want*. African Union. Available at: https://au.int/en/agenda2063/overview [Accessed 15 Oct. 2024].

Agosti, M.T., Åsa Bringsén and Andersson, I. 2017. The complexity of resources related to work-life balance and well-being: A survey among municipality employees in Sweden. *The International Journal of Human Resource Management*, 5192, p.0. doi:https://doi.org/10.1080/09585192.2017.1340323.

Agyemang, C.B. and Ofei, S.B. 2013. A comparative study of private and public sector organisations. *European Journal of Business and Innovation Research*, 1(4), pp.20–33.

Ahmad, N., Ullah, Z., Ryu, H.B., Ariza-Montes, A., and Han, H. 2023(a). From Corporate Social Responsibility to Employee Well-Being: Navigating the Pathway to Sustainable Healthcare. *Psychology Research and Behaviour Management*, 16(1), pp.1079–1095. doi:https://doi.org/10.2147/prbm.s398586.

Ahmad, R., Nawaz, M.R., Ishaq, M.I., Khan, M.M., and Ashraf, H.A. 2023(b). Social Exchange theory: Systematic review and future directions. *Frontiers in Psychology*, 13(2), pp.1–13. doi:https://doi.org/10.3389/fpsyg.2022.1015921.

Aikaterini Grimani, Aboagye, E., and Kwak, L. 2019. The effectiveness of workplace nutrition and physical activity interventions in improving productivity, work performance, and workability: A systematic review. *BMC Public Health*, 19(1), pp.1–12. doi:https://doi.org/10.1186/s12889-019-8033-1.

Albayayday, H S., Alrwashdeh, DF., Alrwasdeh, H., and Alhadid, I. 2023. Implementing wellness programs in strategic management of human resources: Journal of South West Jiaoting University. 58(2), pp.262-290.

Aldana, S. 2020. *Wellness program incentives: The complete guide*. pp.1–21. Available at: https://bimgroup.us/wp-content/uploads/2021/01/Wellness-Program-Incentives_-The-Complete-Guide.pdf [Accessed 20 Mar. 2025].

Alexander, D.L.J., Tropsha, A., and Winkler, D.A. 2015. Beware of R2: simple, unambiguous assessment of the prediction accuracy of QSAR and QSPR models. *Journal of Chemical Information and Modeling*, 55(7), pp.1316–1322. doi:https://doi.org/10.1021/acs.jcim.5b00206.

Alhammad, N., Alajlani, M., Abd-alrazaq, A., Epiphaniou, G., and Arvanitis, T. 2023. A systematic review of patients' perspectives on data confidentiality, privacy, and security of mobile health applications (Preprint). *Journal of Medical Internet Research*, 26, pp.1–11. doi:https://doi.org/10.2196/50715.

Altman, J., Firebaugh, C.M., Morgan, S., and Epstein, M. 2023. Perceived workplace Support for employee participation in workplace wellness programs: A brief report. *Merits*, 3(3), pp.494–503. doi:https://doi.org/10.3390/merits3030029.

Amaya, M., Donegan, T., Conner, D., Edwards, J., and Gipson, C. 2019. Creating a culture of wellness: A call to action for higher education, igniting change in academic institutions. *Building Healthy Academic Communities Journal*, 3(2), pp.27–40. doi:https://doi.org/10.18061/bhac.v3i2.7117.

Amaya, M., Melnyk, B.M., Buffington, B., and Battista, L. 2017. Workplace wellness champions: Lessons learned and implications for future programming. *Building Healthy Academic Communities Journal*, 1(1):59-67.

Ammendolia, C., Côté, P., Cancelliere, C., Cassidy, J.D., Hartvigsen, J., Boyle, E., Soklaridis, S., Stern, P., and Amick, B. 2016. Healthy and productive workers: Using intervention mapping to design a workplace health promotion and wellness program to improve presenteeism. *BMC Public Health*, 16(1), pp.2–18.

doi:https://doi.org/10.1186/s12889-016-3843-x.

Amoadu, M., Ansah, E.W., and Sarfo, J.O. 2023. Influence of psychosocial safety climate on occupational health and safety: A scoping review. *BMC Public Health*, 23(1), pp.1–13. doi:https://doi.org/10.1186/s12889-023-16246-x.

Anderson, D.R., Whitmer, R.W., Goetzel, R.Z., Ozminkowski, R.J., Wasserman, J., and Serxner, S. 2000. The Relationship between Modifiable Health Risks and Group-Level Health Care Expenditures. *American Journal of Health Promotion*, 15(1), pp.45–52. doi:https://doi.org/10.4278/0890-1171-15.1.45.

Andrade, C. 2019. The p value and statistical significance: misunderstandings, explanations, challenges, and alternatives. *Indian Journal of Psychological Medicine*, 41(3), pp.210–215. doi:https://doi.org/10.4103/ijpsym.ijpsym_193_19.

Anenson, L.W., Brunt, A., Terbizan, D., and Christensen, B. 2014. Using e-mail health interventions and the transtheoretical model to promote wellness: A pilot study. 12(1), pp.61–70.

Anthony, E.L. and Hall, A.V. 2017. Social exchange theory: A critical review with theoretical remedies social exchange theory: a critical review with theoretical remedies. *The Academy of Management Annals, 11(1):* 1-38.

Anwar, S., Tawab, R., Kinza, and Sami, A. 2020. Impact of Employee Engagement on Organisational Performance: Systematic Review of 2014-2019. *Systematic Literature Review and Meta-Analysis Journal*, 1(1), pp.1–6. doi:https://doi.org/10.54480/slrm.v1i1.5.

Arena, R., Guazzi, M., Briggs, P.D., Cahalin, L.P., Myers, J., Kaminsky, L.A., Forman, D.E., Cipriano, G., Borghi-Silva, A., Babu, A.S., and Lavie, C.J. 2013. Promoting Health and Wellness in the Workplace: A Unique Opportunity to Establish Primary and Extended Secondary Cardiovascular Risk Reduction Programs. *Mayo Clinic Proceedings*, 88(6), pp.605–617. doi:https://doi.org/10.1016/j.mayocp.2013.03.002.

Arevin, A.T., Rustam, A., Widaningsih, W., Saryanti, E., and Wulandari, H.P. 2024. Fostering Workplace Wellness: Strategies for Improving Employee Engagement and Productivity. *The Journal of Academic Science*, 1(5), pp.605–613. doi:https://doi.org/10.59613/hc2gmj85.

Ariza-Montes, A., Molina-Sánchez, H., Ramirez-Sobrino, J and Giorgi, G. 2018. Work engagement and flourishing at work among nuns: The moderating role of human values. *Frontiers in Psychology*, 9(SEP), pp.1-13. doi:https://doi.org/10.3389/fpsyg.2018.01874.

Attridge, M. 2009. Employee Assistance Programs: A Research-Based Primer. *International Handbook of Work and Health Psychology*, pp.383–407. doi:https://doi.org/10.1002/9780470682357.ch17.

Audenaert, M., George, B., and Decramer, A. 2019. How a demanding employment relationship relates to affective commitment in public organisations: A multilevel

analysis. Public Administration, pp.11–27. doi:https://doi.org/10.1111/padm.12378.

Ayyagari, R., Grover, V., and Purvis, R. 2011. Technostress: Technological antecedents and implications. *MIS Quarterly: Management Information Systems*, 35(4), pp.831–858. doi:https://doi.org/10.2307/41409963.

Babbie, E.R. 2021. *The practice of social research*. 15th edition. USA: Cengage.

Badul, S. and Subban, M. 2022. Employee health and wellness program considerations for supervisors. *Administratio Publica*, 30(1), pp.116–140.

Bah, M.O.P., Sun, Z., Hange, U., and Edjoukou, A.J.R. 2024. Effectiveness of organisational change through employee involvement: Evidence from Telecommunications and Refinery Companies. *Sustainability*, 16(6), pp.1–21.

Baicker, K. 2021. Do workplace wellness programs work? *JAMA Health Forum,* 2(9), pp 1-3. doi:10.1001/jamahealthforum.2021.3375.

Baicker, K., Cutler, D., and Song, Z. 2010. Workplace Wellness programs. Can Generate Savings. *Health Affairs*, 29(2), pp.304–311. doi:https://doi.org/10.1377/hlthaff.2009.0626.

Baid, D., Hayles, E., and Finkelstein, E.A. 2021. Return on investment of workplace wellness programs for chronic disease prevention: A systematic review. *American Journal of Preventive Medicine*, 61(2), pp.256–266. doi:https://doi.org/10.1016/j.amepre.2021.02.002.

Bairagi, V. & Munot, MV. 2019. *Research methodology: a practical and scientific approach*. New York: CRC Press.

Bak, R., Horbach, D., Buyx, A., and McLennan, S. 2025. A scoping review of ethical aspects of public-private partnerships in digital health. *NPJ Digital Medicine*, 8(1), pp.1–10. doi:https://doi.org/10.1038/s41746-025-01515-3.

Bakker, A.B. 2015. A job Demands–Resources approach to public service motivation. *Public Administration Review*, 75(5), pp.723–732. doi:https://doi.org/10.1111/puar.12388.A.

Bakker, A.B., and de Vries, J.D. 2021. Job Demands–Resources theory and self-regulation: new explanations and remedies for job burnout. *Anxiety, Stress, & Coping*, 34(1), pp.1–21. doi:https://doi.org/10.1080/10615806.2020.1797695.

Bakker, A.B., and Demerouti, E. 2007. The Job Demands-Resources model: State of the Art. *Journal of Managerial Psychology*, 22(3), pp.309–328. doi:https://doi.org/10.1108/02683940710733115.

Bakker, A.B., Schaufeli, W.B., Leiter, M.P., and Taris, T.W. 2008. Work engagement: An emerging concept in occupational health psychology. *Work and Stress*, 22(3), pp.187–200. doi:https://doi.org/10.1080/02678370802393649.

Bardach, L., and Murayama, K. 2024. The role of rewards in motivation—Beyond dichotomies. *Learning and Instruction*, 96(102056), pp.1–11. doi:https://doi.org/10.1016/j.learninstruc.2024.102056.

Barnay, T., and Éric Defebvre 2014. The impact of working conditions on workers' health. *The European Journal of Health Economics, 17(6),* pp.1–22.

Bartholomew, L.K., Markham, C.M., Ruiter, R.A.C., Fernández, M.E., Kok, G., and Parcel, G.S. 2016. *Planning health promotion programs: An intervention mapping approach*. San Francisco: Jossey-Bass, Cop.

Basas, C.G. 2014. What's Bad about Wellness? What the Disability Rights Perspective Offers about the Limitations of Wellness. *Journal of Health Politics, Policy and Law*, 39(5), pp.1035–1066. doi:https://doi.org/10.1215/03616878-2813695.

Baxter, S., Sanderson, K., Venn, A.J., Blizzard, C.L., and Palmer, A.J. 2014. The Relationship between Return on Investment and Quality of Study Methodology in Workplace Health Promotion Programs. *American Journal of Health Promotion*, 28(6), pp.347–363. doi:https://doi.org/10.4278/ajhp.130731-lit-395.

Bayer, P.J., Bernheim, B.D., and Scholz, J.K. 2009. The effects of financial education in the workplace: Evidence from a survey of employers. *Economic Inquiry*, 47(4), pp.605–624. doi:https://doi.org/10.1111/j.1465-7295.2008.00156.x.

Bayot, M.L., Tadi, P., and Sharts-Hopko, N.C. 2024. *Work culture*. PubMed. Available at: https://www.ncbi.nlm.nih.gov/books/NBK542168/ [Accessed 25 Mar. 2025].

Behzadnia, B., Adachi, P.J.C., Deci, E.L., and Mohammadzadeh, H. (2018). Associations between students' perceptions of physical education teachers' interpersonal styles and students' wellness, knowledge, performance, and intentions to persist at physical activity: A self-determination theory approach. *Psychology of Sport and Exercise*, 39, pp.10–19. doi:https://doi.org/10.1016/j.psychsport.2018.07.003.

Belasen, A., and Pfeffermann, N. 2024. *Brilliant Leadership*. New York: CRC Press.

Bell, M. 2024. *An Expressive Arts-Based Community Well-Being Initiative for Intensive Care Unit Staff: Fostering Self-Compassion and Peer Support through Patchwork Murals*. Lesley: Lesley University.

Bella, K.M.J. 2023. Exploring the impact of WLB on employee well-being and the success of the organisation. *International Journal of Scientific Research in Modern Science and Technology*, 2(6), pp.20-26.

Berry, L.L., Mirabito, A.M., and Baun, W.B. 2020. What's the hard return on employee wellness programmes? *Harvard Business Review*, 68, pp.23-35.

Besharati, N. 2022. *Monitoring and evaluation framework for South-South cooperation*. Pretoria: The National Advisory Council on Innovation (NACI).

Bessinger, M.E. 2009. *The development of a model for an employee wellness programme for a fast-moving consumer goods organisation*. Pretoria: University of Pretoria.

Van Beukering, I.E., Smits, S.J.C., Janssens, K.M.E., Bogaers, R.I., Joosen, M.C.W., Bakker, M., J. van Weeghel, J., and Brouwers, E.P.M. 2022. In what ways does health-related stigma affect sustainable employment and well-being at work? A systematic review. *Journal of Occupational Rehabilitation*, 32(3), pp.365–379. doi:https://doi.org/10.1007/s10926-021-09998-z.

Birkinshaw, J., and Duke, L. 2013. Employee-led innovation. *Business Strategy Review*, 24(2), pp.46–51. doi:https://doi.org/10.1111/j.1467-8616.2013.00947.x.

Bisschoff, B., Koen, V., and Ryke, E.H. 2019. Strategies for work–family balance in a South African context. *Community, Work and Family*, 22(3), pp.319–337. doi:https://doi.org/10.1080/13668803.2018.1473337.

Bhende, P., Mekoth, N., Ingalhalli, V., and Reddy, Y.V. 2020. Quality of work life and work–life balance. Journal of Human Values, 26(3), pp.256–265. doi:https://doi.org/10.1177/0971685820939380.

Boamah, S.A., Hamadi, H.Y., Havaei, F., Smith, H., and Webb, F. 2022. Striking a balance between work and play: The effects of work–life interference and burnout on faculty turnover intentions and career satisfaction. *International Journal of Environmental Research and Public Health*, 19(2), pp.1–14. doi:https://doi.org/10.3390/ijerph19020809.

Bodla, M.A., Talat Afza, and Danish, R.Q. 2015. Perceived organisational politics and employee morale: Mediating role of social exchange perceptions in Pakistani organisations. *Journal of Natural and Social Sciences*, 4(1), pp.66–75.

Boitumelo, J.M. 2020(a). Experiences and challenges of peer educators as part of a health and wellness strategy in the workplace in Gauteng, South Africa. *Southern African Journal of Social Work and Social Development*, 32(2), pp. 1-14. doi: https://doi.org/10.25159/2415-5829/6693.

Boitumelo, J.M. 2020(b). The role of peer educators in addressing diversity in the workplace: A qualitative study in South African companies. *Journal of Workplace Behavioural Health*, 35(1), pp.55–66. doi:https://doi.org/10.1080/15555240.2019.1708749.

Bontrager, F., and Marshall, K.P. 2020. Wellness marketing in the corporate context. *International Journal of Pharmaceutical and Healthcare Marketing*, 14(2), pp.273–288. doi:https://doi.org/10.1108/IJPHM-04-2019-0027.

Bosma, A.R., Boot, C.R.L., Schaap, R., Schaafsma, F.G., and Anema, J.R. 2022. Participatory Approach to Create a Supportive Work Environment for Employees with Chronic Conditions. *Journal of Occupational & Environmental Medicine*, 64(8), pp.665–674. doi:https://doi.org/10.1097/jom.0000000000002557.

Botha, C. and Mostert, K. 2014. A structural model of job resources, organisational and individual strengths, use, and work engagement. *SA Journal of Industrial Psychology*, 40(1), pp.1–11. doi:https://doi.org/10.4102/sajip.v40i1.1135.

Braganza, S., Markwell, A., and Jayasekara, S. 2018. Wellness, resilience, and performance: Translating ideas into action. *EMA - Emergency Medicine Australasia*, 30(2), pp.263–265. doi:https://doi.org/10.1111/1742-6723.12954.

Brough, P., Timms, C., Chan, X.W., Hawkes, A., and Rasmussen, L. 2020. Work–life balance: Definitions, causes, and consequences. *Occupational Health,* 1(15), pp.473–487.

Browne, C., and Tie, Y.C. 2024. Promoting well-being: A scoping review of strategies implemented during the COVID-19 pandemic to enhance the well-being of the nursing workforce. *International Journal of Nursing Studies Advances*, 6(1), pp.1–18. doi:https://doi.org/10.1016/j.ijnsa.2024.100177.

Bruno, D.G., Brown, J.R., and Holloway, E.D. 2017. Participants' perspectives of a worksite wellness program using an outcome-based contingency approach. *Advances in Social Work*, 18(2), pp.595–610. doi:https://doi.org/10.18060/21624.

Bujang, M.A., Omar, E.D., and Baharum, N.A. 2018. A review on sample size determination for Cronbach's alpha test: A simple guide for researchers. *Malaysian Journal of Medical Sciences*, 25(6), pp.85–99. doi:https://doi.org/10.21315/mjms2018.25.6.9.

Burke, T.J., Dailey, S.L., and Zhu, Y. 2017(a). Let's work out: Communication in workplace wellness programmes. *International Journal of Workplace Health Management*, 10(2), pp.101–115. doi:https://doi.org/10.1108/IJWHM-07-2016-0055.

Burke, T., Dailey, J., Stephanie, L., and Zhu, Y. 2017(b). Let's work out: Communication in workplace wellness programmes. *International Journal of Workplace Health Management*, 10(2), pp.101–115. doi:https://doi.org/10.1108/ijwhm-07-2016-0055.

Burton, A., Burgess, C., Dean, S., Koutsopoulou, G.Z., and Hugh-Jones, S. 2017. How Effective are Mindfulness-Based Interventions for Reducing Stress among Healthcare Professionals? A Systematic Review and Meta-Analysis. *Stress and Health*, 33(1), pp.3–13. doi:https://doi.org/10.1002/smi.2673.

Buxton, L., Batchelor, L., and Loynes, T. 2019. Workplace wellness: Measuring the success. *International Journal of Spa and Wellness*, 2(2), pp.107–114. doi:https://doi.org/10.1080/24721735.2020.1770983.

Byrne, Z.S., Manning, S.G., Weston, J.W., and Hochwarter, W.A. 2017. All roads lead to well-being: Unexpected relationships between organisational politics perceptions, employee engagement, and worker well-being. *Research in Occupational Stress and Well Being*, 15(1), pp.1–32. doi:https://doi.org/10.1108/S1479-355520170000015003.

Cabello-Medina, C., López-Cabrales, Á., and Valle-Cabrera, R. 2011. Leveraging the innovative performance of human capital through HRM and social capital in Spanish firms. *The International Journal of Human Resource Management*, 22(4), pp.807–828. doi:https://doi.org/10.1080/09585192.2011.555125.

Cahalin, L.P., Kaminsky, L., Lavie, C.J., Briggs, P., Cahalin, B.L., Myers, J., Forman, D.E., Patel, M.J., Pinkstaff, S.O., and Arena, R. 2015. Development and implementation of worksite health and wellness programmes: A focus on non-communicable diseases. *Progress in Cardiovascular Diseases*, 58(1), pp.94–101. doi:https://doi.org/10.1016/j.pcad.2015.04.001.

Caillier, J.G. 2016. Do work-life benefits enhance the work attitudes of employees? *Public Organisation Review. 17(3), pp.393-408*. doi:https://doi.org/10.1007/s11115-016-0344-4.

Calitz, K. 2022. Burnout in the workplace. *Obiter*, 43(2), pp.320–348.

Caloyeras, J.P., Liu, H., Exum, E., Broderick, M., and Mattke, S. 2014. Managing manifest diseases, but not health risks, saved PepsiCo Money over seven years. *Health Affairs*, 33(1), pp.124–131. doi:https://doi.org/10.1377/hlthaff.2013.0625.

Camarillo, E. 2019. Worksite wellness program implementation in county organisations: Exploring strategies for success. *Social Science Journal*, pp.1–10. doi:https://doi.org/10.1016/j.soscij.2019.06.003.

Campmans, J.M.D., Smit, D.J.M., van Oostrom, S.H., Engels, J.A., and Proper, K.I. 2023. Barriers and facilitators to the implementation of workplace health promotion programs: employers' perceptions. *Frontiers in Public Health*, 10(1035064), pp.1–11. doi:https://doi.org/10.3389/fpubh.2022.1035064.

Campos, J.D.S., and Campos, J.R. 2025. SDG6: The interplay of strategic resources, awareness, and policy in enhancing water quality and health outcomes. *Journal of Lifestyle and SDGs Review*, 5(1), pp.1–31. doi:https://doi.org/10.47172/2965-730x.sdgsreview.v5.n01.pe05039.

Caprez, D. 2020. Health and wellbeing strategy: 10-Step Model. *Health Management DC*. Available at: https://healthmanagementdc.ch/wellbeing-strategy-10-steps-model/ [Accessed 25 Mar. 2025].

Carbonell, C., Adegbulugbe, A., Cheung, W., and Ruff, P. 2024. Barriers and challenges to implementing a quality improvement program: political and administrative challenges. *JCO Global Oncology*, 46(3), pp.366–383. doi:https://doi.org/10.1200/go.23.00455.

Carey, G., and Friel, S. 2015. Understanding the role of public administration in implementing action on the social determinants of health and health inequities. *International Journal of Health Policy and Management*, 4(12), pp.795–798.

Cavico, F.J., and Mujtaba, B.G. 2013. Health and wellness policy ethics. *International Journal of Health Policy and Management*, 1(2), pp.111–113.

doi:https://doi.org/10.15171/ijhpm.2013.19.

Cavico, F.J., Mujtaba, B.G., Muffler, S.C., and Samuel, M. 2014. Wellness programs in the workplace: An unfolding legal quandary for employers. *International Journal of Occupational Health and Public Health Nursing*, 1(1), pp.15–50.

Chambers, D.A., Glasgow, R.E., and Stange, K.C. 2013. The dynamic sustainability framework: Addressing the paradox of sustainment amid ongoing change. *Implementation Science*, 8(1), pp.1–11. doi:https://doi.org/10.1186/1748-5908-8-117.

Chang, R. 2024. The impact of employees' health and well-being on job performance. *Journal of Education, Humanities and Social Sciences*, 29, pp.372–378.

Chang, S.C., and Zimmerman, D.L. 2016. Skew-normal antedependence models for skewed longitudinal data. *Biometrika*, 103(2), pp.363–376. doi:https://doi.org/10.1093/biomet/asw006.

Chap, Z 2019. *Investigating the role of employee wellness programmes and their impact on employee performance at sports and recreation: South Africa*. Dissertation. Mancosa. pp.1- 42.

Charlot-Swilley, D., Zuskov, S., Curtis, L., Mitchell, S., and Anderson, E. 2025. Fostering workforce wellness: insights from nurse managers and early childhood educators. *Healthcare*, 13(5), pp.1–29. doi:https://doi.org/10.3390/healthcare13050487.

Chawla, S., Sareen, P., and Gupta, S. 2022. Wellness programmes and employee engagement techniques pre- and during the pandemic: A systematic literature review. *ECS Transactions*, 107(1), pp.3505–3521. doi:https://doi.org/10.1149/10701.3505ecst.

Chen, Y., Chu, H., and Wang, P. 2021. Employee assistance programs: A meta-analysis. *Journal of Employment Counseling*, 58(4), pp.144–166. doi:https://doi.org/10.1002/joec.12170.

Cheon, O., Naufal, G., and Kash, B.A. 2020. When workplace wellness programs work: Lessons learned from a large employer in Texas. *American Journal of Health Education*, 51(1), pp.31–39. doi:https://doi.org/10.1080/19325037.2019.1687366.

Chicco, D., Warrens, M.J., and Jurman, G. 2021. The coefficient of determination, R-squared, is more informative than SMAPE, MAE, MAPE, MSE, and RMSE in Regression Analysis Evaluation. *PeerJ Computer Science*, 7(5), pp.1–24. doi:https://doi.org/10.7717/peerj-cs.623.

Chowdhary, S., Kawakami, A., Gray, M.L., Suh, J., Olteanu, A., and Saha, K. 2023. Can workers meaningfully consent to workplace wellbeing technologies? *FAccT '23: Proceedings of the 2023 ACM Conference on Fairness, Accountability, and Transparency*, pp.569–582. doi:https://doi.org/10.1145/3593013.3594023.

Chung, C.F., Nanna Gorm, Shklovski, I., and Munson, S.A. 2017. Finding the right fit:

Understanding health tracking in workplace wellness programmes. Association for Computing Machinery, pp.4875–4886. doi:https://doi.org/10.1145/3025453.3025510.

Cipriano, C.V., Killag, K.T., John, F., April, R., and III, I. 2024. Exploring the landscape of fitness programs for government employees. *International Multidisciplinary Journal of Research for Innovation, Sustainability, and Excellence*, 1(4), pp.53–59. Available at: https://orcid.org/0000-0002-4649-7601.

Clark, V.L.P., and Ivankova, N.V. 2017. *What is the core of mixed-methods research practice: Introducing the mixed-methods research process*. Thousand Oaks. Sage publication. Accessed at www.sagepub.com.oasis.unisa.ac.za on 04/07/22.

Clarke, S., Probst, T.M., Guldenmund, F., and Passmore, J. 2016. *The Wiley-Blackwell handbook of the psychology of occupational safety and workplace health*. Chichester: Wiley Blackwell.

Click, E.R., Hammock, J.M., Omabegho, B., and Smith, A.K. 2019. Developing community relationships to enhance well-being in a worksite wellness program. *Public Health Nursing*, 36(3), pp.363–369. doi:https://doi.org/10.1111/phn.12605.

Cohen, C., Pignata, S., Bezak, E., Tie, M., and Childs, J. 2023. Workplace interventions to improve well-being and reduce burnout for nurses, physicians, and allied healthcare professionals: A systematic review. *BMJ Open*, 13(6), pp.1–23. doi:https://doi.org/10.1136/bmjopen-2022-071203.

Collatto, D.C., Dresch, A., and Lacerda, D.P. 2018. Theoretical understanding between competitiveness and productivity: Firm level. *Ingeniería Y Competitividad*, 20(2), pp.1–20. doi:https://doi.org/10.25100/iyc.v20i2.5897.

Commissaris, D.A.C.M., Huysmans, M.A., Mathiassen, S.E., Srinivasan, D., Koppes, L.L.J., and Hendriksen, I.J.M. 2016. Interventions to reduce sedentary behavior and increase physical activity during productive work: A systematic review. *Scandinavian Journal of Work, Environment and Health*, 42(3), pp.181–191. doi:https://doi.org/10.5271/sjweh.3544.

Conradie, C.S., van der Merwe Smit, E., and Malan, D.P. 2016. Corporate health and wellness and the financial bottom line. *Journal of Occupational and Environmental Medicine*, 58(2), pp.45–53. doi:https://doi.org/10.1097/JOM.0000000000000653.

Cooper, B., Wang, J., Bartram, T., and Cooke, F.L. 2019. Well-being-oriented human resource management practices and employee performance in the Chinese banking sector: The role of social climate and resilience. *Human Resource Management*, 58(1), pp.85–97. doi:https://doi.org/10.1002/hrm.21934.

Coppens, E., Hogg, B., Greiner, B.A., Paterson, C., de Winter, L., Mathieu, S., Cresswell-Smith, J., Aust, B., Leduc, C., Van Audenhove, C., Pashoja, A.C., Kim, D., Reich, H., Fanaj, N., Dushaj, A., Thomson, K., O'Connor, C., Moreno-Alcázar, A., Amann, B.L., and Arensman, E. 2023. Promoting employee well-being and preventing non-clinical mental health problems in the workplace: a preparatory consultation survey. *Journal of Occupational Medicine and Toxicology*, 18(1), pp.1–15.

CoreHealth 2022. *How to Improve Data and Information Security in Wellness programmes.* Available at: https://blog.corehealth.global/how-to-improve-data-protection-and-information-security-in-wellness-programs [Accessed 22 Mar. 2025].

CoreHealth Marketing. 2024(a). *Data-driven approaches to employee well-being*. Available at: https://blog.corehealth.global/data-driven-approaches-to-employee-well-being [Accessed 8 Mar. 2025].

CoreHealth Marketing. 2024(b). *Incorporating wellness technology in corporate wellness programmes: Challenges and Solutions*. Available at: https://blog.corehealth.global/incorporating-wellness-technology-in-corporate-wellness-programs-challenges-and-solutions [Accessed 15 Mar. 2025].

CoreHealth Marketing. 2024(c). *Top-down leadership: The role of the C-Suite in a wellness-centric corporate culture*. Available at: https://blog.corehealth.global/top-down-leadership-the-role-of-the-c-suite-in-a-wellness-centric-corporate-culture [Accessed 25 Mar. 2025].

Craft, B.B., Carroll, H.A., and Lustyk, K.B. 2014. Gender differences in exercise habits and quality of life reports: Assessing the moderating effects of reasons for exercise. *International Journal of liberal arts and Social Science*, 2(5), pp.65–78.

Craig, A., Rochat, T., Naicker, S.N., Mapanga, W., Mtintsilana, A., Dlamini, S.N., Ware, L.J., Du Toit, J., Draper, C.E., Richter, L., and Norris, S.A. 2022. The prevalence of probable depression and probable anxiety, and associations with adverse childhood experiences and socio-demographics. *Frontiers in Public Health*, 10(1), pp.1–9.

Cramer, H., Sibbritt, D., Park, C.L., Adams, J., and Lauche, R. 2017. Is the practice of yoga or meditation associated with a healthy lifestyle? Results of a national cross-sectional survey of 28,695 Australian women. *Journal of Psychosomatic Research*, 101, pp.104–109. doi:https://doi.org/10.1016/j.jpsychores.2017.07.013.

Crespin, D.J., Abraham, J.M., and Rothman, A.J. 2016. The effect of participation in an incentive-based wellness program on self-reported exercise. *Preventive Medicine*, 82, pp.92–98. doi:https://doi.org/10.1016/j.ypmed.2015.11.001.

Creswell, J.W., and Creswell, J.D. 2018. *Research design: Qualitative, quantitative & mixed methods approaches*. London: Sage Publishers.

Croft, J., Parks, A., and Whillans, A. 2024. Why Workplace Well-Being Programs Don't Achieve Better Outcomes. Available at: https://hbr.org/2024/10/why-workplace-well-being-programs-dont-achieve-better-outcomes [Accessed 22 Mar. 2025].

Crouch, C., and Pearce, J. 2012. *Doing research in design*. New York: Bloomsbury Academy.

Cropanzano, R., and Mitchell, M.S. 2005. Social exchange theory: An interdisciplinary review. *Journal of Management*, 31(6), pp.874–900. doi:https://doi.org/10.1177/0149206305279602.

Crous, S. 2016. Employee wellness: Africa's hidden opportunity to bolster growth. *Hr Future*, 2016(04), pp.30–31.

Ćulibrk, J., Delić, M., Slavica, M., and Dubravko, Ć. 2021. Job satisfaction, organisational commitment and job involvement: The mediating role of job involvement. *Frontiers in Psychology*, 9(2), pp.1–12.

Cvenkel, N. 2020. *Approaches to global sustainability, markets, and governance.* Available at: http://www.springer.com/series/15778 [Accessed 22 Mar. 2025].

Cvenkel, N. 2021. *Work-life balance and well-being at work*. New York: Springer International Publishing.

Dailey, S.L., and Zhu, Y. 2017. Communicating health at work: Organisational wellness programs as identity bridges. *Health Communication*, 32(3), pp.261–268. doi:https://doi.org/10.1080/10410236.2015.1120698.

Damien, B. 2024. The role of wellness programs in reducing employee absenteeism. Available at: https://www.westlandinsurance.ca/news/the-role-of-wellness-programs-in-reducing-employee-absenteeism/ [Accessed 21 Mar. 2025].

Daniels, K., Fida, R., Stepanek, M., and Gendronneau, C. 2021. Do multicomponent workplace health and wellbeing programs predict changes in health and wellbeing? *International Journal of Environmental Research and Public Health*, 18(17), pp.1–22. doi:https://doi.org/10.3390/ijerph18178964.

Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A., and Semkina, A. 2021. Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science & Medicine*, 277(113888), pp.1–15. doi:https://doi.org/10.1016/j.socscimed.2021.113888.

DataTab. 2023. *T-Test, chi-square, ANOVA, regression, correlation...* [online] datatab.net. Available at: https://datatab.net/tutorial/levene-test [Accessed 9 Mar. 2025].

De, H., and Goetzel, R.Z. 2016. Health risks worth targeting. *Benefits magazine*, 53(6), pp.16–21.

Deloitte. 2022. *Mental health and well-being in the workplace*. Available at: https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-mental-health-2022-report-noexp.pdf [Accessed 13 Mar. 2025].

Demerouti, B. 2017. Job demands-resources theory. *Journal of Occupational Health Psychology*, 22(3), pp.273–285.

Demerouti, E., and Bakker, A.B. 2011. The job demands the e-resources model: Challenges for future research. *SA Journal of Industrial Psychology*, 37(2), pp.1–9. doi:https://doi.org/10.4102/sajip.v37i2.974.

Deshmukh, K.K. 2020. The work-life balance study focused on working women. *International Journal of Engineering Technologies and Management Research*, 5(5), pp.134–145.

Diestel, S. 2014. The impact of social context on the relationship between individual job satisfaction and absenteeism: the roles of different foci of job satisfaction and work-unit absenteeism. *Leibniz Research Centre for Working Environment and Human Factors*, 57(2), pp.353–382.

Dillette, A.K., Douglas, A.C., and Andrzejewski, C. 2021. Dimensions of holistic wellness as a result of international wellness tourism experiences. *Current Issues in Tourism*, 24(6), pp.794–810.

Dollard, M.F., and Bakker, A.B. 2010. Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organisational Psychology*, 83(3): 579–599. doi:https://doi.org/10.1348/096317909x470690.

Donaghey, J., Cullinane, N., Dundon, T., and Wilkinson, A. 2011. Reconceptualising employee silence. *Work, Employment and Society*, 25(1): 51–67. doi:https://doi.org/10.1177/0950017010389239.

Dos Santos, A., du Toit, J., Faasen, N, Quesada, L.L., Masenge, A.,van Aardt., Wagner, C., Bryman, E., Bell,P., and Hirschsohn. 2021. *Research methodology in business and management contexts*. Oxford: Oxford University.

DPSA. 2013. *Wellness management policy for the public service*. Available at: http://www.dpsa.gov.za/dpsa2g/documents/ehw/2010/WELLNESS%20MANAGEMENT%20POLICY.pdf. [Accessed 15 Mar. 2025].

DPSA. 2019. *Employee health and wellness strategic framework for the public service*. Pretoria: DPSA.

DPSA. 2025. *Department of Public Service and Administration – Annual Report 2024/2025*. Available at: dpsa.gov.za/dpsa2g/documents/institutional/DPSA_Final 2024_25 AR.pdf [Accessed 10 September 2026].

Drageset, J. 2021. *Social support*. Available at: https://www.ncbi.nlm.nih.gov/books/NBK585650/ [Accessed 8 Mar. 2025].

Dudley, T., and Rouen, E. 2021. The big benefits of employee ownership. Available at: https://hbr.org/2021/05/the-big-benefits-of-employee-ownership [Accessed 15 Mar. 2025].

Duke, L.H. 2017. The importance of social ties in mental health. *Mental Health and Social Inclusion*, 21(5), pp.264–270. doi:https://doi.org/10.1108/mhsi-07-2017-0029.

Durkin, N.M. 2023. *Examination of wellness program participation in comparison to employee engagement and employee turnover intention*. Available at: https://www.proquest.com/openview/71975e54fa9448abdf8b0b17820635b7/1?cbl=1

8750&diss=y&pq-origsite=gscholar [Accessed 20 Mar. 2025].

Dushyanthen, S., Zamri, N.I., Chapman, W., Capurro, D., and Lyons, K. 2025. Evaluation of an interdisciplinary educational program to foster learning health systems: education evaluation. *JMIR Medical Education*, 11, pp.1–10.

Edwards, A.V., and Marcus, S. 2018. Employee perceptions of well-being programs. *Journal of Social, Behavioural, and Health Sciences*, 12(1), pp.100–113.

Ehlers, L.I. 2020. Trust and perceptions of compliance, fairness, and good faith in primary labour relationships. *South African Journal of Economic and Management Sciences*, 23(1), pp.1–14.

Ehsan, A.M., and De Silva, M.J. 2015. Social capital and common mental disorder: a systematic review. *Journal of Epidemiology and Community Health*, 69(10), pp.1021–1028. doi:https://doi.org/10.1136/jech-2015-205868.

Ekinci, Y. 2015. *Designing research questionnaires for business and management students.* London: Sage Publications.

Elliott, B., Mehravaran, S., and Hohmann, C. 2024. Empowering underrepresented researchers through effective writing support. *Medical Research Archives*, 12(10), pp.1–15. doi:https://doi.org/10.18103/mra.v12i10.5969.

Elufioye, O.A., Ndubuisi, L., Ebere, R., Awonuga, K.F., Ayanponle, L.O., and Franca, O. 2024. Reviewing employee well-being and mental health initiatives in contemporary HR Practices. *International Journal of Science and Research Archive*, 11(1), pp.828–840.

Engelen, E. 2024. Bridging the gap: enhancing employee well-being at the intersection of physical and mental health. Available at: https://www.modernhealth.com/post/bridging-the-gap-enhancing-employee-well-being-at-the-intersection-of-physical-and-mental-health [Accessed 22 Mar. 2025].

Ericson, A., Bonuck, K., Green, L.A., Conry, C., Martin, J.C., and Carney, P.A. 2023. Optimizing survey response rates in graduate medical education research studies. *Family Medicine*, 55(5), pp.304–310.

Eriksson, A., Orvik, A., Strandmark, M., Nordsteien, A., and Torp, S. 2017. Management and leadership approaches to health promotion and sustainable workplaces: A Scoping Review. *Societies*, 7(2), pp.1–17.

Errida, A., and Lotfi, B. 2021. The determinants of organisational change management success: Literature review and case study. *International Journal of Engineering Business Management*, 13(1), pp.1–15.

Esposito, C., Sulla, F., Toto, G.A., Berardinetti, V., Lavanga, A., Savino, F.P., Iuso, S., Logrieco, M.G.M., and Costa, A.M.E.P. 2024. Promoting well-being from a gender perspective: a systematic review of interventions using digital tools and serious games. *Behavioural Sciences*, 14(11), pp.1–23.

doi:https://doi.org/10.3390/bs14111052.

Fávero, L.P. and Belfiore, P. 2019. *Data science for business and decision making*. London: Academic Press.

Feltner, C., Peterson, K., Palmieri Weber, R., Cluff, L., Coker-Schwimmer, E., Viswanathan, M., and Lohr, K.N. 2016. The effectiveness of total worker health interventions: a systematic review for a National Institutes of Health Pathways to prevention workshop. *Annals of Internal Medicine*, 165(4), pp.262–269. doi:https://doi.org/10.7326/m16-0626.

Fernando, J. 2024. *R-Squared: Definition, Calculation Formula, Uses, and Limitations*. Available at: https://www.investopedia.com/terms/r/r-squared.asp [Accessed 9 Mar. 2025].

Fetters, M.D. 2020. *The mixed methods research workbook: Activities for designing, implementing, and publishing projects*. California: Sage Publications.

Field, A. (2006). *Discovering Statistics Using IBM SPSS Statistics. 6th edition*. Los Angeles: Sage Publications.

Field, C., and Louw, J. 2012. A theory-driven evaluation of a wellness initiative. *SA Journal of Human Resource Management*, 10(2), pp.1–8. doi:https://doi.org/10.4102/sajhrm.v10i3.427.

Fihla, S., and Chinyamurindi, W.T. 2018. Human resources management practices on employee commitment: the case of a local municipality in South Africa. *Journal of Public Administration*, 53(2), pp.215–233.

Fink, J., Zabawa, B., and Chopp, S. 2020. Employee perceptions of wellness programs and incentives. *American Journal of Health Promotion*, 34(3), pp.257–260. doi:https://doi.org/10.1177/0890117119887687.

Flaubert, J.L., Menestrel, S.L., Williams, D.R., and Wakefield, M.K. 2021. *Supporting the health and professional well-being of nurses*. Available at: https://www.ncbi.nlm.nih.gov/books/NBK573902/ [Accessed 9 Mar. 2025].

Fleming, H.K. 2020. Navigating workplace wellness programs in the age of technology and big data. *Journal of Science Policy & Governance*, 17(01), pp.1–9. doi:https://doi.org/10.38126/jspg170104.

Fleming, W.J. 2024. Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. *Industrial Relations Journal*, 55(2), pp.162–182. doi:https://doi.org/10.1111/irj.12418.

Flick, U. 2020. Introducing research methodology. 3rd edition. London: Sage Publishers.

Ford, J.L., and Scheinfeld, E.N. 2016. Exploring the effects of workplace health promotions: A critical examination of a familiar organisational practice. *Annals of the*

International Communication Association, 40(1), pp.277–305. doi:https://doi.org/10.1080/23808985.2015.11735263.

Fouche, C.B., Strydom, H., and Roestenburg. 2021. *Research at the grassroots: For the social sciences and human services professions.* 5th edition. Pretoria: Van Schaik Publishers.

Foy, D. 2024. Prioritizing employee wellness: why it matters and how to support it. Available at: https://www.hse-network.com/prioritizing-employee-wellness-why-it-matters-and-how-to-support-it/ [Accessed 21 Mar. 2025].

Francis, D., and Webster, E. 2019. Poverty and inequality in South Africa: critical reflections. *Development Southern Africa*, 36(6), pp.1–15. doi:https://doi.org/10.1080/0376835X.2019.1666703.

Fritz, C., Ellis, A.M., Demsky, C.A., Lin, B.C., and Guros, F. 2013. Embracing work breaks: recovering from work stress. *Organisational Dynamics*, 42(4), pp.274–280. doi:https://doi.org/10.1016/j.orgdyn.2013.07.005.

Fritz, M., and Berger, P.D. 2015. *Improving the user experience through practical data analytics: gain meaningful insights and increase your bottom line*. Amsterdam: Morgan Kaufmann.

Gallup. 2016. *Employee recognition: low cost, high impact*. Available at: https://www.gallup.com/workplace/236441/employee-recognition-low-cost-high-impact.aspx [Accessed 15 Mar. 2025].

Ganu, D., Ganu, J., and Nyaranga, C.K. 2017. The implementation of workplace wellness programs and their impact on employee work productivity: The case of Safaricom Company Ltd. *Journal of Applied Medical Sciences*, 6(1), pp.1–10.

García-González, J., Forcén, P., and Jimenez-Sanchez, M. 2019. Men and women differ in their perception of gender bias in research institutions. *PLOS ONE*, 14(12), pp.1–21. doi:https://doi.org/10.1371/journal.pone.0225763.

Garrin, J. 2014. The power of workplace wellness: A theoretical model for social change agency. *Journal of Social Change*, 6(1), p.7-15. doi:https://doi.org/10.5590/JOSC.2014.06.1.08.

Gauche, C., De, L.T., Brink, L., Beer, L.D., and Beer, D. 2017. Managing employee well-being: A qualitative study exploring job and personal resources of at-risk employees. *SA Journal of Human Resource Management*, 15(0), pp.1–13.

Gawlik, K.S., Teall, A.M., Zeno, R., Newtz, C., Conrad, K., Kolcun, K., Bobek, H., Deerhake, A., Sullivan, K., Rengers, B., and O'Hara, S. 2024. Integrating wellness into curricula using the ten dimensions of wellness as a framework. *Journal of Professional Nursing*, 50, pp.73–82.

Gazi, A.I., Yusof, M.F., Islam, A., Amin, M.B., and Senathirajah, A.R. 2024. Analyzing the impact of employee job satisfaction on their job behavior in the industrial setting:

an analysis from the perspective of job performance. *Journal of Open Innovation: Technology, Market, and Complexity*, 10(4), pp.1–11.

Gede, D.U., and Huluka, A.T. 2023. The impact of strategic alignment on organisational performance: The case of Ethiopian universities. *Cogent Business & Management*, 10(2), pp.1–17. doi:https://doi.org/10.1080/23311975.2023.2247873.

Geist-Martin, P., and Scarduzio, J. 2016. *Communication, workplace wellness, and flourishing.* California: Waveland Press.

Gelencsér, M., Szabó-Szentgróti, G., Komüves, Z.S., and Hollósy-Vadász, G. 2023. The holistic model of labour retention: The impact of workplace wellbeing factors on employee retention. *Administrative Sciences*, 13(121), pp.1–25.

Ghani, B., Zada, M., Memon, K.R., Ullah, R., Khattak, A., Han, H., Montes, A.A., and Castillo, L.A. 2022. Challenges and strategies for employee retention in the hospitality industry: a review. *Sustainability*, 14(5), pp.1–26. doi:https://doi.org/10.3390/su14052885.

Gibson, H. 2023. *How workplace wellness programs can give employees the energy boost they need*. Available at: https://www.library.hbs.edu/working-knowledge/employee-wellness-programs [Accessed 20 Mar. 2025].

Gibson, T.B., Maclean, J.R., Carls, G.S., Moore, B.J., Ehrlich, E.D., Fener, V., Goldberg, J., Mechanic, E., and Baigel, C. 2017. Engagement in health and wellness: An online incentive-based program. *Preventive Medicine Reports*, 7, pp.86–90.

Gil-Lacruz, M., Gil-Lacruz, A.I., and Gracia-Pérez, M.L. 2020. Health-related quality of life in young people: the importance of education. *Health and Quality of Life Outcomes*, 18(1), pp.1–13. doi:https://doi.org/10.1186/s12955-020-01446-5.

Gilbert-Ouimet, M., Sultan-Taïeb, H., Aubé, K., Matteau, L., Trudel, X., Brisson, C., and Guertin, J.R. 2024. Costs of presenteeism and absenteeism associated with psychological distress among male and female older workers. *Journal of Occupational & Environmental Medicine*, 66(10), pp.467–475.

Gillespie, M.E., Nguyen, V., Demaya, D., and Frieden, L. 2022. Barriers to participation in workplace wellness programs for people with disabilities. *Journal of Occupational & Environmental Medicine*, 64(8), pp.649–652.

Gilson, L., and Agyepong, I.A. 2018. Strengthening health system leadership for better governance: What does it take? *Health Policy and Planning*, 33, pp.1–4. doi:https://doi.org/10.1093/heapol/czy052.

Goetzel, R.Z. 2020(a). Commentary on the study: ‘What do workplace wellness programs do? Evidence from the Illinois Workplace Wellness Study. *American Journal of Health Promotion*, 34(4), pp.440–444.

Goetzel, R.Z. 2020(b). What do workplace wellness programs do? Evidence from the Illinois workplace wellness study”. *American Journal of Health Promotion*, 56(9), pp.1–

14. doi:https://doi.org/10.1177/0890117120906664.

Goetzel, R.Z., Anderson, D.R., Whitmer, R.W., Ozminkowski, R.J., Dunn, R.L., and Wasserman, J. 2009. The relationship between modifiable health risks and health care expenditures. *Journal of Occupational & Environmental Medicine*, 40(10), pp.843–854. doi:https://doi.org/10.1097/00043764-199810000-00003.

Goetzel, R.Z., Henke, R.M., Tabrizi, M., Pelletier, K.R., Loeppke, R., Ballard, D.W., Grossmeier, J., Anderson, D.R., Yach, D., Kelly, R.K., McCalister, T., Serxner, S., Selecky, C., Shallenberger, L.G., Fries, J.F., Baase, C., Isaac, F., Crighton, K.A., Wald, P., and Exum, E. 2014. Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine*, 56(9), pp.927–934.

Goetzel, R.Z., and Ozminkowski, R.J. (2008). The health and cost benefits of workplace health promotion programs. *Annual Review of Public Health*, 29(2), pp.303–320. doi:https://doi.org/10.1146/annurev.publhealth.29.020907.090930.

Golan, M., Hagay, N., and Tamir, S. 2014. Gender Related Differences in Response to 'In Favour of Myself'. *PLoS ONE*, 9(3), pp.1–9. doi:https://doi.org/10.1371/journal.pone.0091778.

Gorgenyi-Hegyes, E., Nathan, R.J., and Fekete-Farkas, M. 2021. Workplace health promotion, employee wellbeing, and loyalty during the COVID-19 pandemic: Large-scale empirical evidence from Hungary. *Economies*, 9(2), pp.1–22. doi:https://doi.org/10.3390/economies9020055.

Graham, J.R., Grennan, J., Harvey, C.R., and Rajgopal, S. 2022. Corporate culture: Evidence from the field. *Journal of Financial Economics*, 146(2), pp.552–593. doi:https://doi.org/10.1016/j.jfineco.2022.07.008.

Griffin-Blake, C.S., and DeJoy, D.M. 2006. Evaluation of social-cognitive versus stage-matched, self-help physical activity interventions at the workplace. *American Journal of Health Promotion*, 20(3), pp.200–209. doi:https://doi.org/10.4278/0890-1171-20.3.200.

Groenland, E., and Dana, L.P. 2019. *Qualitative methodologies and data collection methods: towards increased rigour in management research.* Singapore: World Scientific Publishers.

Gubler, T., Larkin, I., and Pierce, L. 2018. Doing well by making well: the impact of corporate wellness programs on employee productivity. *Management Science*, 64(11), pp.4967–4987.

Guerin, R.J., Harden, S.M., Rabin, B.A., Rohlman, D.S., Cunningham, T.R., TePoel, M.R., Parish, M., and Glasgow, R.E. 2021. Dissemination and implementation science approaches for occupational safety and health research: implications for advancing total worker health. *International Journal of Environmental Research and Public Health*, 18(21), pp.1–19.

Guest, D.E. 2017. Human resource management and employee well-being: Towards

a new analytic framework. *Human Resource Management Journal*, 27(1), pp.22–38. doi:https://doi.org/10.1111/1748-8583.12139.

Gulliver, A., Bennett, K., Bennett, A., Farrer, L.M., Reynolds, J., and Griffiths, K.M. 2015. Privacy issues in the development of a virtual mental health clinic for University Students. *JMIR Mental Health*, 2(1), p.e9. doi:https://doi.org/10.2196/mental.4294.

Gumpili, S.P., and Das, A.V. 2022. Sample size and its evolution in research. *IHOPE Journal of Ophthalmology*, 1(1), pp.9–13.

Hagl, C., Kanitz, R., Gonzalez, K., and Hoegl, M. 2023. Change management interventions: taking stock and moving forward. *Human Resource Management Review*, 34(1), pp.1–9.

Halbesleben, J.R.B., Neveu, J.P., Paustian-Underdahl, S.C., and Westman, M. 2014. Getting to the 'COR': Understanding the role of resources in conservation of resources theory. *Journal of Management*, 40(5), pp.1334–1364. doi:https://doi.org/10.1177/0149206314527130.

Haldane, V., Chuah, F.L.H., Srivastava, A., Singh, S.R., Koh, G.C.H., Seng, C.K., and Legido-Quigley, H. 2020. Community participation in health services development, implementation, and evaluation: a systematic review of empowerment, health, community, and process outcomes. *PLoS One*, 14(5), pp.1–25. doi:https://doi.org/10.1371/journal.pone.0216112.

Hall, J.L., Kelly, K.M., Burmeister, L.F., and Merchant, J.A. 2016. Workforce characteristics and attitudes regarding participation in worksite wellness programs. *American Journal of Health Promotion*, 31(5), pp.391–400. doi:https://doi.org/10.4278/ajhp.140613-quan-283.

Hall, J.L., Kelly, K.M., Burmeister, L.F., and Merchant, J.A. 2017. Workforce characteristics and attitudes regarding participation in worksite wellness programs. *American Journal of Health Promotion*, 31(5), pp.391–400. doi:https://doi.org/10.4278/ajhp.140613-QUAN-283.

Halliday, B., van der Laan, L., and Raineri, A. 2024. Prioritising work health, safety, and wellbeing in corporate strategies: An indicative framework. *Safety*, 10(1), pp.1–20. doi:https://doi.org/10.3390/safety10010018.

Hamadah, S.A., Dima, F.A., Heba, A., and Issam, A. 2023. Implementing wellness programs in strategic human resource management. *Journal of Southwest Jiaotong University*, 58(2), pp.283–290. doi:https://doi.org/10.35741/issn.0258-2724.58.2.26.

Hamid, H.W., and Naidoo, L.D. 2020. The effectiveness of the Road Accident Fund (RAF) performance-management development system at the RAF office in Durban, South Africa. *Journal of Public Affairs*, 20(3), pp.1–14. doi:https://doi.org/10.1002/pa.2106.

Hampson, M.E., Watt, B.D., and Hicks, R.E. 2020. Impacts of stigma and

discrimination in the workplace on people living with psychosis. *BMC Psychiatry*, 20(1), pp.1–11. doi:https://doi.org/10.1186/s12888-020-02614-z.

Hanaysha, J. 2016. Work environment and organisational learning as key drivers of employee productivity: evidence from the higher education sector. *International Journal of Human Resource Studies*, 6(2), pp.1–13. doi:https://doi.org/10.5296/ijhrs.v6i2.9203.

Hannon, P.A., Helfrich, C.D., Chan, K.G., Allen, C.L., Hammerback, K., Kohn, M.J., Parrish, A.T., Weiner, B.J., and Harris, J.R. 2017. Development and pilot test of the workplace readiness questionnaire, a theory-based instrument to measure small workplaces' readiness to implement wellness programs. *American Journal of Health Promotion*, 31(1), pp.67–75. doi:https://doi.org/10.4278/ajhp.141204-QUAN-604.

Haraldsson, G.D., and Kellam, J. 2021. *Going public: iceland's journey to a shorter working week*. Available at: https://autonomy.work/portfolio/icelandsww/ [Accessed 9 Mar. 2025].

Harrison, M.A. and Stephens, K.K. 2019. Shifting from wellness at work to wellness in work: Interrogating the link between stress and organisation while theorising a move toward wellness-in-practice. *Management Communication Quarterly*, 33(4), pp.616–649. doi:https://doi.org/10.1177/0893318919862490.

Harry, N., and Gallie, F. 2019. Employee wellness amongst middle managers in a South African public sector organisation. *Southern African Business Review*, 23, pp.1–22. doi:https://doi.org/10.25159/1998-8125/4140.

Harvard Business Review 2023. *The battle against workplace stress: How smart organisations are creating healthier environments*. Available at: https://hbr.org/sponsored/2023/05/the-battle-against-workplace-stress [Accessed 20 Mar. 2025].

Hassan, S., Ansari, N., and Rehman, A. 2021. Public service motivation, workplace spirituality, and employee well-being: A holistic approach. *Journal of Economic and Administrative Sciences*, (ahead-of-print), pp.42–50.

Hassard, J., Teoh, K.R.H., Visockaite, G., Dewe, P., and Cox, T. 2018. The cost of work-related stress to society: a systematic review. *Journal of Occupational Health Psychology*, 23(1), pp.1–17. doi:https://doi.org/10.1037/ocp0000069.

Hay, M.C. 2016. *Methods that matter: integrating mixed methods for more effective social sciences research.* London. University of Chicago Press.

Hay, K., McDougal, L., Percival, V., Henry, S., Klugman, J., Wurie, H., Raven, J., Shabalala, F., Fielding-Miller, R., Dey, A., Dehingia, N., Morgan, R., Atmavilas, Y., Saggurti, N., Yore, J., Blokhina, E., Huque, R., Barasa, E., Bhan, N., and Kharel, C. 2019. Disrupting gender norms in health systems: making the case for change. *The Lancet*, 393(10190), pp.2535–2549.

Heerden, R.V. 2018. Employee health and wellness: A case of public health in ILembe district. Durban: University of Kwa-Zulu-Natal.

Henderson, M., Harvey, S., Øverland, S., Mykletun, A., and Hotopf, M. 2011. Work and common psychiatric disorders. *Journal of the Royal Society of Medicine*, 104(5), pp.198–207. doi:https://doi.org/10.1258/jrsm.2011.100231.

Hendricks-Sturrup, R.M., Cerminara, K.L., and Lu, C.Y. 2020. A qualitative study to develop a privacy and nondiscrimination best practice framework for personalised wellness programs. *Journal of Personalised Medicine*, 10(4), pp.1–12.

Henke, R.M. 2022. Knowing well, being well: Well-being born of understanding: Supporting workforce mental health during the pandemic. *American Journal of Health Promotion*, 36(7), pp.1213–1244.

Hennicks, E., Heyns, M.M., and Rothmann, S. 2022. Social well-being, job satisfaction, organisational citizenship behaviour, and intentions to leave in a utility organisation. *SA Journal of Industrial Psychology*, 48(1), pp.1–12. doi:https://doi.org/10.4102/sajip.v48i0.1928.

Henrico, K., Maritz, J.E., and Bezuidenhout, J. 2019. Self-managing individual wellness for the health professional: a somatology perspective. *Health SA Gesondheid*, 24(1), pp.1–8.

Herzog, R.J., McClain, K.C., and Rigard, K.R. 2016. Governmentality, biopolitical control, and a value-pluralist perspective on wellness programs: Creating utopian employees. *Administrative Theory & Praxis*, 38(1), pp.37–51.

Hettler, B. 1977. *Six-dimensional model*. London: National Wellness Institute.

Heyns, M.M., and Kerr, M.D. 2018. Generational differences in workplace motivation. *SA Journal of Human Resource Management*, 16, pp.1–10. doi:https://doi.org/10.4102/sajhrm.v16i0.967.

Hitchcock, J.H., and Onwuegbuzie. A.J. 2022. *The Routledge handbook for advancing integration in mixed methods research.* New York: Routledge.

Hill, C. 2014. Job demands and resources of workers in a South African agricultural organisation. *South African Journal of Human Resource Management*, 13(1), pp.1–16.

Ho, S. 2018. The future of workplace wellness programs. *Strategic Human Resources Review*, 16(1), pp.2–6.

Hoert, J., Herd, A.M., and Hambrick, M. 2018. The role of leadership support for health promotion in employee wellness program participation, perceived job stress, and health behaviours. *American Journal of Health Promotion*, 32(4), pp.1054–1061.

Hofmeyr, C.D. 2020. *The protection of personal information act 4 of 2013*. Available

at: https://www.cliffedekkerhofmeyr.com/practice-areas/downloads/Employment-Law-The-Protection-of-Personal-Information-Act-4-of-2013-POPI.pdf [Accessed 25 Mar. 2025].

Hogg, B., Moreno-Alcázar, A., Tóth, M.D., Serbanescu, I., Aust, B., Leduc, C., Paterson, C., Tsantilla, F., Abdulla, K., Cerga-Pashoja, A., Cresswell-Smith, J., Fanaj, N., Meksi, A., Ni Dhalaigh, D., Reich, H., Ross, V., Sanches, S., Thomson, K., Van Audenhove, C., and Pérez, V. 2022. Supporting employees with mental illness and reducing mental illness-related stigma in the workplace: an expert survey. *European Archives of Psychiatry and Clinical Neuroscience*, 273(3), pp.739–753.

Horn, D., Randle, N.W., and McNeil, S.R. 2020. A cross-disciplinary framework to measure workplace wellness program success. *SAM Advanced Management Journal*, 85(1), pp.23-54.

Horwitz, J.R., Kelly, B.D., and DiNardo, J.E. 2013. Wellness incentives in the workplace: Cost savings through cost shifting to unhealthy workers. *Health Affairs*, 32(3), pp.468–476.

Huang, J., Wang, Y., and You, X. 2015. The job demands-resources model and job burnout: The mediating role of personal resources. *Current Psychology*, 35(4), pp.562–569.

Hull, G., and Pasquale, F. 2018. Toward a critical theory of corporate wellness. *BioSocieties*, 13(1), pp.190–212. doi:https://doi.org/10.1057/s41292-017-0064-1.

Hymel, P.A., Loeppke, R.R., Baase, C.M., Burton, W.N., Hartenbaum, N.P., Hudson, T.W., McLellan, R.K., Mueller, K.L., Roberts, M.A., Yarborough, C.M., Konicki, D.L., and Larson, P.W. 2011. Workplace health protection and promotion: A new pathway for a healthier and safer workforce. *Journal of Occupational and Environmental Medicine*, 53(6), pp.695–702.

Idris, O., Fauziah, N.D., and Mohd, Z. 2016. The dynamic role of social exchange and personality in predicting turnover intentions among professional workers. *Procedia Economics and Finance*, pp.541–552. doi:https://doi.org/10.1016/S2212-5671(16)00067-8.

Ilka, L., Berberian, V., Berger, C., Costa, D.D., Joseph, L., and Grover, S.A. 2019. The sustainability of a workplace wellness program that incorporates gamification principles: Participant engagement and health benefits after 2 years. *American Journal of Health Promotion*, 33(6), pp.850–858.

ILO. 1998. *Technical and ethical guidelines for workers' health surveillance*. Available at: https://www.ilo.org/publications/technical-and-ethical-guidelines-workers-health-surveillance [Accessed 25 Mar. 2025].

ILO. 2013. *Workplace wellness initiatives in low and middle-income countries.* Available at: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/genericdocument/wcms_234832.pdf [Accessed 25 Mar. 2025].

ILO. 2024. Decent Work. Available at: https://www.ilo.org/topics/decent-work [Accessed 25 Mar. 2025].

IMF. 2020. *Six charts explain South Africa's inequality*. Available at: https://www.imf.org/en/News/Articles/2020/01/29/na012820six-charts-on-south-africas-persistent-and-multi-faceted-inequality [Accessed 15 Oct. 2024].

Intellect. 2022. *The answer to an ineffective employee wellbeing system?* Available at: https://intellect.co/read/employee-wellbeing-system-cocreation/?utm_source=chatgpt.com [Accessed 27 Mar. 2025].

Inyang, E. 2017. *Doing academic research: problem solved*. London: Cambridge Publishing.

Jackson, E.I. 2015a. Flexi work, financial well-being, work–life balance, and their effects on subjective experiences of productivity and job satisfaction of females in an institution of higher learning. *South African Journal of Economic and Management Sciences*, 21(1), pp.1–13.

Jackson, L.T.B. 2018. Job demands and resources in employee attitudes in a national government model explaining the role. *Journal of Public Administration*, 53(3), pp.731–749.

Jain, A., Hassard, J., Leka, S., Di Tecco, C., and Iavicoli, S. 2021. The role of occupational health services in psychosocial risk management and the promotion of mental health and well-being at work. *International Journal of Environmental Research and Public Health*, 18(7), pp.1–24.

Jakoet-Salie, A., Brynard, D.J., Hanekom, S.X., and Brynard, P.A. 2022. *Introduction to research.* 4th edition. Pretoria: Van Schaik Publishers.

Janesick, V.J. 2016. '*Stretching' exercises for qualitative researchers*. 4th edition. London: Sage Publishers.

Janshen, K., and van Montfort, J. 2019. Analysis of challenges and critical success factors of ERP implementations – a multiple-stakeholder perspective. Jönköping: Jönköping University.

Jaramillo, E.T., Willging, C.E., Green, A.E., Gunderson, L.M., Fettes, D.L., and Aarons, G.A. 2019. Creative financing: Funding evidence-based interventions in human service systems. *The Journal of Behavioural Health Services & Research*, 46(3), pp.366–383.

Jasmin, G.A., Fusco, K.N., and Petrosky, S.N. 2023. Cross-sectional analysis of the relationship between adherence to the Mediterranean diet and mental wellness. *Cureus*, 15(2), pp.1–11.

Jasson, F.L., Du Plessis, M., and Simons, A. 2022. Wellness needs of academic employees: A case study of a South African university. *Journal of Psychology in Africa*,

32(3), pp.232–237.

Jehanzeb, K. 2020. Does perceived organisational support and employee development influence organisational citizenship behavior? European Journal of Training and Development, 44 (6-7): 637–657.

Jena, L.K., Pradhan, S., and Panigrahy, N.P. 2018. Pursuit of organisational trust: Role of employee engagement, psychological well-being and transformational leadership. *Asia Pacific Management Review*, 23(3), pp.227–234.

Jenkins, K.R., Fakhoury, N., Richardson, C.R., Segar, M., Krupka, E., and Kullgren, J. 2019. Characterising employees' preferences for incentives for healthy behaviours: Examples to improve interest in wellness programs. *Health Promotion Practice*, 20(6), pp.880–889. d

Johns, G. 2010. Presenteeism in the workplace: A review and research agenda. *Journal of Organisational Behaviour*, 31(4), pp.519–542.

Jonas, J. 2016. Making practical use of Maslow's hierarchy of needs theory to motivate employees. *Journal of Management and Administration*, *2016(2). pp.105–117.*

Jones, D., Molitor, D., and Reif, J. 2019. What do workplace wellness programs do? Evidence from the Illinois workplace wellness study. *The Quarterly Journal of Economics*, 134(4), pp.1747–1791.

Jongen, C., McCalman, J., and Bainbridge, R. 2018. Health workforce cultural competency interventions: A systematic scoping review. *BMC Health Services Research*, 18(1), pp.1–15.

Jonker, J., and Pennink, B. 2009. *The essence of research methodology: A concise guide for master's and PHD students in management sciences*. Netherlands: Springer.

Juba, O.O. 2024. Impact of workplace safety, health, and wellness programs on employee engagement and productivity. *International Journal of Health, Medicine and Nursing Practice*, 6(4), pp.12–27.

Kacheria, R., and Prasad, G. 2020. The role of wellness and wellbeing programs in work-life balance strategies. *A Global Journal of Humanities*, 3, pp.21–26.

Kaiser, S., Patras, J., Frode, A., Richardsen, A.M., and Martinussen, M. 2020. Using the job demands–resources model to evaluate work-related outcomes among Norwegian health care workers. *Sage Open* 10(3) pp.2–11. doi:https://doi.org/10.1177/2158244020947436.

Kakimoto, K. 2020. Is the workplace wellness program doing good? *Environmental and Occupational Health Practice*, 2(1), pp.1–8.

Kanjere, M., Thaba, K., and Makgato, K. 2014. Employee wellness management programme as a strategy for transforming the public service – a case of the Department of Agriculture in Limpopo Province of South Africa. *Mediterranean Journal of Social Sciences,* 5(27), pp.1286–1292.

Kantarjian, H.M. 2016. The Affordable Care Act, or Obamacare, 3 years later: A reality check. *Cancer*, 123(1), pp.25–28.

Kanyumba, B., Daweti, B., Mathews, M.P., and Khumalo, N. 2024. Strategies to enhance employee well-being in an institution of higher learning in South Africa. *Journal of Management and Business Education*, 7(2), pp.261–276.

Karanika-Murray, M., and Weyman, A.K. 2013. Optimising workplace interventions for health and well-being. *International Journal of Workplace Health Management*, 6(2), pp.104–117. doi:https://doi.org/10.1108/ijwhm-11-2011-0024.

Kava, C.M., Passey, D., Harris, J.R., Chan, K.C.G., and Hannon, P.A. 2021. The workplace support for health scale: Reliability and validity of a brief scale to measure employee perceptions of wellness. *American Journal of Health Promotion*, 35(2), pp.179–185. doi:https://doi.org/10.1177/0890117120949807.

Keida, E., Harris, J., and Friedman, B.A. 2021. Discover wellness: A worksite wellness program for higher education. *Journal of Higher Education Theory and Practice*, 21(10), pp.209–214. doi:https://doi.org/10.33423/jhetp.v21i10.4635.

Kellar-Guenther, Y. 2016. Workplace wellness programs and accessibility for all. *American Medical Association Journal of Ethics*, 18(4), pp.393–398.

Keller, A.O., Berman, R., Scotty, B., and Pinto, D. 2022. Exploring corporate stakeholders' perspectives on building capacity for employee engagement in workplace wellness initiatives. *Journal of Patient Experience*, 9, pp.1–6. doi:https://doi.org/10.1177/23743735221092619.

Kelly, E.L., Berkman, L.F., Kubzansky, L.D., and Lovejoy, M. 2021. *7 strategies to improve your employees' health and well-being*. Available at: https://hbr.org/2021/10/7-strategies-to-improve-your-employees-health-and-well-being [Accessed 25 Mar. 2025].

Kent, K., Goetzel, R.Z., Roemer, E.C., Prasad, A., and Freundlich, N. 2016. Promoting healthy workplaces by building cultures of health and applying strategic communications. *Journal of Occupational and Environmental Medicine*, 58(2), pp.114–122.

Kezar, A.J., and Holcombe, E.M. 2017. Shared leadership in higher education: Important lessons from research and practice. California: University of Southern California.

Khaled, B. 2019. Impact of work-life balance, happiness at work, on employee performance. *International Business Research*, 12(2), pp.99–112.

Khaw, K.W., Alnoor, A., Abrrow, H.A., Tiberius, V., Ganesan, Y., and Atshan, N.A. 2022. Reactions towards organisational change: A systematic literature review. *Current Psychology*, 42(1), pp.1–24.

Khawaja, J. 2020. Does perceived organisational support and employee development influence organisational citizenship behaviour? *European Journal of Training and Development*, 44(6-7), pp.637–657.

Kim, J.S. and Ryu, S. 2017. Employee satisfaction with work-life balance policies and organisational commitment: A Philippine study. *Public Administration and Development*, 37(4), pp.260–276.

Kim, Y., Park, J., and Park, M. 2016. Creating a culture of prevention in occupational safety and health practice. *Safety and Health at Work*, 7(2), pp.89–96.

Kimani, B. 2024. Internal communication strategies and employee engagement. *Journal of Public Relations*, 2(1), pp.13–24. doi:https://doi.org/10.47941/jpr.1695.

Knight, A.P., and Eisenkraft, N. 2015. Positive is usually good, negative is not always bad: The effects of group affect on social integration and task performance. *Journal of Applied Psychology*, 100(4), pp.1214–1227. doi:https://doi.org/10.1037/apl0000006.

Knight, C., Patterson, M., and Dawson, J. 2019. Work engagement interventions can be effective: A systematic review. *European Journal of Work and Organisational Psychology*, 28(3), pp.348–372. doi:https://doi.org/10.1080/1359432X.2019.1588887.

Knippen, K.L., Thompson, A., and Masters, A. 2018. Evaluation of Employee Behaviors, Perceptions, and Attitudes Regarding Worksite Wellness in an Urban Environment. *Food and Nutrition Faculty Publications.* 11 (1), pp. 31-37.

Ko, J., and Hur, S. 2014. The impacts of employee benefits, procedural justice, and managerial trustworthiness on work attitudes: Integrated understanding based on social exchange theory. *Public Administration Review*, 74(4), pp.176–187. doi:https://doi.org/10.1111/puar.12160.In.

Koen, V., Ryke, E.H., Watson, M.J., and Van, S. 2017. Community caregivers' perspectives of community well-being in a mining community. *Health SA Gesondheid*, 22, pp.316–324. doi:https://doi.org/10.1016/j.hsag.2017.05.002.

Kommisetty, P.D.N.K., and Dileep, V. 2024. Robust cybersecurity measures: Strategies for safeguarding organisational assets and sensitive information. *IJARCCE*, 13(8), pp.215–225. doi:https://doi.org/10.17148/ijarcce.2024.13832.

Korman, M.B., Steinberg, R., Gagliardi, L., Stewart, B., Acero, C.L., Davies, J., Maunder, R., Walker, T., DasGupta, T., DiProspero, L., Sinyor, M., and Ellis, J. 2022. Implementing the STEADY wellness program to support healthcare workers throughout the COVID-19 pandemic. *Healthcare*, 10(1), pp.1–14.

Korneeva, Y.A., and Simonova, N.N. 2024. Psychosocial factors in occupational stress among oil exploration workers. *International Health, Safety, Environment and*

Sustainability, 69(1), pp.1-15.

Kossek, E.E., Kalliath, T., and Kalliath, P. 2012. Achieving employee well-being in a changing work environment: An expert commentary on current scholarship. *International Journal of Manpower*, 33(7), pp.738–753. doi:https://doi.org/10.1108/01437721211268294.

Kossivi, B., Xu, M., and Kalgora, B. 2016. Study on Determining Factors of Employee Retention. *Open Journal of Social Sciences*, 4(5), pp.261–268. doi:https://doi.org/10.4236/jss.2016.45029.

Krekel, C., Ward, G., and De Neve, J.E. 2019. Employee Wellbeing, Productivity, and Firm Performance. *SSRN Electronic Journal*, 4, pp.1–44. doi:https://doi.org/10.2139/ssrn.3356581.

Kruger, E., and Jacobs, L. 2019. Teachers' workplace and personal wellness: Perspectives from South African legislation and policies. In: Kowalczuk-Waledziak, M., Korzenieckar-Bonder, M., Danilewicz, W, and Lauwers, G. eds. Rethinking teacher education for the 21st century: trends, challenges, and new direction. Pp184-199.

Kumar, A., Bruyn, A.D., and Bushney, M.J. 2020. The relationship between employee wellness and employee engagement in a parastatal. *Journal of Contemporary Management*, 17(1), pp.1–15. doi:https://doi.org/10.35683/jcm19094.53.

Kwon, K., and Park, J. 2019. The life cycle of employee engagement theory in hrd research. *Advances in Developing Human Resources*, 21(3), pp.352–370. doi:https://doi.org/10.1177/1523422319851443.

Kyei-Frimpong, M., Nyarko Adu, I., Suleman, A.R., and Owusu, B.K. 2022. In search of performance-oriented leadership behaviours in the Ghanaian financial service sector: the role of knowledge sharing. *Journal of Work-Applied Management*, 14(2), pp.272–287.

Laar, C.V., Meeussen L., Veldman, J., Van Grootel, S., Sterk, N., and Jacobs, C. 2019. Coping with stigma in the workplace: understanding the role of threat regulation, supportive factors, and potential hidden costs. *Frontiers in Psychology*, 10(1), pp.345-357.

Lange, S., and Naidoo, V. 2018. An evaluation of the work-life balance among female employees within Eskom Rotek Industries. *Journal of Management & Administration*, 3(1), pp.51–74.

Lapan, S.D., Quartaroli, M.T., and Riemer, F.J. 2012. *An introduction to methods and designs.* New York: Josses-Bass Publishers.

Law, R., Dollard, M.F., Tuckey, M.R., and Dormann, C. 2011. Psychosocial safety climate as a lead indicator of workplace bullying and harassment, job resources, psychological health, and employee engagement. *Accident Analysis & Prevention*, 43(5), pp.1782–1793.

Leedy, P.D., and Ormrod, J.E. 2015. Practical research planning and design. 11th edition. London: Pearson.

Ledikwe, J.H., Kleinman, N.J., Mpho, M., Mothibedi, H., Shreshth, M., Semo, B.W., and O'Malley, G. 2018. Associations between healthcare worker participation in workplace wellness activities and job satisfaction, occupational stress, and burnout: A cross-sectional study in Botswana. *BMJ Open*, 8(3), pp.1–7.

Ledikwe, J.H., Semo, B.W., Miram, S., Mpho, M., Mothibedi, H., Mawandia, S., and O'Malley, G. 2017. Implementation of a national workplace wellness program for health workers in Botswana. *Journal of Occupational and Environmental Medicine*, 59(9), pp.867–874.

Lee, C., Lee, B.H., Choi, I., and Kim, J.K. 2023(a). Exploring determinants of job satisfaction: a comparison between survey and review data. *SAGE Open*, 13(4), pp.1–18. doi:https://doi.org/10.1177/21582440231216528.

Lee, J.H., Yun, I., Nam, C.M., Jang, S.Y., and Park, E.C. 2023(b). Association between physical activity and health-related quality of life in middle-aged and elderly individuals with musculoskeletal disorders: Findings from a national cross-sectional study in Korea. *PLOS ONE*, 18(11), pp.1–10.

Lei, M., Alam, G.M., and Hassan, A.B. 2023. Job burnout amongst university administrative staff members in China—A perspective on sustainable development goals (SDGs). *Sustainability*, 15(11), pp.1–18.

Leischow, S.J., Best, A., Trochim, W.M., Clark, P.I., Gallagher, R.S., Marcus, S.E., and Matthews, E. 2008. Systems thinking to improve the public's health. *American Journal of Preventive Medicine*, 35(2), pp.196–203.

Leka, S., and Jain, A. 2010. *Health Impact of Psychosocial Hazards at Work: An Overview*. Geneva: WHO.

Letshaba, R.K., and Chinomona, E. 2019. Organisational politics and job stress among SMES employees. *Journal of Contemporary Management*, 16(2), pp.459–480.

Levett, K.M., Coughlan, S., Longridge, S., Roumeliotis, V., and Adams, J. 2017. Be well: A systems-based wellness intervention using mindfulness in the workplace – A case study. *Journal of Management & Organisation*, 25(5), pp.613–634.

Lewis, A. 2017. The outcomes, economics, and ethics of the workplace wellness industry. *Journal of Law and Medicine*, 27(1), pp.1-17.

Li, H., Sajjad, N., Wang, Q., Ali, A.M., Khaqan, Z., and Amina, S. 2019. Influence of transformational leadership on employees' innovative work behaviour in sustainable organisations: Test of mediation and moderation processes. *Sustainability*, 11(6), pp.1–21.

Li, X., Yang, S., Wang, Y., Yang, B., and Zhang, J. (2020). Effects of a transtheoretical model-based intervention and motivational interviewing on the management of

depression in hospitalised patients with coronary heart disease: a randomised controlled trial. *BMC Public Health* 20(420), pp.1–12.

Lieber, E. 2016. Mixed methods and collaborative research. *Journal of Music Therapy* 50(4):321-325.
Lier, L.M., Breuer, C., and Dallmeyer, S. 2019. Organisational-level determinants of participation in workplace health promotion programs: A cross-company study. *BMC Public Health*, 19(1), pp.1–8.

Linck, N., Rice, J.S., Hossfeld, F., Rose, S., Stein, A., and Tarekegne, B. 2024. The top-down U.S. approach to equitable decarbonisation does not fully address state and community-scale perspectives. *The Electricity Journal*, 37(6), pp.1–14.

Linnan, L.A., Cluff, L., Lang, J.E., Penne, M., and Leff, M.S. 2019. Results of the workplace health in America survey. *American Journal of Health Promotion*, 33(5), pp.652–665. doi:https://doi.org/10.1177/0890117119842047.

Lipshutz, J.A., Hall, J.E., Penman-Aguilar, A., Skillen, E., Naoom, S., and Irune, I. 2021. Leveraging social and structural determinants of health at the Centers for Disease Control and Prevention. *Journal of Public Health Management and Practice*, 28(2), pp.380–389. doi:https://doi.org/10.1097/phh.0000000000001363.

Lister, K., and Allman, Z. 2024. Embedding mental well-being in the curriculum: a collaborative definition and suite of examples in practice. *Frontiers in Education*, 8(1157614), pp.1–10. doi:https://doi.org/10.3389/feduc.2023.1157614.

Liu, K.T., Kueh, Y.C., Arifin, W.N., Kim, Y., and Kuan, G. 2018. Application of the transtheoretical model to behavioural change and physical activity among university students. *Journal Frontiers in Psychology*, 9, pp.1–8. doi:https://doi.org/10.3389/fpsyg.2018.02402.

Liu, W., and Liu, Y. 2022. The impact of incentives on job performance, business cycle, and population health in emerging economies. *Frontiers in Public Health*, 9(778101), pp.1–14. doi:https://doi.org/10.3389/fpubh.2021.778101.

Lloyd, L.K., Schmidt, E.A., Swearingen, C.C., and Cavanaugh, A.C. 2019. Planning, development, and implementation of a university-led, low-cost employee wellness program in a preK-12th-grade public school district. *Journal of School Health*, 89(8), pp.669–679. doi:https://doi.org/10.1111/josh.12791.

Lloyd, N., Smeeton, N., Freethy, I., Jones, J., Wills, W., Dennington-Price, A., Jackson, J., and Brown, K. 2025. Workplace health and wellbeing in small and medium-sized enterprises (SMEs): A mixed methods evaluation of provision and support uptake. *International Journal of Environmental Research and Public Health*, 22(1), pp.1–44. doi:https://doi.org/10.3390/ijerph22010090.

Loeppke, R.R., Hohn, T., Baase, C., Bunn, W.B., Burton, W.N., Eisenberg, B.S., Ennis, T., Fabius, R., Hawkins, R.J., Hudson, T.W., Hymel, P.A., Konicki, D., Larson, P., McLellan, R.K., Roberts, M.A., Usrey, C., Wallace, J.A., Yarborough, C.M., and Siuba, J. 2015. Integrating Health and Safety in the Workplace. *JOEM*, 57(5), pp.585–

597.

López-Núñez, M.I., Rubio-Valdehita, S., Diaz-Ramiro, E.M., and Aparicio-García, M.E. 2020. Psychological capital, workload, and burnout. *Sustainability*, 12(19), p.1-17.

Louw, V.N. 2012. From Public Administration to governance: Science or ideology? *Journal of Public Administration*, 47(1), pp.88–101.

Lowensteyn, I., Berberian, V., Berger, C., Da Costa, D., Joseph, L., and Grover, S.A. 2019. The sustainability of a workplace wellness program that incorporates gamification principles: Participant engagement and health benefits after 2 years. *American Journal of Health Promotion*, 33(6), pp.850–858. doi:https://doi.org/10.1177/0890117118823165.

Lune, H., and Berg, B.L. 2017. Qualitative research methods for the social sciences. 9th edition. London: Pearson.

Lustgarten, S.D., Garrison, Y.L., Sinnard, M.T., and Flynn, A.W. 2021. Digital privacy in mental healthcare: Current issues and recommendations for technology use. *Current Opinion in Psychology*, 36(1), pp.25–31.

Luthans, F., Youssef, C.M., and Avolio, B.J. 2006. *Psychological capital: Developing the human competitive edge*. Oxford: Oxford University Press.

Lutz, R., Jungbäck, N., Wischlitzki, E., and Drexler, H. 2023. Health-oriented leadership, gender differences, and job satisfaction: Results from a representative population-based study in Germany. *BMC Public Health*, 23(1), pp.1–15.

Lynn, T., Rosati, P., Conway, E., and Van der Werff, L. 2023. *The Future of Work*. *Palgrave Studies in Digital Business & Enabling Technologies*. Cham: Palgrave Macmillan.

Ma, W., Yi, R., Manta, O., and Alzuman, A. 2024. Balancing well-being and responsibility: CSR's role in mitigating burnout in hospitality under UN-SDGs. *Sustainability*, 16(8), pp.1–18.

Mabasa, T.D., and Flotman, A.P. 2022. Employees' experiences of change management in the implementation of a performance management system. *SA Journal of Industrial Psychology*, 48(1), pp.1–11.

Macky, K., and Boxall, P. 2008. High-involvement work processes, work intensification and employee well-being: A study of New Zealand worker experiences. *Asia Pacific Journal of Human Resources*, 46(1), pp.38–55.

Mafini, C., and Pooe, D.R.I. 2013. The relationship between employee satisfaction and organisational performance: Evidence from a South African government department. *SA Journal of Industrial Psychology*, 39(1), pp.1–10.

Maharaj, Y., Adri Mansvelder, A., Gaarekwe, O., Blecher, M., Davén, J., and Kollipara, A. 2017. Health spending is occurring during a period of low economic growth and

fiscal constraints. *South African Health Review, 2017(1), pp.* 25–39.

Malesic, J. 2022. *The end of burnout: why work drains us and how to build better lives*. California: University Of California Press.

Maletzky M.M. 2017. *Employee participation in workplace wellness programmes in the Namibian public service.* Available at: http://etd.uwc.ac.za. [Accessed 9 Mar. 2025].

Makhanya, B. 2021. *The impact of an employee wellness programme on employee wellness and performance.* Pretoria: University of South Africa

Mansour, S., and Tremblay, D.G. 2019. How can we reduce burnout and safety workaround behaviours in healthcare organisations? The role of psychosocial safety climate. *Personnel Review*, 48(2), pp.528–550.

Maphumulo, W.T., and Bhengu, B.R. 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid: a Critical Review. *Curationis*, 42(1), pp.1–9. doi:https://doi.org/10.4102/curationis.v42i1.1901.

Marcussen, K., Gallagher, M., and Ritter, C. 2021. Stigma resistance and well-being in the context of the mental illness identity. *Journal of Health and Social Behaviour*, 62(1), pp.19–36. doi:https://doi.org/10.1177/0022146520976624.

Mariappanadar, S., and Hochwarter, W.A. 2022. A three-way synergistic effect of work on employee well-being: Human sustainability perspective. *International Journal of Environmental Research and Public Health*, 19(22), pp.1–21. doi:https://doi.org/10.3390/ijerph192214842.

Marin-Farrona, M., Wipfli, B., Thosar, S.S., Colino, E., Garcia-Unanue, J., Gallardo, L., Felipe, J.L., and López-Fernández, J. 2023. Effectiveness of worksite wellness programmes based on physical activity to improve workers' health and productivity: a systematic review. *Systematic Reviews*, 12(1), pp.1–13. doi:https://doi.org/10.1186/s13643-023-02258-6.

Marshall, C. 2020. Analysis of a comprehensive wellness program's impact on job satisfaction in the workplace. *International Hospitality Review*, 34(2), pp.221–241.

Maslach, C., and Leiter, M.P. 2016. Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), pp.103–111.

Mathaphuna, M.L., Roestenburg, W., and Mokwele, R.M. 2024. Indicators for the ROI of employee wellness programmes in South African Water Utility Organisations. *SA Journal of Human Resource Management*, 22(0), pp.1–11.

Mathibe, M.S., and Chinyamurindi, W.T. 2021. Determinants of employee mental health in the South African public service: the role of organisational citizenship behaviours and workplace social support. *Advances in Mental Health*, 19(3), pp.306–316.

Mattke, S., and Liu, H. 2015. *Comment on 'Do workplace health promotion (wellness)*

programs work?' Journal of Occupational and Environmental Medicine, 57(1), p.e9. doi:https://doi.org/10.1097/JOM.0000000000000365.

Mattke, S., Liu, H.H., Caloyeras, J.P., Huang, C.Y., Busum, V., Khodyakov, D., and Shier, V. 2013. *Workplace wellness programs study*. Available at: https://www.rand.org/pubs/research_reports/RR254.html [Accessed 9 Mar. 2025].

Mazelis, L.S., Grenkin, G.V., Lavrenyuk, K.I., and Krasko, A.A. 2025. Assessing the risks of employees failing to achieve the organisation's performance indicators when implementing the well-being program. *Journal of Applied Economic Research*, 24(1), pp.287–318. doi:https://doi.org/10.15826/vestnik.2025.24.1.010.

McCart, A., Bergman, M., Green, E.R. and Rose, K. 2022, "Organizational Supports and Developing a Healthy Workforce: A Case Study of Wellness Factors and Leadership. *International journal of information communication technologies and human development*, 14(1), pp.1–13.

McClure, K.S. 2020. *Selecting and describing your research instruments: Concise guides to conducting a behavioural health and social science research.* London: APA.

McIntyre, A., Bagley, N., Frakt, A., and Carroll, A. 2017. The dubious empirical and legal foundations of workplace wellness programs. *Health Matrix*, 27(1), pp.59–80.

McQuillen, B. 2024. *Enhancing employee well-being through holistic wellness programs*. Available at: https://www.ignitehcm.com/blog/enhancing-employee-well-being-through-holistic-wellness-programs [Accessed 14 Mar. 2025].

Mdhluli, N., and Grobler, S. 2025. The SALCOR framework: A transformative approach to employee well-being. *SA Journal of Industrial Psychology*, 51(a2196), pp.1–10.

Medina-Garrido, J.A., Biedma-Ferrer, J.M., and Sánchez-Ortiz, J. 2020. I can't go to work tomorrow! Work-Family policies, well-being, and absenteeism. *Sustainability*, 12(14), pp.1–21.

Melkamu, K.M. 2023. *Exploring the impact of social exchange factors on organisational commitment: A study of the development bank of the Ethiopian Amhara region branches. Journal of Management and Strategy*, 14(2), pp.12–39.

Mensah, A., and Adjei, N.K. 2020. *Work-life balance and self-reported health among working adults in Europe: A gender and welfare state regime comparative analysis. BMC Public Health,* pp.1–14.

Merrill, R.M., and Hull, J.D. 2013. Factors associated with participation in and benefits of a worksite wellness program*. Population Health Management*, 16(4), pp.221–226.

Mhwangani, C.E., and Malindini, K. 2022. Employee wellness programmes and productivity in the workplace: The case of the Gauteng Department of Education. *African Journal of Employee Relations,* 49, pp.1-18.

Michaelsen, M.M., and Esch, T. 2023. Understanding health behavior change by motivation and reward mechanisms: A review of the literature. *Frontiers in Behavioral Neuroscience*, 17(1), pp.1–16.

Michalsons, H. 2019. Data privacy or data protection in South Africa. Available at: https://www.michalsons.com/blog/data-privacy-in-south-africa/150 [Accessed 25 Mar. 2025].

Miller, A.S., Ailey, S.H., Buchholz, S.W., Fogg, L., and Ingram, D. 2019. Improving the stage of change in an employee wellness program. *Workplace Health and Safety*, 67(8), pp.381–390.

Miller, J. 2019. Do wellness programs work? Available at: https://hms.harvard.edu/news/do-wellness-programs-work [Accessed 25 Mar. 2025].

Milliken, D. 2024. UK workers face some of Europe's greatest job stress. Available at: https://www.reuters.com/world/uk/uk-workers-face-some-europes-greatest-job-stress-report-says-2024-11-25/ [Accessed 11 Mar. 2025].

Milner, K., Greyling, M., Goetzel, R.O.N., Silva, R.D.A., Kolbe-alexander, T., Patel, D., Nossel, C., and Beckowski, M. 2013. The relationship between leadership support, workplace health promotion, and employee wellbeing in South Africa. *Health Promotion International*, 30(3), pp.514–522.

Mitchell, L., Amaya, M., Battista, L., Melnyk, B., Andridge, R., and Kaye, G. 2021. Manager support for wellness champions: A case study for consideration and practice implications. *Workplace Health and Safety*, 69(3), pp.100–108.

Mitchell, M.S., Goodman, J.M., Alter, D.A., John, L.K., Oh, P.I., Pakosh, M.T., and Faulkner, G.E. 2013. Financial incentives for exercise adherence in adults: systematic review and meta-analysis. *American Journal of Preventive Medicine*, 45(5), pp.658–667.

Mojapelo, T.J. and Kok, L. 2017. Adherence to occupational health and safety standards: The case of a South African steel processing company. *African Journal of Governance and Development*, 6(1), pp.51–71.

Monday, T.U. 2020. Impacts of the interview as a research instrument of data collection in social sciences. *Journal of Digital Art & Humanities*, 1(1), pp.15–24.

Montuori, P., Sorrentino, M., Sarnacchiaro, P., Di Duca, F., Nardo, A., Ferrante, B., D'Angelo, D., Di Sarno, S., Pennino, F., Masucci, A., Triassi, M., and Nardone, A. 2022. Job satisfaction: Analysis of knowledge, attitudes, and practices in a well-educated population. *International Journal of Environmental Research and Public Health*, 19(21), pp.1–12.

Morgan, M. 2024. *The Impact of Organisational Culture on Organisational Development at the Road Accident Fund ('RAF') in South Africa*. Pretoria: UNISA.

Morgan-lopez, A. 2018. HHS public access. *Journal of Health Promotion*, 32(7), pp.1555–1567.

Morin, J.F., Olsson, C., and Atikcan, E.D. 2021. *Research methods in the social sciences: An A-Z of key concepts*. Oxford: Oxford University Press.

Motshudi, L. 2015. How comprehensive are workplace wellness programmes? Pretoria: University of Pretoria.

Mphahlele, K.M. 2019. *Awareness and perceptions of social development employees regarding employee health and wellness programs at Lepelle-Nkumpi Municipality*. Mini-dissertation. University of Limpopo.

Mujtaba, B.G., and Cavico, F.J. 2013. Corporate Wellness programmes: Implementation Challenges in the Modern American Workplace. *International Journal of Health Policy and Management*, 1(3), pp.193–199.

Mungania, A.K., Waiganjo, E.W., and Kihoro, J.M. 2016. Influence of wellness programmes on organisational performance in the Kenyan banking industry. *International Journal of Academic Research in Business and Social Sciences*, 6(7), pp.173–187.

Muñoz, R.M., Andrade, S.M., Peña, I., and Donate, M.J. 2022. Wellness programmes in times of COVID-19, perceived organisational support and affective commitment: effects on employee innovative behaviour. *European Journal of Innovation Management*, 26(7), pp.23–44.

Nabil, R., Abdelhay, B., and Hamid, B. 2024. Employee Wellbeing in the Workplace: The Role of HR in Mental Health and Wellness Initiatives. *International Journal of Economic Studies and Management*, 4(5), pp.1161–1185.

Naidu, S., and Olivier, B.H. 2025. Employee assistance programmes: A study on stress reduction in trainee accountants. *SA Journal of Human Resource Management*, 23(3): 1-11.

National Department of Health. 2023. *Wellness management policy for the public service*. Pretoria: Department of Health.

Nevins, A. 2024. *Wellbeing initiatives: fostering employee wellness*. Available at: https://culturepartners.com/insights/wellbeing-initiatives-fostering-employee-wellness/ [Accessed 15 Mar. 2025].

Ni, W.J.J., Chang, J.H., Permatasari, H., and Wang, C.J. 2022. Development of an educational protocol for ergonomic risk assessment of working postures to enhance the competence of occupational health nurses. *International Journal of Nursing Practice*, 28(5), pp. 565-577.

Ngulube, P. 2022. Handbook of research on mixed methods in information sciences. New York: Ebscohost Publishing.

Nielsen, K., Nielsen, M.B., Ogbonnaya, C., Marja Känsälä, Saari, E., and Isaksson, K. 2017. Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis. *Work and Stress*, 31(2), pp.101–120. doi:https://doi.org/10.1080/02678373.2017.1304463.

Niks, I.M.W., Veldhuis, G.A., van Zwieten, M.H.J., Sluijs, T., Wiezer, N.M., and Wortelboer, H.M. 2022. Individual workplace well-being captured in a literature- and stakeholders-based causal loop diagram. *International Journal of Environmental Research and Public Health*, 19(15), pp.1–20.

Nöhammer, E. 2022. Designing attractive workplace health promotion programs. *Employee Relations*, 44(1), pp.156–175.

Nurjanah, U., and Suherman, E. 2022. Maslow's theory study: Employee work motivation approach. *Enrichment: Journal of Management*, 12(2), pp.1775–1784.

O'Donnell, M.P. 2015. What is the ROI for workplace health promotion? It really does depend, and that's the point. *American Journal of Health Promotion*, 29(3), pp.1–4.

Ochurub, M., and Ndafenongo, N. 2024. An exploration into the factors affecting the implementation of employee wellness programmes in the public service of Namibia. *International Journal of Research and Innovation in Social Science*, 8(1), pp.948–973.

Ogbonnaya, C., Daniels, K., Connolly, S., and van Veldhoven, M. 2017. Integrated and isolated impact of high-performance work practices on employee health and well-being: A comparative study. *Journal of Occupational Health Psychology*, 22(1), pp.98–114.

Gómez-Carmona, O., Casado-Mansilla, D., López-de-Ipiña, D., and García-Zubia, J. 2024. Employee Perceptions of Privacy and Data Control in Workplace Wellness e-Health Programs. *12th International Conference in Software Engineering Research and Innovation*, 10, pp.2020–2025.

Oliveira, C. de, Saka, M., Bone, L., and Jacobs, R. 2022. The Role of Mental Health on Workplace Productivity: A Critical Review of Literature. *Applied Health Economics and Health Policy*, [online] 21(2), pp.1–15.

Omose, O., and Ikuyinminu, K.S. 2024. Enhancing employee wellness and mitigating corporate burnout through predictive analytics: a case study of louvity's innovative application design and implementation. *Iconic Research and Engineering Journals*, 8(6), pp.32–47.

Ordóñez, L.D., Schweitzer, M.E., Galinsky, A.D., and Bazerman, M.H. 2009. Goals Gone Wild: The Systematic Side Effects of Overprescribing Goal Setting. *Academy of Management Perspectives*, 23(1), pp.6–16.

Otenyo, E.E. and Smith, E.A. 2017. An overview of employee wellness programmes in large U.S. cities: Does geography matter? *Public Personnel Management*, 46(1), pp.3–24.

Othman, A.K., Hamzah, M.I., Abas, M.K., and Zakuan, N.M. 2017. The influence of leadership styles on employee engagement: The moderating effect of communication styles. *International Journal of Advanced and Applied Sciences*, 4(3), pp.107–116.

Ott-Holland, C.J., Shepherd, W.J., and Ryan, A.M. 2019. Examining wellness programmes over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, 24(1), pp.163–179.

Oughton, D., Liutsko, L., Midorikawa, S., Pirard, P., Schneider, T., and Tomkiv, Y. 2021. An ethical dimension to accident management and health surveillance. *Environment International*, 153(106537), pp.1–7.

Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N., and Hoagwood, K. 2015. Purposeful sampling for qualitative data collection and analysis in mixed-method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), pp.533–544.

Pant, I., Patro, L., Sedlander, E., Chandrana, S., and Rimal, R.N. 2022. Monitor to innovate with feedback loops: Process evaluation protocol for an anaemia prevention intervention. *Gates Open Research*, 6(13), pp.1–21.

Parker, A. 2023. *What is employee perception, and why does it matter?* Available at: https://www.driveresearch.com/market-research-company-blog/what-is-employee-perception-and-why-does-it-matter/ [Accessed 22 Mar. 2025].

PMG. 2024. *Road accident fund on its strategic and annual performance plan 2014/15.* Available at: https://pmg.org.za/committee-meeting/17506/ [Accessed 11 Jul. 2025].

Passey, D.G., Brown, M.C., Hammerback, K., Harris, J.R., and Hannon, P.A. 2018(b). Managers' support for employee wellness programmes: An integrative review. *American Journal of Health Promotion*, 32(8), pp.1789–1799.

Passey, D.G., Hammerback, K., Huff, A., Harris, J.R., and Hannon, P.A. 2018(d). The role of managers in employee wellness programmes: A mixed-methods study. *American Journal of Health Promotion*, 32(8), pp.1697–1705.

Passhier, R.V. (2017). Exploring the barriers to implementing national health insurance in South Africa: The people's perspective. *South African Medical Journal*, 107(10), pp.836–838.

Pathak, A. 2024. *The role of leadership in promoting employee wellness*. Available at: https://www.thehrdirector.com/features/employee-engagement/role-leadership-promoting-employee-wellness/ [Accessed 25 Mar. 2025].

Pauw, T.L. 2021. An analysis of National Health Insurance in South Africa post-apartheid. *Development Southern Africa*, pp.1–14.

Pawar, B.S. 2016. Workplace spirituality and employee well-being: An empirical examination. *Employee Relations*, 38(6), pp.975–994.

Peles, I., Sharvit, S., Zlotnik, Y., Gordon, M., Novack, V., Waismel-Manor, R., and Ifergane, G. 2024. Migraine and work – beyond absenteeism, migraine severity, occupational burnout and commuting time – a cohort study. *Research Square*, pp.1–20.

Peña, I., Andrade, S.M., Muñoz, R.M., and Barba-Sánchez, V. 2024. Wellness programmes, perceived organisational support, and their influence on organisational performance. *SAGE Open*, 14(1), pp. 1–14.

Penwell-Waines, L., Cronholm, P.F., Brennan, J., Romain, A., Runyan, C., Buck, K., Fazio, L., Grace, A., Ricker, M., Ross, V., Schneiderhan, J., and Talen, M. 2020. Getting it off the ground: Key factors associated with the implementation of wellness programmes. *Family Medicine*, 52(3), pp.182–188.

Percy, D.M. 2016. *Evaluating the effectiveness of an employee assistance programme within South African police services in the Waterberg District, Limpopo Province*. Available at: http://ulspace.ul.ac.za/bitstream/handle/10386/1807/dipela_mp_2016.pdf?sequence=1&isAllowed=y [Accessed 25 Mar. 2025].

Perrault, E.K., Hildenbrand, G.M., and Rnoh, R.H. 2020. Employees' Refusals to Participate in an Employer-Sponsored Wellness Program: Barriers and Benefits to Engagement. *Compensation & Benefits Review*, 52(1), pp.1–16.

Persaud, N., Devolish, D., and Persaud, I. 2019. Nuts and bolts of research methodology: From conceptualisation to write-up. New York: Ian Randle Publishers.

Person, A.L., Colby, S.E., Bulova, J.A., and Eubanks, J.W. 2010. Barriers to participation in a worksite wellness program. *Nutrition Research and Practice*, 4(2), pp.149–154.

Personify Health, 2024. *MEABT implements an engagement strategy that emphasises the importance of wellness ambassadors*. Available at: https://personifyhealth.com/resources/meabt-implements-engagement-strategy-that-emphasizes-wellness-ambassadors-importance/ [Accessed 15 Mar. 2025].

Pescud, M., Teal, R., Shilton, T., Slevin, T., Ledger, M., Waterworth, P., and Rosenberg, M. 2015. Employers' views on the promotion of workplace health and wellbeing: a qualitative study. *BMC Public Health*, 15(1), pp.1–11.

Phelps. J. 2021. *Engaging research communities in writing studies: ethics, public policy, and research design*. New York: Routledge.

Pink-Harper, S.A., and Rauhaus, B. 2015. Examining the impact of federal employee wellness programmes and employee resilience in the federal workplace. *Public Administration Annual Conference*, pp.354–380.

Plotnikoff, R.C., Costigan, S.A., Williams, R.L., Hutchesson, M.J., Kennedy, S.G., Robards, S.L., Allen, J., Collins, C.E., Callister, R., and Germov, J. 2015. Effectiveness of interventions targeting physical activity, nutrition, and healthy weight for university

and college students. *International Journal of Behavioral Nutrition and Physical Activity*, 12(1), pp.1–10.

Poddar, A., and Chhajer, R. 2024. Detection and disclosure of workplace mental health challenges: An exploratory study from India. *BMC Public Health*, 24(1), pp.1–11.

Pomeranz, J.L. 2015. Participatory workplace wellness programmes. *The Milbank Quarterly,* 93(2), pp.301-318.

Prochaska, J.O., and Velicer, W.F. 1997. The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), pp.38–48.

Provost, T.J. 2024. *Workplace wellness: Assessing organisational return on investment*. Manchester: University of New Hampshire.

Putnam, L.2015. *Workplace wellness that works: 10 steps to infuse well-being and vitality into any organisation*. New Jersey: John Wiley & Sons.

Qaisar, M.N., Mariam, S., and Ahmad, F. 2018. Employee wellness as a predictor of productivity from public-sector management perspectives: a conditional process analysis. *NUML International Journal of Business & Management*, 13(2), pp.104–116.

Quirk, H., Crank, H., Carter, A., Leahy, H., and Copeland, R.J. 2018. Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners. *BMC Public Health*, 18(1), pp.1-10.

Rabarison, K.M., Lang, J.E., Bish, C.L., Bird, M., and Massoudi, M.S. 2017. A simple method to estimate the impact of a workplace wellness program on absenteeism costs. *AM Journal of Health Promotion*, 31(5), pp.454–455.

Radu, C. 2023. Fostering a positive workplace culture: Impacts on performance and agility. *Human Resource Management*, pp.1–18.

RAF 2024(a). *Annual performance plan 2024/2025 financial year*. Available at: https://static.pmg.org.za/1/signed_RAF_APP_24v25.pdf [Accessed 8 Mar. 2025].

RAF 2024(b). *Road Accident Fund 2023/24 Annual Report*. [Available at: https://nationalgovernment.co.za/entity_annual/3987/2024-road-accident-fund-(raf)-annual-report.pdf [Accessed 11 Jul. 2025].

Raihan, N., and Cogburn, M. 2023. *Stages of change theory*. Available at: https://www.ncbi.nlm.nih.gov/books/NBK556005/ [Accessed 23 Mar. 2025].

Rajin, J. 2012. *Employee assistance programme in the South African police service: A case study of Moroka police station*. Pretoria: UNISA.

Rantanen, J., Muchiri, F., and Lehtinen, S. 2020. Decent work, ILO's response to the globalisation of working life: Basic concepts and global implementation with special

reference to occupational health. *International Journal of Environmental Research and Public Health*, 17(10), pp.1–9. doi:https://doi.org/10.3390/ijerph17103351.

Rasool, S.F., Wang, M., Tang, M., Saeed, A., and Iqbal, J. 2021(b). How a toxic workplace environment affects employee engagement: The mediating role of organisational support and employee wellbeing. *International Journal of Environmental Research and Public Health*, 18(5), pp.1–17.

Ravaghi, H., Guisset, A.L., Elfeky, S., Nasir, N., Khani, S., Ahmadnezhad, E., and Abdi, Z. 2023. A scoping review of community health needs and assets assessment: concepts, rationale, tools, and uses. *BMC Health Services Research*, 23(1), pp.1–20.

Razai, M.S., Kooner, P., and Majeed, A. 2023. Strategies and interventions to improve healthcare professionals' well-being and reduce burnout. *Journal of Primary Care & Community Health*, 14(14), pp.1–14.

Raziq, A. and Maulabakhsh, R. 2015. Impact of working environment on job satisfaction. *Procedia Economics and Finance*, 23(1), pp.717–725.

Redelinghuy, K., and Rothmann, S. 2020. Exploring the prevalence of workplace flourishing amongst teachers over time. *SA Journal of Industrial Psychology*, 46(6), pp.1–7.

Reif, J., Chan, D., Jones, D., Payne, L., and Molitor, D. 2020. Effects of a workplace wellness program on employee health, health beliefs, and medical use. *JAMA Internal Medicine*, 180(7), pp.952–960.

Rezai, R., SantaBarbara, N., Almirol, E., Shedd, K., Terry, E., Park, M., and Comulada, W.S. 2020. Efficacy and costs of a workplace wellness programme. *Occupational Medicine*, 70(9), pp.649–655.

Richardson, K.M. 2017. Managing employee stress and wellness in the new millennium. *Journal of Occupational Health Psychology*, 22(3), pp.423–428.

Richardson, K.M., and Rothstein, H.R. 2008. Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology*, 13(1), pp.69–93. doi:https://doi.org/10.1037/1076-8998.13.1.69.

Richemond, D.J., and Needham, C. 2020. The impact of wellness programmes on employee job satisfaction in colleges and universities. *Open Journal of Business and Management*, 08(2020), pp.569–599.

Rickwood, D.J., Mazzer, K.R., and Telford, N.R. 2015. Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood. *BMC Psychiatry*, 15(1), pp.1–9.

Rittschof, K.R., and Fortunato, V.J. 2015. The influence of transformational leadership and job burnout on child protective services case managers' commitment and intent to quit. *Journal of Social Service Research*, 42(3), pp.372–385.

Roemer, A. and Harris, C. 2018. Perceived organisational support and well-being: The role of psychological capital as a mediator. *SA Journal of Industrial Psychology*, 44(0), pp.1–10.

Roestenburg, W.J.H., Strydom, H., and Fouché, C.B. 2021. *Research at Grass Roots: For the Social Sciences and Human Services Professions*. Pretoria: Van Schaik Publishers.

Rojas, M., Méndez, A., and Fassler, K.W. 2023. The hierarchy of needs: empirical examination of Maslow's theory and lessons for development. *World Development*, 165(106185), pp.1–12.

Rossouw, E., Africa, S., and Rothmann, I. 2020. Job demands, job resources, and judges' well-being in South Africa. *Well-being*. pp.1–13.

Rossouw, E., and Rothmann, S. 2019. *Well-being of judges: A review of quantitative and qualitative studies*. SA Journal of Industrial Psychology, pp.1–12.

Rothmann, S. 2013. Manager relations, psychological need satisfaction, and intention to leave in the agricultural sector. *S.A. Journal of Industrial Psychology, 39, pp.* 2–11.

Rothmann, S., Zyl, V., and Rautenbach, C. 2019. *Measuring flourishing at work interventions: The development and validation of the flourishing-at-work scale*. London: Springer International Publishing

Rothstein, M.A. (2017). Employer wellness programmes challenged in court. *Hastings Center Report*, 47(1), pp.4–5.

Routray, B., and Itam, U. (2024). Virtual exhaustion: Assessing the effects on employee digital wellness. *International Journal of Research Publication and Reviews*, 5(4), pp.9797–9804.

Ruvalcaba, C., Duygu, A., and Schroeder, J. (2022). Stakeholders as value creators: The role of multi-level networks in employee wellness programmes. *Journal of Macromarketing*, 42(3), pp.414–432.

Ryu, G., and Bae, K.B. (2020). Do public-sector employees have more psychological wellness than their private-sector counterparts? *Public Organisation Review*, 20(1), pp.1–17.

Sabharwal, M., Kiel, L.D., and Imane, H.M. 2019. Best practices in local government wellness programmes: The benefits of organisational investment and performance monitoring. *Review of Public Personnel Administration*, 39(1), pp.24–45.

SADC. 2021. *SADC Health Workforce Strategic Plan 2020-2030*. Gaborone: SADC Secretariat.

Sadia, B., Tahir, T., Gul, R., and Nawaz, H. 2022. An educational intervention to optimise the physical wellness of university students. *Journal of Positive School Psychology*, 6(8), pp.3779–3792.

Safi, A., Cole, M., Kelly, A.L., Zariwala, M.G., and Walker, N.C. 2022. Workplace physical activity barriers and facilitators. *International Journal of Environmental Research and Public Health*, 19(15), pp.1–16.

Saks, A.M. 2022. Caring human resources management and employee engagement. *Human Resource Management Review*, 32(3), pp.1–15.

Salama, W., Abdou, A.H., Mohamed, S.A.K., and Shehata, H.S. 2022. Impact of Work Stress and Job Burnout on Turnover Intentions among Hotel Employees. *International Journal of Environmental Research and Public Health*, 19(15), pp.1–20.

Salkind, N.J. 2018. Exploring research. 9th edition. London: Pearson

Samanta, A.K. 2017. Employee satisfaction and quality of work life. *International Journal of Trend in Scientific Research and Development*, 2(1), pp.356–360.

Santoso, B. 2024. Employee well-being programs: Assessing the Impact on engagement, productivity, and retention. *Management Studies and Business Journal*, 1(3), pp.472–484.

Santuzzi, A.M., and Barber, L.K. 2018. Workplace telepressure and worker well-being: The intervening role of psychological detachment. *Occupational Health Science*, 2(4), pp.337–363.

Schaufeli, W.B. 2017. Applying the Job Demands-Resources model. *Organisational Dynamics*, 46(2), pp.120–132.

Schaufeli, W.B., Bakker, A.B., and Van Rhenen, W. 2009. How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organisational Behaviour*, *pp. 56-52*.

Schaufeli, W.B., and Taris, T.W. 2014. A critical review of the job demands-resources model: implications for improving work and health. *Bridging Occupational, Organisational and Public Health*, 1(1), pp.43–68.

Schill, A.L. 2017. Advancing well-being through total worker health®. *Workplace Health & Safety*, 65(4), pp.158–163.

Schroeder, T., Haug, M., and Gewald, H. 2021. Data privacy concerns among mature adults using mHealth Apps and Smart Speakers. *JMIR Formative Research*, 6(6), pp.1–12.

Schwatka, N.V., Dally, M., Shore, E., Tenney, L., Brown, C.E., Scott, J.G., Dexter, L., and Newman, L.S. 2022. Small + Safe + Well: lessons learned from a Total Worker Health randomised intervention to promote organisational change in small businesses. *BMC Public Health*, 22(1), pp.1–12.

Sears, J.M., Edmonds, A.T., Hannon, P.A., Schulman, B.A., and Fulton-Kehoe, D. 2022. Workplace wellness program interest and barriers among workers with work-related permanent impairments. *Workplace Health & Safety*, 70(8), pp.348–357.

Seidman, A.J., Wade, N.G., and Geller, J. 2022. The effects of group counselling and self-affirmation on stigma and group relationship development: A replication and extension. *Journal of Counselling Psychology*, 69(5), pp.701–710.

Selvaraj, S., and Sowmya, R. 2021. Transtheoretical model of behavioural change transtheoretical model of behavioural change. *International Journal of Pharmaceutical Research*, 13(2), pp.344–346.

Serdar, C.C., Cihan, M., Yücel, D., and Serdar, M.A. 2021. Sample size, Power and Effect Size revisited: Simplified and Practical Approaches in pre-clinical, Clinical and Laboratory Studies. *Biochemia Medica*, 31(1), pp.27–53.

Seward, M.W., Goldman, R.E., Linakis, S.K., Werth, P., Roberto, C.A., and Block, J.P. 2019(a). Showers, Culture, and Conflict Resolution. *Journal of Occupational and Environmental Medicine*, 61(10), pp.829–835.

Shanafelt, T., Trockel, M., Ripp, J., Murphy, M.L., Sandborg, C., and Bohman, B. 2019. Building a program on well-being. *Academic Medicine*, 94(2), pp.156–161.

Shanafelt, T.D., and Noseworthy, J.H. 2019. Executive leadership and physician well-being. *Mayo Clinic Proceedings*, 92(1), pp.129–146.

Sheen, A., Rubin, M.S., and Edelstein, B.L. 2024. Innovative state oral health initiatives. *The Journal of the American Dental Association*, 155(10), pp.825–835. doi:https://doi.org/10.1016/j.adaj.2024.07.001.

Sherman, B.W., Stiehl, E., Wator, C., and Pratap, P.L. 2024. Why don't employees participate in well-being programs? *Journal of Occupational and Environmental Medicine*, 66(2), pp.156–160.

Shiri, R., Nikunlaakso, R., and Laitinen, J. 2023. Effectiveness of workplace interventions to improve the health and well-being of health and social service workers. *Healthcare*, 11(12), pp.1–19.

Shokrollahi, N. 2023. Employee engagement in the era of remote work: strategies for innovation and productivity. *International Journal of Innovation Management and Organisational Behaviour*, 3(1), pp.122–128.

Shrivastava, S. and Prasad, V. 2019. Importance of effective communication strategies to improve workplace communication. *International Journal of Recent Technology and Engineering*, 8(3S3), pp.161–168.

Shuck, B., and Reio, T.G. 2014. Employee engagement and well-being: A moderation model and implications for practice. *Journal of Leadership and Organisational Studies*, 21(1), pp.43–58.

Sieberhagen, C. and Pienaar, P.J. 2008. *Employee health and wellness practices in South Africa*. *SA Journal of Human Resource Management*, pp.184-197.

Sieberhagen, C., Pienaar, J., and Els, C. 2011. Management of employee wellness in South Africa: Employer, service provider, and union perspectives. *SA Journal of Human Resource Management*, 9(1), pp.1–14.

Sieberhagen, C., Rothmann, S., and Pienaar, J. 2009. Employee health and wellness in South Africa: The role of legislation and management standards. *SA Journal of Human Resource Management*, 7(1), pp.18–26.

Silverman, D. 2022. *Doing qualitative research.* 6th Edition. California: Sage Publishers.

Šimundić, A.M. 2013. Bias in Research. *Biochemia Medica*, 23(1), pp.12–15.

Singh, S., Naicker, A., Grobbelaar, H., Singh, E.S., Spiegelman, D., and Shrestha, A. 2024. Barriers and facilitators of implementing a healthy lifestyle intervention at workplaces in South Africa. *International Journal of Environmental Research and Public Health*, 21(4), pp.1–12.

Singleton, R.A., and Straits, B.C. 2018. *Approaches to social research.* 6th edition. Oxford: Oxford University Press.

Sisko, M.L.H., Ensio, K.H., and Nevalainen, M. 2014. Digital channels in the internal communication of a multinational corporation. *Corporate Communications International Journal*, 19(3), pp.275–286.

Skaal, L., and Supa, P. 2012. The predictive validity and effects of the transtheoretical model on increasing physical activity among healthcare workers in a public hospital in South Africa. *Translational Behavioural Medicine*, 19(12), pp.384–391.

Smidt, M.N., Jimmieson, N.L., Bradley, L.M., and Edwards, M.R. 2023. Wellness programs and employee outcomes: The role of HR attributions. *Asia Pacific Journal of Human Resources*, 61(3), pp.613–642.

Smidt, M.N., Jimmieson, N.L., and Bradley, L.M. 2021. Predicting employee participation in, and satisfaction with, wellness programs. *Journal of Occupational and Environmental Medicine*, 63(12), pp.1005-1018.

Smit, D.J.M., Proper, K.I., Engels, J.A., Campmans, J.M.D., and Sandra, F. 2023. Barriers and facilitators for participation in workplace health promotion programs. *International Archives of Occupational and Environmental Health*, 96(3), pp.389–400.

Smith, A.D., Damron, T., and Melton, A. 2017. Aspects of corporate wellness programs. *Benchmarking: An International Journal*, 24(6), pp.1523–1551.

Snežana, L., and Jelena, L.N. 2021. The importance of workplace wellness programs in protecting employee health. *Sport*, 11(2), pp.91–98.

Soman, N. 2024. *The Rising Importance of Health and Wellness in the Workplace*. Available at: https://www.decent.com/blog/10-innovative-employer-sponsored-wellness-initiatives-to-implement [Accessed 15 Mar. 2025].

Song, Z., and Baicker, K. 2019(a). Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes. *JAMA*, 321(15), pp.1491–1501.

Sood, R., Jenkins, S.M., Sood, A., and Clark, M.M. 2019. Gender differences in self-perception of health at a wellness center. *American Journal of Health Behavior*, 43(6), pp.1129–1135.

SoPact. 2024. *Monitoring, evaluation, and learning guide.* Available at: https://www.sopact.com/guides/monitoring-evaluation-and-learning [Accessed 27 Mar. 2025].

Soren, A., and Ryff, C.D. 2023. Meaningful work, well-being, and health: enacting a eudaimonic vision. *International Journal of Environmental Research and Public Health*, 20(16), pp.1–21.

Sorensen, G., Landsbergis, P., Hammer, L., Amick, B.C., Linnan, L., Yancey, A., Welch, L.S., Goetzel, R.Z., Flannery, K.M., and Pratt, C. 2011. Preventing chronic disease in the workplace. *American Journal of Public Health*, 101(1), pp.196–207.

Sorensen, G., Sparer, E., Williams, J.A.R., Gundersen, D., Boden, L.I., Dennerlein, J.T., Hashimoto, D., Katz, J.N., McLellan, D.L., Okechukwu, C.A., Pronk, N.P., Revette, A., and Wagner, G.R. 2019. Measuring best practices for workplace safety, health, and well-being. *Journal of Occupational and Environmental Medicine*, 60(5), pp.430–439.

South African Government. 2008. Basic conditions of employment act. *Government Gazette*, 469(869), pp.4–6.

South African Government. 1993. *Republic of South Africa government gazette staatskoerant van die Republiek van Suid-Afrika*. Available at: https://www.gov.za/sites/default/files/gcis_document/201409/act85of1993.pdf [Accessed 23 Mar. 2025].

South African Government. 1996. *Section 23 - Labour relations*. Available at: https://www.concourt.org.za/index.php/87-workers-rights/section-23-labour-relations [Accessed 23 Mar. 2025].

Southern African Legal Information Institute. 2016. *Mhlongo v Road Accident Fund (13348/2016) [2024] ZAGPJHC 939 (20 September 2024)*. Available at: https://www.saflii.org/za/cases/ZAGPJHC/2024/939.html [Accessed 12 Jul. 2025].

Southgate, G., Aderibigbe, J.K., Balogun, T.V., and Mahembe, B. 2023. Leadership styles as predictors of employee engagement at a selected tertiary institution. *SA Journal of Human Resource Management*, 26(1), pp.1–12.

Sowerby, K. 2024. *Understanding the barriers to participation in employee wellbeing initiatives.* Available at: https://www.intelligenthealth.co.uk/understanding-the-barriers-to-participation-in-employee-wellbeing-initiatives/ [Accessed 8 Mar. 2025].

Staniszewska, S., Denegri, S., Matthews, R., and Minogue, V. 2018. Reviewing progress in public involvement in NIHR research: developing and implementing a new vision for the future. *BMJ Open*, 8(7), pp.1–11.

Steen, T., and Schott, C. 2019. Public sector employees in a challenging work environment. *Public Administration*, 97(1), pp.3–10.

Stephens, M.B., Dong, T., and Durning, S.J. 2015. Physical fitness and academic performance. *Military Medicine*, 180(4), pp.77–78.

Stewart, R.E., Mandell, D.S., and Beidas, R.S. 2021. Lessons from maslow: prioritizing funding to improve the quality of community mental health and substance use services. *Psychiatric Services*, 72(10), pp.1219–1221.

Stiehl, E., Jones-Jack, N.H., Baron, S., and Muramatsu, N. 2019. Worker well-being in the United States: Finding variation across job categories. *Preventive Medicine Reports*, 13, pp.5–10.

Stoewen, D.L. 2017. *Veterinary wellness bien-être vétérinaire dimensions of wellness: Change your habits, change your life*. Available at: http://www.alleydog.com/glos-. [Accessed 20 Mar. 2025].

Strassle, C. and Berkman, B.E. 2020(a). Workplace wellness programs: empirical doubt, legal ambiguity, and conceptual confusion. *William and Mary Law Review*, 61(6), pp.1–56.

Stringer, L. 2016. *The healthy workplace: how to improve the well-being of your employees--and boost your company's bottom line*. New York: Amacom.

Sukumar, G., and Reddick, C.G. 2018. Prospects and challenges of the sharing economy for the public sector. *Government Information Quarterly*, 35(1), pp.77–87.

Suliman, Z., Mohale, N.E., Maphoto, K.B., and Sevnarayan, K. 2024. The interconnectedness between Ubuntu principles and generative artificial intelligence in distance higher education institutions. *Discover Education*, 3(188), pp.1–13.

Suresh, V., Vivek, S., and Sreejith, S.S. 2024. Assessing the long-term viability of farmers' collectives in South India. *Frontiers in Sociology*, 9(1415725), pp.1–14.

Susanto, P., Hoque, M.E., Jannat, T., Emely, B., Zona, M.A., and Islam, M.A. 2022. Work-Life balance, job satisfaction, and job performance of smes employees: The moderating role of family-supportive supervisor behaviors. *Frontiers in Psychology*, 13(1), pp.1–12.

Swaroop, S., and Sharma, L. 2022. Employee engagement in the era of the remote workforce. *Cardiometry*, 1(23), pp.619–628.

Swayze, J.S., and Burke, L.A. 2013. Employee wellness program outcomes: A case study. *Journal of Workplace Behavioral Health*, 28(1), pp.46–61.

Szrek, H., Vlad Gyster, Darnowsky, P., and Farias, A.R. 2019. Messaging, monetary incentives, and participation in wellness programmes. *International Journal of Workplace Health Management*, 12(5), pp.289–297.

Rakepa, T., and Uys, F. 2013. A critical evaluation of an employee health and wellness programme of the Department of Education. *African Journal of Public Affairs*, 6(3), pp.24–37.

Taheri, R.H., Miah, S., and Kamaruzzaman, Md. 2020. Impact of working environment on job satisfaction. *European Journal of Business and Management Research*, 5(6), pp.1–5.

Tangirala, S., and Ramanujam, R. 2008. Employee silence on critical work issues: The cross-level effects of procedural justice climate. *Personnel Psychology*, 61(1), pp.37–68.

Taylor, W.C., and Karen, M. 2010. *Booster Breaks*. Houston: Karrick Press.

Tene, O., and Polonetsky, J. 2013. Big data for all: privacy and user control in the age of analytics. *Northwestern Journal of Technology and Intellectual Property*, 11(5), pp. 239-152.

Tenney, M. 2024. *How to communicate effectively to motivate employees (7 tips)*. Available at: https://peoplethriver.com/how-to-communicate-effectively-to-motivate-employees/ [Accessed 20 Mar. 2025].

Tetrick, L.E., and Winslow, C.J. 2015. Workplace stress management interventions and health promotion. *Annual Review of Organisational Psychology and Organisational Behavior*, 2(1), pp.583–603.

Thaivalappil, A., Stringer, J., Young, I., Burnett, A., Bhattacharyya, A., and Papadopoulos, A. 2024. Embedding health and well-being in value statements of Canada's post-secondary institutions. *Canadian Journal of Higher Education*, 54(1), pp.55–70.

The Institute for Health and Productivity Studies. 2023. *Physical activity in the workplace: employer user guide*. Available at: https://publichealth.jhu.edu/sites/default/files/2023-06/whrn-pa.pdf [Accessed 20 Mar. 2025].

Thomas, C.G. 2021. *Research methodology and scientific writing*. 2nd edition. Geneva: Springer Publishers.

Thompson, S.E., Smith, B.A., and Bybee, R.F. 2005. Factors influencing participation in worksite wellness programmes among minority and underserved populations. *Family & Community Health*, 28(3), pp.267–273.

Thuynsma, C., and De, L.T. 2017. Burnout, depressive symptoms, job demands, and satisfaction with life: Discriminant validity and explained variance. *South African Journal of Psychology*, 47(1), pp.46–59.

Tight, M. 2019. *Documentary research in the social sciences: Quantitative approaches.* New York: Sage Publishers.

Tlapu, M.M., Klopper, H., and S Lekalakala-Mokgele. 2015. Views and experiences of employees regarding wellness facilitation in nursing colleges in Gauteng and North West Provinces, South Africa. *African Journal for Physical, Health Education, Recreation & Dance*, 21(1:2), pp.353–362.

Torous, J., and Nebeker, C. 2017. Navigating ethics in the digital age: introducing connected and open research ethics, a tool for researchers and institutional review boards. *Journal of Medical Internet Research*, 19(2), pp.1-12.

Torres, E.N., and Zhang, T. 2021. The impact of wearable devices on employee wellness programmes: A study of hotel industry workers. *International Journal of Hospitality Management*, 93(2), pp.34-52.

Torres, G., Mukoma, G., Neophytou, N., and Philippe J.G. 2023. Employee perceptions of an established health and wellness coaching program to improve behavior. *Journal of Occupational and Environmental Medicine*, 65(8), pp.571–577.

Totterdill, P. 2015. Closing the gap: the fifth element and workplace innovation. *European Journal of Workplace Innovation*, 1(1), pp.55–74.

Tracy, K., and Wallace, S. 2020. Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7(7), pp.143–154.

Tringali, V., Fritts, M., Giandonato, J., Luehr, M., Reilly, C., Moody, J., and Aldridge, C. 2022. The relationship of workplace health climate and participation in an employee wellness program. *American Journal of Health Research*, 10(1), pp.13–19.

Trivedi, A. and Mehta, A. 2019. Maslow's Hierarchy of Needs -Theory of Human Motivation. *International Journal of Research in All Subjects in Multi Languages* 7(6), pp.38–41.

Tryon, K., Bolnick, H., Pomeranz, J.L., Pronk, N., and Yach, D. 2014. Making the workplace a more effective site for the prevention of noncommunicable diseases in adults. *Journal of Occupational and Environmental Medicine*, 56(11), pp.1137–1144.

Tu, H., and Mayrell, T.N. 2010. Employer wellness initiatives grow, but effectiveness varies widely. *Research Brief*, 1, pp.1–13.

Tzenios, N. 2019. The impact of health literacy on employee productivity: An empirical investigation. *Charisma University*, pp.21–33.

United Nations. 2015. *Employment, decent work for all, and social protection | Department of Economic and Social Affairs*. Available at: https://sdgs.un.org/topics/employment-decent-work-all-and-social-protection [Accessed 25 Mar. 2025].

Unsal, N., Weaver, G., Bray, J.W., Bibeau, D., and Saake, G. 2020. Return on investment of workplace wellness: evidence from a long-term care company. *Workplace Health & Safety*, 69(2), pp.81–90.

Unsal. N., Weaver, G.L., Bray, J., and Bibeau, D. 2021. A scoping review of economic evaluations of workplace wellness programs. *Public Health Reports*, 136(6), pp.671–684.

Urme, U.N. 2023. The impact of talent management strategies on employee retention. *International Journal of Science and Business*, 28(1), pp.127–146.

van Berkel, J., Meershoek, A., Janssens, R.M., Boot, C.R., Proper, K.I., and van der Beek, A.J. 2014. Ethical considerations of worksite health promotion: an exploration of stakeholders' views. *BMC Public Health*, 14(1), pp.1–10.

Van Breda, A. 2019. Developing the notion of ubuntu as an African theory for social work practice. *Social Work*, 55(4), pp.439–450.

Van Der Feltz-Cornelis, C.M., Varley, D., Allgar, V.L. and de Beurs, E. 2020. Workplace stress, presenteeism, absenteeism, and resilience amongst university staff and students in the COVID-19 lockdown. *Frontiers in Psychiatry*, 11(588803), pp.1–15.

Van Dijck, J. 2014. Datafication, dataism, and data surveillance: Big data between scientific paradigm and ideology. *Surveillance & Society*, 12(2), pp.197–208.

Van Laar, C., Meeussen, L., Veldman, J., Van Grootel, S., Sterk, N., and Jacobs, C. 2019. Coping with stigma in the workplace: understanding the role of threat regulation, supportive factors, and potential hidden costs. *Frontiers in Psychology*, 10(1879) pp. 1- 21.

Van Rensburg, B., and Michèle, B. 2013. The job demands-resources model of work engagement in South African call centres. *SA Journal of Human Resource Management*, 11(1), pp.6-24.

Van Niekerk, Z., Maguvhe, M.O., and Magano, M.D. 2022. How education, training, and development support the wellness of employees with disabilities. *African Journal of Disability*, 11(882), pp.1–11.

Vanderlinde, B. 2018. *Exploring the employee wellness practices of SMMES in the Gauteng region*. Pretoria: UNISA.

Varga, S., Mistry, T.G., Ali, F., and Cihan Cobanoglu. 2021(a). Employee perceptions of wellness programmes in the hospitality industry. *International Journal of Contemporary Hospitality Management*, 33(10), pp.3331–3354.

Varga, S., Mistry, T.G., Ali, F., and Cihan Cobanoglu. 2021(b). Employee perceptions of wellness programmes in the hospitality industry. *International Journal of Contemporary Hospitality Management*, 33(10), pp.3331–3354.

Varley, T., and Glaser, J. 2023. *Using Data to Improve Employee Health and Wellness*. Available at: https://hbr.org/2023/11/using-data-to-improve-employee-health-and-wellness [Accessed 20 Mar. 2025].

Vedernikov, A., Sun, Z., Kykyri, V.L., Pohjola, M., Nokia, M., and Li, X. 2024. Analyzing participants' engagement during online meetings using unsupervised remote photoplethysmography with behavioral features. *ArXiv*, pp.1–13. doi:https://doi.org/10.48550/arxiv.2404.04394.

Vera, S., Schaay, N., Helen, S., and David, S. 2017. Addressing social determinants of health in South Africa. *South African Health Review*, 17(1), pp. 77–87.

Viseu, J., Pinto, P., Borralha, S. and de Jesus, S.N. 2020. Role of individual and organisational variables as predictors of job satisfaction among hotel employees. *Tourism and Hospitality Research*, 20(4), pp.466–480.

Volpp, K.G., Asch, D.A., Galvin, R., and Loewenstein, G. 2011. Redesigning Employee Health Incentives — Lessons from Behavioral Economics. *New England Journal of Medicine*, 365(5), pp.388–390.

Vyas-Doorgapersad S. 2024. Employee wellness programmes for improved performance. *International Journal of Educational Review*, 4(1), pp.1–12.

Vyas-Doorgapersad, S. 2023. A critical review of employee health, wellbeing programs, and organisational success. *International Journal of Research in Business and Social Science*, 12(6), pp.91–100.

Vyas-Doorgapersad, S. 2024. Understanding Employee Wellness for Improved Performance and Achieving Sustainable Development Goal 3. *International Journal of Religion*, 5(11), pp.2889–2899.

Vyas-Doorgapersad, S. 2023. Challenges to achieve Goal 5 of the Sustainable Development Goals (SDGs) in South Africa. *International Journal of Research in Business and Social Science*, 12(6), pp.257–266.

Vyas-Doorgapersad, S., and Surujlal, J. 2015. Alternative therapies for gender-based work wellness: Perceptions of Employees. *Gender & Behaviour*, 13(2), pp.6685–6693.

Wadyka, S. 2020. *Are workplace wellness programs: a privacy problem?* Available at: https://www.consumerreports.org/health/health-privacy/are-workplace-wellness-programs-a-privacy-problem-a2586134220/ [Accessed 22 Mar. 2025].

Walliman, N. 2022. *Research methods: The basics*. 3rd edition. New York: Routledge.

Walker, S.G., and Carr, J.E. 2021. Generalities of findings from single-case designs: It's not all about the 'N'. *Behavior Analysis in Practice*, 14(4), pp.991–995.

Walumbwa, F.O., Christensen-salem, A., Perrmann-graham, J., and Kasimu, P. 2020. An identification-based framework examining how and when salient social exchange resources facilitate and shape thriving at work. *Human Resource Development*

Review, 19(4).

Webber, C.F., Nickel, J., Hamilton, S., and Braunberger, D. 2024. Contextualised shared leadership. *School Leadership & Management*, 44(3), pp.318–337.

Weinstein, M. 2022. Strategic choice and implementation of workplace wellness programs in the United States. *Healthcare*, 10(7), pp.1–10.

Welman, K. and Mitchell. 2005. *Research methodology.* Oxford: Oxford University Press.

Wentzel, M. 2020. *Corporate wellness programs in South Africa: Contextualising pitfalls that prevent businesses from achieving a culture of wellness*. Available at:https://repository.up.ac.za/bitstream/handle/2263/78583/Wentzel_Corporate_2021.pdf?sequence=1&isAllowed=y [Accessed 20 Mar. 2025].

Whyte, C. 2020. The components of an effective employee health and wellness programme in healthcare workers. *South African Journal of Public Health*, pp.27–29.

Wieneke, K.C., Egginton, J.S., Jenkins, S.M., Kruse, G.C., Lopez-Jimenez, F., Mungo, M.M., Riley, B.A., and Limburg, P.J. 2019(a). Well-being champion impact on employee engagement, staff satisfaction, and employee well-being. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, 3(2), pp.106–115.

Wolever, R.Q., Bobinet, K.J., McCabe, K., Mackenzie, E.R., Fekete, E., Kusnick, C.A., and Baime, M. 2012. Effective and viable mind-body stress reduction in the workplace: A randomized controlled trial. *Journal of Occupational Health Psychology*, 17(2), pp.246–258.

Wolff, L.M. 2012. *Factors That Influence Wellness Program Participation among Male Blue-Collar Workers*. Iowa: University of Northern Iowa.

Workplace Options. 2022. *Wellbeing Ambassador Program*. Available at: https://www.workplaceoptions.com/case_study/wellbeing-ambassador-program/ [Accessed 15 Mar. 2025].

World Health Organisation, 2022. *Mental health at work: Policy brief*. Available at: https://www.who.int/publications/i/item/9789240057944 [Accessed 13 Mar. 2025].

World Health Organisation 2023. *Noncommunicable Diseases*. Available at: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases [Accessed 14 Oct. 2024].

World Health Organisation, 2024. *Mental health at work*. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work [Accessed 25 Mar. 2025].

Wright, T.A., and Huang, C.C. 2012. The many benefits of employee well-being in organisational research. *Journal of Organisational Behaviour*, 33(8), pp.1188–1192.

Wu, A., Roemer, E.C., Kent, K.B., Ballard, D.W., and Goetzel, R.Z. 2021. Organisational Best Practices Supporting Mental Health in the Workplace. *Journal of Occupational & Environmental Medicine*, 63(12), pp.925–931.

Wu, M.J., Zhao, K., and Fils-Aime, F. 2022. Response Rates of Online Surveys in Published research: A meta-analysis. *Computers in Human Behaviour Reports*, 7(2), pp.1–11.

Yadav, A., Deepika, P., and Singh, S. 2022. Work-life integration, job contentment, employee engagement, and its impact on organisational effectiveness: a systematic literature review. *Industrial and Commercial Training*, 54(3), pp.509–527.

Yin, J., Qu, M., Li, M., and Liao, G. 2022. Team leader's conflict management style and team innovation performance in remote r&d teams. *Sustainability*, 14(17), pp.1–14.

Yin, N. 2018. The influencing outcomes of job engagement: an interpretation from the social exchange theory. *International Journal of Productivity and Performance Management*, 67(5), pp.873–889.

Yin, R.K. 2018. *Case study research and applications: Design and methods*. 6th edition. Los Angeles: Sage Publications.

Yurdakul, G., and Arar, T. 2023. Revisiting Maslow's hierarchy of needs: Is it still universal content? *Journal of Human Behaviour in the Social Environment*, 33(8), pp.1–28.

Zadow, A.J., Dollard, M.F., Dormann, C., and Landsbergis, P. 2021. Predicting new major depression symptoms from long working hours, psychosocial safety climate, and work engagement: a population-based cohort study. *BMJ Open*, 11(6), pp.1–11.

Zhenjing, G., Chupradit, S., Ku, K.Y., Nassani, A.A., and Haffar, M. 2022. Impact of employees' workplace environment on employees' performance: A multi-mediation model. *Frontiers in Public Health*, 10(890400), pp.1–13.

Zhu, Y., and Dailey, S.L. 2019. Understanding wellness program participation in China. *International Journal of Communication*, 13(1), pp.3589–3608.

Zuboff, S. 2019. *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power*. New York: Public Affairs.

Zula, K. 2013. Workplace wellness programs. *Health Affairs*, 32(8), pp.1510-1523.

APPENDIXES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE

UNISA university of south africa

College of Economic and Management Sciences_ERC Public Administration and Management

NHREC Registration # : (if applicable)
Ref #: 0377
Name: Mrs Mphacha Innocentia Moletsane
Student #: 47289996

Date: 29/05/2023

Dear: Mrs Mphacha Innocentia Moletsane

Decision: Ethics Approval from 29/5/2023 to 29/5/2026

Researcher: Mrs Mphacha Innocentia Moletsane

researcher's work address: Road Accident Fund 10 Junction Avenue Parktown

Johannesburg

47289996@mylife.unisa.ac.za 0728340492

Supervisor: Dr Corlia Alers alersc@unisa.ac.za

Implementation of employee wellness programmes in public institutions: case of the Road Accident Fund

Qualification: Doctor of philosophy in Public Administration

Thank you for the application for research ethics clearance by the College of Economic and Management Sciences_ERC Public Administration and Management for the above mentioned research study Ethics approval is granted for three years.

The **low risk application** was **reviewed** by College of Economic and Management Sciences_ERC Public Administration and Management on 8 May 2023 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Economic and Management Sciences_ERC Public Administration and Management .
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

Page 1 of 2

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.

7. No field work activities may continue after the expiry date (26 May 2026). Submission of a completed research ethics progress report will constitute an application for renewal, for Ethics Research Committee approval.

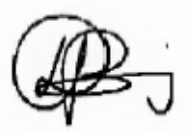
Additional Conditions

1. Disclosure of data to third parties is prohibited without explicit consent from Unisa.
2. De-identified data must be safely stored on password protected PCs.
3. Care should be taken by the researcher when publishing the results to protect the confidentiality and privacy of the university.
4. Adherence to the National Statement on Ethical Research and Publication practices, principle 7 referring to Social awareness, must be ensured: "Researchers and institutions must be sensitive to the potential impact of their research on society, marginal groups or individuals, and must consider these when weighing the benefits of the research against any harmful effects, with a view to minimising or avoiding the latter where possible." Unisa will not be liable for any failure to comply with this principle.

Note

The reference number 0377 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Kind regards,



Nhlamulo DBaloyi
Chair of College of Economic and Management Sciences_ERC Public Administration and Management
E-mail: ebaloynd@unisa.ac.za



Prof Mathukhu Thomas Mogale
Executive Dean / By delegation from the Executive Dean of College of Economic and Management Sciences_ERC Public Administration and Management
E-mail: mogalmt@unisa.ac.za

APPENDIX B: ROAD ACCIDENT FUND RESEARCH APPLICATION

ANNEXURE 2: FORM 2

REQUEST FOR ACCESS TO RECORD
[Regulation 7]

NOTE:

1. *Proof of identity must be attached by the requester.*
2. *If requests made on behalf of another person, proof of such authorisation, must be attached to this form.*

TO: The Information Officer

_____

_____

(Address)

E-mail address: _____

Fax number: _____

Mark with an "X"

☒ Request is made in my own name ☐ Request is made on behalf of another person.

PERSONAL INFORMATION				
Full Names	Mphacha Innocentia Moletsane			
Identity Number	751231 1001 082			
Capacity in which request is made *(when made on behalf of another person)*	research study purpose			
Postal Address	14547 Angelica Street, Extension 16, Glenridge, Soweto, 1819			
Street Address	14547 Angelica Street, Extension 16, Glenridge, Soweto, 1819			
E-mail Address	mphakhoa@webmail.co.za			
Contact Numbers	Tel. (B):	011 223 0081	Facsimile:	
	Cellular:	0728340492		
Full names of person on whose behalf request is made *(if applicable)*:				
Identity Number				
Postal Address				

Street Address				
E-mail Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			

PARTICULARS OF RECORD REQUESTED

Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:	The records are required for study purpose only. The researcher requests documents that relates to wellness programs, wellness management policy in use at the Road Accident Fund, reports relating to absenteeism and performance rates between 2017 to 2022. The staff compliment at Menlyn branch is also requested, as well as any information on RAF.
Reference number, if available	n/a
Any further particulars of record	Any information pertaining wellness programs and Road Accident Fund will be appreciated

TYPE OF RECORD
(Mark the applicable box with an "X")

Record is in written or printed form	X
Record comprises virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable form	X

FORM OF ACCESS *(Mark the applicable box with an "X")*	
Printed copy of record *(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)*	
Written or printed transcription of virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Transcription of soundtrack *(written or printed document)*	
Copy of record on flash drive *(including virtual images and soundtracks)*	
Copy of record on compact disc drive*(including virtual images and soundtracks)*	
Copy of record saved on cloud storage server	

MANNER OF ACCESS *(Mark the applicable box with an "X")*	
Personal inspection of record at registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)*	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format *(including transcriptions)*	
E-mail of information *(including soundtracks if possible)*	X
Cloud share/file transfer	
Preferred language *(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)* English is preffered	

FEES	
a) A request fee must be paid before the request will be considered. b) You will be notified of the amount of the access fee to be paid. c) The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record. d) If you qualify for exemption of the payment of any fee, please state the reason for exemption	
Reason	to complete my studies

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication *(Please specify)*

Signed at Johannesburg this 02 day of June 2022

AAK

Signature of Requester / person on whose behalf request is made

FOR OFFICIAL USE

Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

Signature of Information Officer

ROAD ACCIDENT FUND

RESEARCH APPLICATION FORM AND CONTRACTUAL AGREEMENT

(Email this form to: (idresearchapplications@raf365.zaonmicrosoft.com)

A. PERSONAL DETAILS OF REQUESTER

SURNAME: MOLETSANE NAME/S: MPHACHA INNOCENTIA
IDENTITY NUMBER: 7512311001082
WORK OR HOME TELEPHONE NUMBER: 0112230081
CELL NUMBER: 0728340482
EMAIL ADDRESS: mphakhoa@webmail.co.za or innocentiam@raf.co.za
PHYSICAL ADRESS: 14547 ANGELICA STREET, EXTENSION 16 GLENRIDGE SOWETO 1819
POSTAL ADDRESS: 14547 ANGELICA STREET, EXTENSION 16 GLENRIDGE SOWETO 1819

B. REQUEST FOR ACCESS TO RECORDS AND/OR RAF EMPLOYEES

PLEASE SET OUT THE NATURE OF ACCESS REQUIRED

Record is defined in the Promotion of Access to Information Act, No. 2 of 2000 (PAIA) as any recorded information—

(*a*) regardless of form or medium;
(*b*) in the possession or under the control of that public or private body, respectively; and
(*c*) whether or not it was created by that public or private body, respectively.

Do you require access to Records?

YES [X] NO [ ]

If access to a Record is required and is not automatically available, the Requester must complete the PAIA Form 2, for processing in terms of the RAF's obligations under the PAIA read with the Protection of Personal Information Act, No. 4 of 2013 (POPIA). For further guidance on this process please refer to the RAF's PAIA Manual.

Do you require access to RAF employees for interview purposes, or do you intend to make use of other data collection methods such as, distributing questionnaires or using observation methods?

YES [X] NO [ ]

If **YES**, please:

1. Attach a document specifying the nature of the access required, including the purpose, objective and the desired outcome of the access.
2. If applicable, indicate the number of RAF employees to which you require access as well as their designation/level (e.g. assistant, claims handler, supervisor, manager, executive, CEO, etc.).
3. Indicate the RAF branch or office(s) to which the access is required.
4. If applicable, attach a copy of the list of questions that will be utilised to interview the RAF employees, or the questionnaire to be distributed, and the details of any other tool that you intend to utilise to engage with the RAF employees or to otherwise collect data.
5. Attach a copy of the letter of authority from the institution at which you are enrolled for study, confirming that you are enrolled at the institution and are conducting the research for study purposes.

C. CONSENT AND UNDERTAKINGS

1. I hereby expressly and voluntarily give permission to the RAF, its employees, service providers, and regulators, to process my personal information for purposes related specifically to the processing and administration of the request made by me in paragraph B above, and in relation to the undertakings given by me in this paragraph C;
2. I undertake to process any personal information not de-identified by the RAF, if any, in accordance with the provisions of the POPIA;
3. I undertake to collect only as much personal information as is strictly necessary for purposes of the research project described in paragraph B above;
4. I undertake to use a secure environment for storing and sharing files containing personal information;
5. I undertake to restrict access to personal information to other people on a 'need-to-know' basis;
6. Where the personal information is not already de-identified by the RAF, I undertake to de-identify any and all personal information published in my research project. To avoid doubt, de-identify means in relation to personal information of a data subject, to delete any information that identifies the data subject; can be used or manipulated by a reasonably foreseeable method to identify the data subject; or can be linked by a reasonably foreseeable method to other information that identifies the data subject;
7. Where there are grounds to believe that personal information has been accessed by any unauthorised person, I shall notify the data subject, the RAF and the Information Regulator;
8. I hereby agree to indemnify the RAF, its board members, employees and service providers against all claims, losses, demands, actions, damages and causes of action whatsoever arising directly or indirectly out of my

Road Accident Fund

acts or omissions connected with or arising out of the research project described in paragraph B above, and the records and, or, information received from the RAF employees interviewed by me pursuant to the request in paragraph B above, whether suffered by me or any other third party, and I hold the RAF, its board members, employees and service providers harmless therefrom;

9. I agree that any and all personal information obtained from the RAF pursuant to the request made in paragraph B above will remain confidential and shall not be shared with any other external parties, save for educational purposes for which the research is intended, unless prior permission is provided by the Information Officer and, or Deputy Information Officer;
10. I agree to make the research paper available to the RAF for further use; and
11. I confirm that the act of completion and submission by me of this Research Application Form and Contractual Agreement evidences my intent to be legally bound by the consent, undertakings, and other statements set out in this paragraph.

Mphacha Moletsane Name of Requester	 Signature	18/05/22 Date
Humphrey Matthaha Witness	 Signature	18/05/22 Date

MPHACHA MOLETSANE – RESEARCH PROPOSAL MOTIVATION (ROAD ACCIDENT FUND)

The researcher intends to conduct research on the implementation of workplace wellness programs within the public institution. The Road Accident Fund has been identified as the case study in this regard. Since the Road Accident Fund provides essential services to road accidents victims, it is imperative that the wellness of its employees be prioritized. Wellness programs play an integral role within organisations as they help in reducing costs emanating from healthcare and absenteeism; they also improve quality of life and assist in achieving organisational goals. The researcher intends to conduct such research at the **Menlyn** branch, instead of Johannesburg branch where the researcher is stationed, in order to ensure objectivity. A mixed methods approach will be utilised, since it is the most suitable method for explaining complex situations and provide the in-depth of the study. The research techniques that will be employed for gathering data in this study include interviews and questionnaires.

The purpose of conducting the research will be explained to employees and no names will be mentioned during data gathering to protect their identity. No one except the researcher will have access to data provided. Only few employees will be interviewed, approximately 5 to 10 participants will be required, specifically, managers, wellness specialists and human resources specialists at RAF. These participants are selected based on their expert knowledge and experience on the undertaken topic. It is believed that such participants will be able to provide relevant data. Each participant will be interviewed online using MS Teams or telephonically for 45 minutes based on their availability. Since the researcher is an employee at RAF, an independent contractor will be hired to conduct interviews. Questionnaires will also be included as a form of data collection. These will be e-mailed to administrative assistants, officers and seniors at Menlyn branch. The employees will be advised to fill in the questionnaires electronically and to return them back to the researcher. A staff complement of 200 will be appreciated for proper control of the study. Participation in the study is voluntary, therefore, participants will be allowed to withdraw at any time, should they feel that they are not comfortable with the content of the study.

The study will also require documents such as the policies in use at the Road Accident Fund relating to the wellness programs. Records indicating participation rates on organised wellness drives, absenteeism rates and performance within a 5 years' period will also be investigated.

The study also envisages to identify gaps on execution of the employee wellness programs within the public sector. Suggestions for improvement will be made based on previous literature reviews and guided by results obtained. The benefits of wellness programs to employees, productivity and employers will be highlighted.

The following questions will be asked during data gathering:

- In your opinion, what do you understand by wellness?
- What are the effects of wellness programs on your work-life balance and performance?
- What role do managers or supervisors play to ensure employee participation in the employee wellness programs of the Road Accident Fund?
- To what extend do supervisors provide necessary support and care to employees?
- How often does the Road Accident Fund organise wellness activities and how do they impact on individuals' performance and wellness?
- How does the Road Accident Fund communicate wellness awareness to its employees?
- What are the benefits of wellness program in the public sector?
- How are wellness programs marketed or familiarised to employees within the RAF?
- What activities are provided to ensure wellness and are they user-friendly?
- In your opinion, why are employees reluctant to participate in wellness programs?
- What challenges are faced when trying to address the need for wellness programs?
- How can available wellness programs be improved to suit organisational goals?
- What impacts employee and organisational wellness in the public sector, specifically at Road Accident Fund?
- What gaps exist in the execution of wellness programs?
- What impedes successful implementation of wellness programs within the RAF?
- In your opinion, what is the relationship between work-life balance, wellness and performance?
- How effective are the wellness programs in improving wellness, work-life balance and performance?

Kindly take note that no costs will be incurred for the participants and no compensation will be granted for participation.

UNISA university of south africa

To: Road Accident Fund

Dear Sir/Madam

CONFIRMATION OF RESEARCH TOPIC

Student : Mrs MI Moletsane; Student Number : 4728-999-6
Qualification: PhD Public Administration

Please receive confirmation of the approved research topic of Mrs MI Moletsane' PhD thesis:

Implementation of workplace wellness programs in public institutions: A case study

Student number	47289996 (MRS M I MOLETSANE)	
Qualification	90024 (DOCTOR OF PHILOSOPHY IN PUBLIC ADMINISTRATION)	
Speciality	n.a. (Not applicable)	
First Registration Date	20190301	
Number of Years Registered	**For Qualification:** 4	**For Research Proposal:** 1
Study unit	TFADM01 (Thesis)	

I further confirm that Mrs Moletsane is registered for the 2022 academic year.

Kindly allow her to conduct a research with your institution. Also feel free to contact me at any time if you require any additional information.

Best regards

Supervisor: Dr C Alers
Office tel: 012 429-6286
E-mail: alersc@unisa.ac.za
Department of Public Administration and Management
College of Economic and Management Sciences
NS Radipere Building, Room 4-87, Muckleneuk Ridge Campus, Preller Street, Pretoria

Date: 31 May 2022

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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MEMO - Research Application INNOCENTIA MPHACHA MOLETSANE v3

Final Audit Report 2022-06-10

Created:	2022-06-08
By:	Magda van Straaten (MagdaV@raf.co.za)
Status:	Signed
Transaction ID:	CBJCHBCAABAA660ldYx-u2OoQ9zULM-Mo-OHZaXKM_Id

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Agreement completed.
2022-06-10 - 9:15:32 AM GMT

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APPENDIX C: ROAD ACCIDENT FUND CONTRACTUAL AGREEMENT

Mphacha Moletsane
Address: **14547 Angelica Street Extension 16, Glenridge, Soweto, Johannesburg 1819, South Africa**
Telephone: **0728340492**
Email: **mphakhoa@webmail.co.za**

22 March 2022

Dear Sir/Madam

Road Accident Fund

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT THE ROAD ACCIDENT FUND

I, Mphacha Innocentia Moletsane, am studying towards a Doctor of Philosophy degree in Public Administration at the University of South Africa under the supervision of Dr C Alers, a senior lecturer at the Department of Public Administration and Management. I am an employee of the Road Accident Fund in the Johannesburg branch, and would like to request permission to conduct research at the Road Accident Fund. The title of the study is *Implementation of workplace wellness programs in public institutions: A case study*.

Written permission to conduct the research at the Road Accident Fund will be appreciated.

The main purpose of the study is to propose improved ways in which the organisation can implement effective workplace wellness programs. This might help in reducing costs emanating from health-care compensations and absenteeism and also assist employees to attain a better work-life balance. The study will sensitise the workforce about benefits of wellness programs. Also, problems relating to the implementation of wellness programs will be elaborated on. Ways of enhancing employee participation based on organisational objectives will also be highlighted.

The research objectives supporting the above-mentioned aims are to:

- explore the theoretical basis of employee wellness programmes in the discipline Public Administration;
- elaborate on the relationship between work-life balance, performance and workplace wellness;

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- evaluate the effect of workplace wellness programs on work-life balance and performance;
- explore gaps and challenges in the implementation of wellness programs in public institutions; and
- demonstrate the benefits of wellness programs to employees and employers.

Recommendations on how to improve the implementation of the workplace wellness program will be made to the Road Accident Fund.

The study will entail interviewing approximately four (4) managers who are involved in employee wellness at the Road Accident Fund. A questionnaire will also be distributed to willing human resource department officials from different branches, that is Johannesburg, Menlyn, Durban, East-London and Centurion (Head Office), because they are able to provide expert knowledge on the topic under study. The assistance from the HR Department will be sought to identify potential participants and to provide their contact details. If preferred, the HR Department may distribute the online questionnaire. The researcher will remain unbiased, and an independent fieldworker may conduct the interviews. Due to current lockdown and COVID-19 prevention measures, the interviews will be conducted online through MS Teams for a maximum of 40 minutes each. It will take approximately 20 minutes to complete the questionnaire.

The study will make use of the Wellness Policy of the Road Accident Fund.

With regard to ethical issues guiding the study, the researcher pledges strict adherence to ethical conduct as applies on academic research projects. Meaning that:

- participation will be voluntary and anonymous;
- information gathered will only be used for academic purposes;
- the participants have the right to withdraw from the research at anytime without providing reasons for doing so;
- confidentiality will be respected; and
- the identity of the participants will not be disclosed.

Kindly take note that no costs will be incurred for the participants and no compensation will be granted for participation.

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Should you have any concern about the way in which the research will be conducted, please do not hesitate to contact my supervisor Dr Corlia Alers on 012 429 6286 or at email alersc@unisa.ac.za. Should you have any questions regarding the ethical aspects of the study, you can contact the chairperson of the Ethics Review Committee of the Department of Public Administration and Management, Mr ND Baloyi at telephone number 012 429 6181 or email address ebaloynd@unisa.ac.za. Alternatively, you can report any serious unethical behaviour at the University's Toll Free Hotline 0800 86 96 93.

I am looking forward to conducting the research project with you.

Yours faithfully



Mphacha Innocentia Moletsane (Mrs)

Student number: 47289996

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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APPENDIX D: ROAD ACCIDENT FUND GATEKEEPER PERMISSION

Memorandum

Road Accident Fund

TO: IAN BARRIEL
ACTING CHIEF HUMAN CAPITAL OFFICER

FROM: TSHEPISO MAMANYUWA
ACTING SENIOR MANAGER: LEARNING & DEVELOPMENT

SUBJECT: RESEARCH APPLICATION: INNOCENTIA MPHACHA MOLETSANE

TYPE OF MEMORANDUM:			
Information Memorandum		Decision Memorandum	✓
(Tick ✓the applicable block. If you have selected the 'Decision Memorandum' also tick ✓ the applicable option of relevance to your submission)		1. Strategy Endorsement	
		2. Commercial Options	
		3. Approval	✓

1. Purpose

1.1 The purpose of this Memorandum is to seek approval from the Acting Chief Human Capital Officer (ACHCO), to grant Innocentia Mphacha Moletsane, permission to conduct a research and data collection exercise from the Road Accident Fund (RAF). A copy of the research application form is attached hereto.

2. Background

2.1 Innocentia Mphacha Moletsane is an internal applicant and is a registered student at the University of South Africa for a Doctor of Philosophy in Public Administration. The topic for her research is titled, Implementation of workplace wellness programs in public institutions. The research will be conducted at Menlyn. The data collection method will be through interviews and document review. A list of questions to be used for this research and a letter from the Institution are also attached hereto.

Centurion: 420 Witch-hazel Avenue Eco Glades 2 Centurion 0046 | Private Bag X178 Centurion 0046
T +27 12 621 1600 | www.raf.co.za

Board Members: Ms Thembelihle Msibi (Chairperson), Dr Nomonde Mabuya-Moloele (Vice Chairperson), Mr Hilmi Daniels, Ms Lorraine Francois, Mr Khotso Mothobi, Mr Moses Nyama, Dr Maria Peenze, Mr Thulani Tshabalala, Mr Bosa Ramantsi (Director-General's Representative)

SUBJECT: RESEARCH APPLICATION: INNOCENTIA MPHACHA MOLETSANE

3. **Discussion**

3.1 The Research Committee comprises of representatives from the Human Capital Department (Learning and Development) and Legal and Compliance Department (PAIA and POPIA Unit), respectively.

3.2 The purpose of the committee is to assess each research request and check compliance in terms of the RAFs' Policies, Procedures and Rules regarding access to RAF information. Upon application of its due diligence mandate, the committee is further tasked, to make a recommendation to the Executive in terms of either accepting or rejecting the application made.

3.3 The findings of the research will be used solely for academic purposes. No part of it may be circulated, quoted, or reproduced for distribution outside the organisation, without prior approval of RAF CEO.

4. **Consultation**

4.1 PAIA and POPIA Unit.

5. **Legal Implications**

5.1 None.

6. **Communication Implications**

6.1 None.

7. **Financial Implications**

7.1 None.

8. **Attachments**

8.1 Research Application

8.2 List of questions for research

8.3 Letter from the Institution

SUBJECT: RESEARCH APPLICATION: INNOCENTIA MPHACHA MOLETSANE

9. Recommendations

9.1 It is recommended that the research application be approved.

10. Author's Declaration

I hereby confirm that relevant and applicable RAF Policies, procurement processes, PFMA and its Regulations, including any other regulatory requirements have been complied with.

11. Signatures:

Prepared by:

T.Tshikomb

T.Tshikomb (Jun 8, 2022 16:00 GMT+2)

Thato Tshikomb

Skills Development Facilitator

Date: Jun 8, 2022

☑ ☐

Supported / Not Supported

Tshepiso Mamanyuwa

Acting Senior Manager: Learning & Development

Date: Jun 8, 2022

Comments: Supported

SUBJECT: RESEARCH APPLICATION: INNOCENTIA MPHACHA MOLETSANE

Recommendation(s): It is recommended that the research application be approved.

☑ ☐
Supported / Not Supported

BT Mothopi

Boipelo Mothopi
Manager: Complaints and PAIA
Date: Jun 8, 2022
Comments:

☐ ☐
Supported / Not Supported

Ephraim Ramarope
Ephraim Ramarope (Jun 10, 2022 11:06 GMT+2)

Ephraim Ramarope
Acting Senior Manager: Compliance
Date: Jun 10, 2022
Comments: Supported

☑ ☐
Approved / Not Approved

Ian Barriel (Jun 10, 2022 11:15 GMT+2)

Ian Barriel
Acting Chief Human Capital Officer
Date: Jun 10, 2022
Comments:

APPENDIX E: INVITATION LETTER TO PARTICIPANTS FOR INTERVIEWS

UNISA university of south africa

Dear Participant,

As an employee at the Road Accident Fund and a Doctor of Philosophy candidate in Public Administration at the University of South Africa, I am inviting you to participate in the study entitled, IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES IN THE PUBLIC INSTITUTIONS: CASE AT THE ROAD ACCIDENT FUND. This study is of utmost importance to our organisation. The study investigates the challenges faced in sustaining employee wellness in the workplace. You have been purposely selected because of your expert knowledge and experience in wellness programmes. It is further believed that you will provide rich and relevant data for this research.

It is important to note that your participation in this study is entirely voluntary, and you are free to withdraw at any time if you feel uncomfortable. Your responses will be kept anonymous and confidential, and special characters will be used to protect your identity. The information obtained will be used for research purposes and the completion of the thesis.

The researcher has obtained permission to conduct the study at the Road Accident Fund. The ethical standards that the Road Accident Fund highlighted will be adhered to protect the participants. The University of South Africa Ethics Committee reviewed all the processes to ensure that the data remained confidential, and a certificate allowing the researcher to conduct the study was issued. Should you feel that the ethical processes were not followed, please do not hesitate to contact my supervisor, Professor Alers, on 079 915 1544 or email her at alersc@unisa.ac.za.

A one-on-one online interview with semi-structured questions will be conducted on MS Teams, and with your permission, voice recordings may be performed. Please be informed that recordings are done to enable the researcher to capture essential data later. The interview will take approximately 45 minutes of your time. If you want to participate in this research, please complete the attached consent form and e-mail it back to Mphacha Innocentia Moletsane at 47289996@mylife.unisa.ac.za. Also, indicate your availability.

Thank you for your attention and willingness to participate in this study. Your involvement is greatly appreciated and will significantly contribute to our understanding of employee wellness programmes at the Road Accident Fund.

Regards

Mphacha Innocentia Moletsane

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

APPENDIX F: INVITATION LETTER TO PARTICIPANTS FOR QUESTIONNAIRE

UNISA university of south africa

Dear Participant,

As an employee at the Road Accident Fund and a PHD candidate at the University of South Africa, I am conducting a study of utmost importance to our organization. The study, IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES IN THE PUBLIC INSTITUTIONS: CASE AT THE ROAD ACCIDENT FUND, aims to critically evaluate the challenges experienced at the Road Accident Fund in sustaining employee wellness through the implementation of wellness programmes.

Your privacy is our utmost concern. Rest assured, all responses will be kept strictly anonymous and confidential throughout the study. Your identity will be protected by using special characters in the responses. The information obtained will be used solely for research purposes. All the data will be securely stored and accessed only by the researcher using a special password. After five years, the data will be permanently deleted for safety reasons.

The researcher has obtained official permission to conduct the study at the Road Accident Fund. We are committed to upholding all the ethical standards that the Road Accident Fund has highlighted to protect the participants. The University of South Africa Ethics Committee has thoroughly reviewed all the processes to ensure that the data remains confidential, and a certificate authorizing the researcher to conduct the study has been issued. If you have any concerns about the ethical processes, please feel free to contact my supervisor, Professor Alers, on 079 915 1544 or email her at alersc@unisa.ac.za. Please remember, you are free to withdraw from participating if you do not feel comfortable.

This study will take approximately 20 minutes of your time. Please answer all the questions provided. If you need any clarity on the questions, you are free to e-mail me, Mphacha Innocentia Moletsane, at 47289996@mylife.unisa.ac.za. Kindly click on the link below to be able to access the questionnaire, or copy and paste the link to Microsoft Edge

https://forms.office.com/r/15BGskxdNR

The completed questionnaires are expected to reach the researcher by 20 June 2024.

Your participation will be highly appreciated. Thank you so much for your attention and participation.

Regards

Mphacha Innocentia Moletsane

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APPENDIX G: CONSENT TO PARTICIPATE IN THIS STUDY

CONSENT TO PARTICIPATE IN THIS STUDY

TITLE:

IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES IN PUBLIC INSTITUTIONS: CASE OF THE ROAD ACCIDENT FUND

I, _____ (participant name), confirm that the person asking my consent to participate in this research has informed me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

- I have read and understood the study as explained in the information sheet.
- I have had sufficient opportunity to ask questions and am prepared to participate in the study.
- I understand that my participation is voluntary and that I can withdraw at any time without penalty (if applicable).
- I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings but that my participation will be kept confidential unless otherwise specified.
- I have received a copy of the informed consent agreement.

Participant Name and Surname…… (please print)

Participant Signature……Date……

Researcher's Name and Surname: Ms Mphacha Innocentia Moletsane,
Email: 47289996@mylife.unisa.ac.za

Researcher's signature……Date……

APPENDIX H: QUESTIONNAIRE

GENERAL INFORMATION

1. You have been invited to participate in this study because you are employed by the Road Accident Fund and know about the organisation's employee wellness programmes.

2. You are kindly requested to answer the questions as honestly and completely as possible.

3. It will take approximately 30 minutes to complete the questionnaire.

4. Participation is anonymous: You are not requested to disclose your identity. Your privacy will be respected.

5. No one can connect you to the answers you give.

6. The information collected from you will be treated with strict confidentiality and used for research purposes only.

7. You have the right to withdraw your participation at any time. Hence, your participation is regarded as voluntary.

8. You will not receive any payment or reward, financial or otherwise, and the study will not incur undue costs.

9. The data will be password-protected and destroyed after five years when it is no longer of functional value.

10. A copy of the PhD thesis will be available online in the library of the University of South Africa (Unisa).

11. The completed questionnaire must reach the researcher by the 31st of July 2024.

IMPLEMENTATION OF EMPLOYEE WELLNESS PROGRAMMES IN PUBLIC INSTITUTIONS: A CASE STUDY

SECTION A

DEMOGRAPHIC INFORMATION

This section requires your demographic information to be used for statistical purposes only. Please tick **X** on the appropriate box for all the questions.

Question A1: Please indicate your employment status		
A1.1	Permanent	
A1.2	Not permanent	

Question A2: Please indicate your gender		
A2.1	Female	
A2.2	Male	
A2.3	Prefer not to say	

Question A3: Please indicate the division you are working at		
A3.1	Claims operations	
A3.2	Support	

Question A4: Please indicate your job role.		
A4.1	Office caterer	
A4.2	Administration Assistant	
A4.3	Personal Assistant	
A4.4	Junior Claims handler	
A4.5	Officer/ Claims handler	
A4.6	Senior officers/ claims handler	
A4.7	Specialist/practitioner	
A4.8	Team Leader	
A4.9	Senior specialist/practitioner	
A4.10	Manager	

Question A5: How long have you been employed at the RAF? (please indicate in years)	
In years	

Question A6: Please indicate your age (in years)	
In years	

Question A7: Please indicate your educational background		
A7.1	Matric	
A7.2	3 years National Diploma	
A7.3	Undergraduate degree	
A7.4	Honours degree	
A7.5	Masters and above	

SECTION B

AWARENESS ABOUT EMPLOYEE WELLNESS PROGRAMMES AT THE ROAD ACCIDENT FUND

You are expected to answer all provided questions by placing a cross (X) in the appropriate box. Please select one option on questions B1 and B2.

There is no right or wrong answer.

B1 Are you aware of employee wellness programmes offered at the Road Accident Fund?

Yes		No	

B2 How often are wellness messages communicated at the Road Accident Fund through the following mediums?

	Monthly	Quarterly	Biannually	Annually	Never
	1	2	3	4	5
Internal communique					
Wellness sessions					
Outreach					
Word of mouth					

B3 Please select any wellness intervention(s) you have attended in the last 12 months. You are allowed to select more than one option.

B3.1	Stress management session	
B3.2	Change management session	
B3.3	Financial wellness session	
B3.4	Wellness day	
B3.5	Sports day event	
B3,6	Counselling	
B3.7	Never attended any of them	

B4 To what extent do you agree or disagree with the following statements regarding the reasons for participating in wellness programmes?						
		1	2	3	4	5
#	Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
B4.1	Mainly to receive gifts awarded for participating					
B4.2	I want to maintain a healthy lifestyle					
B4.3	I want to take advantage of the free counselling offered					
B4.4	I want to socialise with colleagues					

B5 To what extent do you agree or disagree with the following statements regarding the Road Accident Fund wellness offerings?						
		1	2	3	4	5
#	Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
B5.1	Our wellness services office provides sufficient wellness information					
B5.2	Sports Day events are made available to everyone					
B5.3	Health screening initiatives are offered					
B5.4	Breaks during the day are encouraged					

SECTION C
EMPLOYEES' PERCEPTIONS OF EMPLOYEE WELLNESS PROGRAMMES AT THE ROAD ACCIDENT FUND

You are expected to respond to each statement by placing a cross (X) in the appropriate box.

There is no right or wrong answer. Tick only one option per statement/question.

C1 To what extent do you agree or disagree with the following statements regarding perceptions of wellness programmes?						
#	Statement	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
C1.1	I doubt if the programmes will address my wellness needs					
C1.2	I can meet health goals on my own without assistance					
C1.3	I doubt the value of wellness programmes offered					
C1.4	I am concerned about the privacy of my personal information					
C1.5	Information might be wrongly used					
C1.6	Information might land in the wrong hands					

SECTION D
DESIGN OF WELLNESS PROGRAMMES AT THE ROAD ACCIDENT FUND

You are expected to respond to each statement by placing a cross (X) in the appropriate box. There is no right or wrong answer.

Tick only one option per statement/question.

D1 To what extent do you agree or disagree with the following statements regarding the implementation of successful wellness programmes at the Road Accident Fund?						
#	Statements	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
D1.1	My organisation provides useful resources to promote wellness					
D1.2	My organisation encourages a wellness culture					
D1.3	My organisation supports me to be healthier					
D1.4	My organisation provides flexible policies					
D1.5	My supervisor shares wellness information with us					
D1.6	My supervisor dedicates time for staff to attend wellness initiatives					
D1.7	My supervisor motivates employees' wellness efforts					
D1.8	Through my supervisor's support, I find it easier to take care of my health					
D1.9	Employees are informed about the importance of wellness					
D1.10	My organisation engages employees in the wellness activities they prefer					
D1.11	My organisation uses a questionnaire to obtain feedback on wellness services					
D1.12	My organisation assesses my readiness for lifestyle changes					

SECTION E

PERCEIVED BENEFICIAL EFFECTS OF EMPLOYEE WELLNESS PROGRAMMES AT THE ROAD ACCIDENT FUND

You are expected to respond to each statement by placing a cross (X) in the selected box. There is no right or wrong answer.

Tick only one option per statement/question.

E1 To what extent do you agree or disagree with the following statements regarding the benefits of wellness programmes?						
		1	2	3	4	5
#	Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
E1.1	I am too involved with work that I hardly have time for family responsibilities					
E1.2	The wellness programmes at my organisation assist me in coping with life challenges					
E1.3	My organisation allows me to work flexible hours to achieve a healthy work-life balance					
E1.4	The wellness programmes offered help in identifying performance problems					
E1.5	The wellness programmes help employees cope with pressure					
E1.6	The wellness programmes at the Road Accident Fund enhance work commitment					
E1.7	Wellness initiatives at my organisation improve employees' wellness					
E1.8	The wellness programmes encourage physical activity					
E1.9	The wellness programmes help with stress management					
E1.10	The wellness programmes encourage employees to take their wellness seriously					

F. KEY CHALLENGES TO THE IMPLEMENTATION OF WELLNESS PROGRAMMES AT THE ROAD ACCIDENT FUND

You are expected to select only one appropriate option per statement. There is no right or wrong answer.

F1 To what extent do you agree or disagree with the following statements regarding challenges to successfully implementing wellness programmes?						
		1	2	3	4	5
#	Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
F1.1	Unsupportive organisational culture					
F1.2	Lack of interest in wellness topics					
F1.3	Poor engagement on wellness needs					
F1.4	Lack of participation motivation					
F1.5	Failure to explain participation objectives					
F1.6	Failure to set clear goals					
F1.7	Failure to target relevant participants					

G. To what extent do you agree or disagree with the following statements regarding wellness experience at the Road Accident Fund?						
		1	2	3	4	5
#	Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
G1	The wellness programmes offered at the Road Accident Fund are helpful					
G2	I would recommend that my colleagues make use of available wellness services					

Thank you so much for taking the time to participate in this study.

Ms MI Moletsane
Email: 47289996@mylife.unisa.ac.za

APPENDIX I: INTERVIEW SCHEDULE

Interview questions for employee wellness specialists	
1	In your experience how are wellness programmes communicated at RAF and how often?
2	What are the benefits of wellness programmes for employees and the organisation?
3	What are the things you can do to motivate employees to participate in wellness programmes?
4	What challenges have you come across during implementation of wellness programmes?
5	What initiatives have been taken to address such issues within the organisation?
6	What factors to be considered to ensure successful implementation of wellness programmes within the RAF?

Interview questions for departmental managers	
1	As a supervisor what is your role in the organisation pertaining wellness programmes?
2	How do employees respond to the use of wellness programmes within the organisation?
3	To what extent has the organisation supported you in executing your duties on wellness of employees?
4	What challenges have you encountered when trying to exercise your responsibilities in the wellness programmes?
5	What can you say are the benefits of wellness programmes to the organisation and employees?

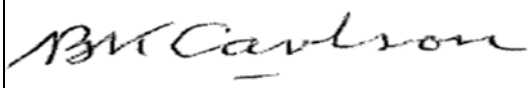
APPENDIX J: EDITOR'S CONFIRMATION LETTER

8 Nahoon Valley Place
Nahoon Valley
East London
5241
16 January 2026

TO WHOM IT MAY CONCERN

I hereby confirm that I have edited the following thesis using the Windows 'Tracking' system to reflect my comments and suggested corrections for the student to action and produce a clean and correct copy:

Implementation of employee wellness programmes in public institutions: a case study by MPHACHA INNOCENTIA MOLETSANE, a thesis submitted in accordance with the requirements for the degree of Doctor of Philosophy in the subject Public Administration at the University of South Africa.

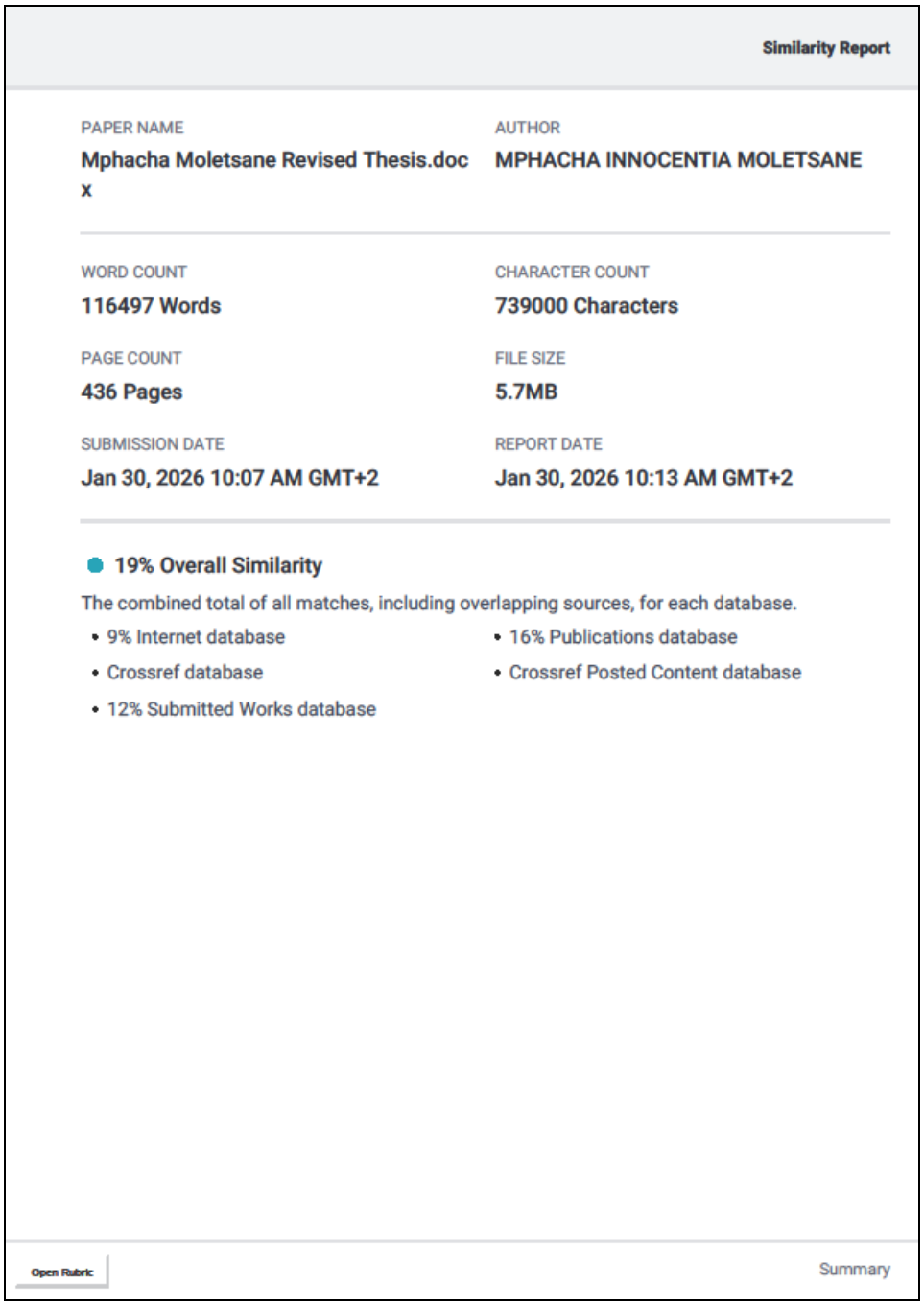


Brian Carlson (B.A., M.Ed.)
Professional Editor

Email: bcarlson521@gmail.com
Cell: 0834596647

Disclaimer: Although I have made comments and suggested corrections, the responsibility for the quality of the final document lies with the **student** in the first instance and not with myself as the editor.

APPENDIX K: TURNITIN REPORT



Similarity Report

PAPER NAME
Mphacha Moletsane Revised Thesis.docx

AUTHOR
MPHACHA INNOCENTIA MOLETSANE

WORD COUNT
116497 Words

CHARACTER COUNT
739000 Characters

PAGE COUNT
436 Pages

FILE SIZE
5.7MB

SUBMISSION DATE
Jan 30, 2026 10:07 AM GMT+2

REPORT DATE
Jan 30, 2026 10:13 AM GMT+2

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Summary