

Caring for South Africa's Public Sector Employees in the Workplace: A Study of Employee Assistance and HIV/AIDS Workplace Programmes

Roshini Pillay and Lourie Terblanche

*University of Pretoria, Private bag X20 Hatfield, Pretoria 0028, South Africa
Telephone: 12420-3111; E-mail: csc@up.ac.za*

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ABSTRACT The management of work-life balance is complex and exigent as employees need to be supported in an environment of scarce skills that is exacerbated by the HIV/AIDS pandemic. Employee wellness programmes (including Employee Assistance Programmes [EAP], HIV/AIDS workplace programmes and health promotion interventions) have been criticized for not providing holistic services. In this study, a survey design method was used to compare the nature, type and relationship between HIV/AIDS workplace and EAPs programmes within South African government structures with the purpose of understanding the type of services offered to employees who are in need of socio-emotional assistance. The respondents were fourteen implementers of services from nine state departments. The results indicate that the counselling was an activity common to the EAP and HIV/AIDS workplace programmes and a written policy, staff training and an adequate budget are essential for employee workplace programmes. The article provides practical recommendations for the delivery of wellness programmes incorporating EAP and HIV/AIDS streams. Recommendations regarding qualifications of personnel to coordinate the programme and the type of support required by management are outlined. The small sample did not allow for significant conclusions and suggested the need for on-going collaboration between employees support interventions.

INTRODUCTION

Employees and their dependents benefit from assistance provided by workplace programmes that manage their physical health and emotional well-being. Employees spend many hours of their life at the workplace and work concerns cannot be seen as separate from their personal and social lives. Chronic health conditions including those resulting from HIV/AIDS, trauma, substance abuse, and relationship problems are some of the concerns that filter into the job environment and influence absenteeism, accidents and general productivity. The workplace has developed social interventions to mediate and support employees, and it is at the intersection of employees concerns and the well-being programmes that this paper explores the activities of personnel coordinating these interventions.

Foresight and understanding by employers who see the link between good physical and

psychological health of the people who manage the means of production and improved productivity has resulted in the development of a wide range of employee support programmes. Private sector companies that have invested in staff wellness programmes have seen gains and this article considers the commencement of employee support programmes in the South African public sector (Naydeck et al. 2008). An understanding of the activities of these programmes can contribute to better implementation and design of future employee care initiatives in the workplace. This article focuses on the Employee Assistance Programme (EAP) and HIV/AIDS workplace programmes in nine state departments located in the Province of Gauteng, South Africa (SA). Gauteng is the smallest of the nine provinces in size but is the economic hub of the country. The Gauteng Minister for Economic Development, Firoz Cachalia compares Gauteng to "a clay pot in which African business and global business is brewed" (Boyd 2010:1).

Employee Wellness programmes are comprehensive strategies and interventions that promote the physical, emotional and mental health of the whole person and therefore, EAP and HIV/AIDS workplace programmes are components of a workplace wellness strategy (DeVries

Address for correspondence :

Roshini Pillay

Lynton Lane, Victory Park 2195

Telephone: +27(0)11 717 44 86

Cell: +27 083-469-8241

Fax: +27 3 765 5566

E-mail: Roshini.Pillay@wits.ac.za

2010). The wellness programmes include counselling, provision of childcare for employees, elder care, health promotion and even concierge services (Murphy and Sauter 2003). Mannion (2004) is critical of traditional EAP programmes that focused on the troubled employee, as they were not proactive in addressing employee and organisational needs in a changing society. Furthermore, the term troubled employee does not highlight the strengths or assets that people possess and the resilience of people (Saleeby 2008).

Employee care programmes in the Gauteng government sector arose from a directive issued by the Gauteng Premier in 1999 (Gauteng Department of Education 2003). Investing in employee's wellness was an insightful decision that strategically originated from the top provincial structure. This support from a top government structure gave these programmes greater credibility and status.

The Gauteng Provincial Government (GPG) developed a workplace programme to care for its employees called the Gauteng Provincial Government Employee Health and Wellness Programme (GPGEHWP) in 2003. The Gauteng Shared Services Centre (GSSC), which coordinated and procured services for all the departments, spearheaded the process. A GPGEAP Forum was created with ten state departments inclusive of the GSSC of which nine departments were part of the study.

It is required that South African programmes that take care of employees in the workplace should have a strong HIV component as the country continues to grapple with the impact of HIV on various fronts, including the workplace which remains an appropriate site for employee health education and care (Naude and Weyers 2009; Bhoodram 2010). In a study that examined the prevalence and distribution of HIV in a SA workplace, a crude prevalence of 10.9% was found among 32015 participants, with a higher prevalence among men of 11.3% than women at 9.8% and higher between Black Africans which was 16.6% compared to other race groups which was 2.7% (Colvin et al. 2007: S13). In light of the burden of disease created by HIV/AIDS, it is not surprising that there is a clear correlation between the manner in which organisations invest in their human capital and organisational performance (Maiden 2001; Masi and Jacobson 2003). A study that compared medical claims of

participants of a wellness programme with non-participants over five years at the Highmark Company in Pennsylvania found significant cost saving with the participant group (Naydeck et al. 2008) which demonstrates that return on investment is achievable through a well-designed wellness programme. Therefore the South African government that employed 1,272,311 public servants as at the end of March 2010 according to the information website reports that the Department of Public Service and Administration [DPSA] should have employee support strategies at the workplace. The public servants who are located throughout the country would benefit from an effective wellness programme. In addition, the government sector has a crucial role to play in addressing the impact of HIV/AIDS in the workplace as part of its overall focus on the well-being of its employees and their dependants and its citizens. A visionary organisation regards its employees as human capital that needs to be managed with empathy, nurturing and caring in return for their trust and loyalty. Employer sponsored EAP and HIV/AIDS workplace programmes are initiatives that create some important components of a humane and compassionate work environment.

Employee Assistance Programmes (EAP)

An EAP's is defined as a worksite-based programme designed to assist in the identification and resolution of productivity problems associated with employees who experience personal concerns. These concerns may include health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal factors which may adversely affect employee job performance (EAPA-SA 2005:5). This definition covers a wide spectrum of personal and work-related issues that impact on the employer, the employee and the organisation. In South Africa, EAPs have developed in two major contexts, namely the welfare system and the management of people in all organisational aspects of productivity (Du Plessis 1991; Mogorosi 2009; Bhoodram 2010). Although other organisations had commenced utilising social work services in the early 1960s, the first EAP in South Africa was introduced by the Chamber of Mines (COM) during the 1980s (Maiden 1992: 2) after the COM had employed the services of a consultant to research the feasibility of implementing an externally provided EAP in the mining industry. Maiden (1992:19)

regards the study on the introduction of EAP at the Chamber of Mines as a milestone in the development of EAPs. In 1986 the need for employee assistance was accepted in principle, and two counselling centres were introduced by the COM in two mining areas in the country (Terblanche 1992: 17). A broad-brush service delivery model was initiated at the mines due to the undesirable working conditions that led to alcohol/drug problems and/or mental illnesses and a social worker was appointed to help the organisation deal with such problems. Since the 1980s, huge strides were made in the EAP field and more organisations have established programmes. EAPs have expanded beyond the mining industry to the financial, food, motor and public sector. Enabling factors were the founding of the Employee Assistance Professionals Association of South Africa (EAPA-SA) in the mid 1990s, the emergence of service providers and the training of occupational social workers and EAP practitioners at two higher education institutions (Terblanche and Taute 2009).

In SA (South Africa), a number of issues have put the human factor high on companies' agendas. These issues include violence, HIV/AIDS, political transformation, the changing nature of the workforce, healthcare costs and the call by government for businesses to contribute to the socio-economic development of the country. Consequently, many South African companies have been considering the role of EAPs as part of their internal social responsibility programmes to help them improve and maintain employees' health and productivity (Harper and Maiden 1999: 1). According to Maiden (1992:3), local EAPs have become the social conscience of the organisations in which they are ensconced since, for the most part, employees view the EAP as an agent of change in relation to the social conditions of the work environment. Undoubtedly, the dismantling of apartheid and the advent of a democratic, non-racial dispensation when the African Nation Congress came to power in 1994 resulted in a greater obligation for employers to treat all employees fairly. Research by Du Plessis (2001) and Bhoodram (2010) confirms that, after 1994, the opportunities for intervention on diversity awareness, affirmative action and employment equity developed.

In the evolution of South African EAPs there is still a tendency for organisations to focus pri-

marily on the individual (which includes the family), and to a lesser extent on the organisational environment or even the broader community. By comparison, EAPs internationally are focused equally on the individual and on the organisation—something which enables the EAP to contribute to the core business of the company (Harper and Maiden 1999:17; DeVries 2010). This study confirmed that many of the activities of the persons coordinating employee well-being programmes focused on individual counselling and to a lesser degree on meso and macro practice interventions. The Occupational Social Work Model of Kruger and van Breda (2001) challenges the curative focus and advocates the use of four positions across the full range of micro (individual), meso (group) and macro (community, organisational and national) levels (van Breda and du Plessis 2009). The four positions ensure that occupational social work adopts both a close microscopic and broad telescopic focused lens that considers all stakeholders engaged in interventions that also target groups of people and the community. The concentration of individual counselling in this study needs change to greater meso and macro practice interventions in line with the suggested practice model of occupational social work.

The period post 2000 led to the development of a South African EAP model and Occupational Social work model that aimed to move beyond only a casework orientation to include more preventative aspects and work related issues (Du Plessis 1991). Nevertheless, the findings from the research did show a preference of coordinators to engage with individuals and to a limited extent with groups of employees for marketing, training and awareness programmes. Some of work related concerns include management of work life balance, pre-retirement planning and trauma debriefing. The personal reasons employees sought help from the EAP included personal financial management, substance abuse, bereavement, HIV/AIDS, violence in the home and relationship problems. These personal reasons for using EAP services are indications of larger social issues and gives credence to the need for programmes to evolve to address broader social issues in the community, such as social development. The Corporate Social Responsibility (CSR) allows the organisation to operate at three levels; first at the level an employer, next at the level of a concerned citizen and lastly as a "con-

cerned corporate citizen in the national context” (Du Plessis 1991: 236). CSR programmes provides organisations with a mutually beneficial avenue to engage in social issues like the HIV pandemic. The inclusion of CSR programmes allows there to greater involvement of EAP at various levels in the organisation and in the community.

In SA there is variation in the findings of the studies that have been conducted regarding the prevalence of HIV/ AIDS. The 2008 National Antenatal Sentinel HIV and Syphilis Prevalence study indicated an overall national HIV prevalence of 29.3% amongst antenatal women aged 15-49 (Department of Health 2009:40). The Department of Health report estimated the prevalence in the general adult population to be 17.5 % which is much higher than the figures reported by the UNAIDS/WHO study that indicates that South Africa has about 5.7 million people living with HIV, which translates to an 11 % prevalence within the total population of 50.4 million people (UNAIDS/WHO 2008:20). Nevertheless, these studies confirm that South Africa is the epicenter of the global HIV/AIDS pandemic that affects all parts of the population especially women. A study by Rosen et al. (2004) found the HIV prevalence in workplaces studied ranged from 7.9 to 25.0% among employees which added 0.4-5.9% to the companies annual salary and wage bill in comparison with companies that have less employees with AIDS. The direct costs incurred included retirement, death/ disability benefits and health care and the indirect costs were additional sick leave, loss of productivity, supervisory time and recruitment of new employees to replace worker who had to leave work due to death and sickness caused by AIDS. Such a study shows that employees with AIDS is a cost to employers relative to HIV negative employees and there is a need for careful and strategic planning when implementing employee care benefits to manage AIDS in the workplace. Benefits provided by companies to employees with AIDS is expensive but valuable as the public health system is poorly resourced. At a national level Natrass, a Professor of Economics, is scathing of the manner in which AIDS has been managed by government she describes the process as “a sorry tale of missed opportunities, inadequate analysis, bureaucratic failure and political mismanagement” (2004: 41). The failure of government to address the disease in the early stage discovery, poor and slow allocation of re-

sources were part of the mismanagement. In light of the problems experienced there is a need for broad based debate and consultation between civil society, government and the private sector on AIDS management to reduce the rate of new infections and to provide care and support of people infected with HIV/AIDS. Greater collaboration between the public and private sector will result in Corporate Social Responsibility programmes that make a difference at the level of the community.

The HIV/AIDS workplace programme is an essential element within South African EAPs and this aspect of the programme was formalised in 2000 when the National Economic and Development and Labour Advisory Council (NEDLAC) initially published guidelines for employers, employees and trade unions on programmes for the management of HIV/AIDS in the workplace. According to the Department of Labour’s Code of Good Practice, the effective management of HIV/AIDS in the workplace requires an integrated strategy that comprises the following elements: an HIV/AIDS policy; a prevention programme; a wellness programme; and management strategies to deal with the direct and indirect costs of HIV/AIDS (DoL 2011). Information, prevention, voluntary testing and medical care are among the services offered to employees and their families by the employer.

Wellness Programmes

HIV/AIDS workplace interventions link closely with the health promotion aspect of wellness programmes that focus on, “physical fitness and health related activities” (Herlihy and Attridge 2005: 71). A more encompassing wellness definition is the one that describes wellness as “a fountainhead of endless possibilities; a positive, pro-active drive into a better future for all, ensuring employee well-being will make all the difference to the bottom line profit margin” (Van der Merwe 2005: 21). Wellness is viewed as a pragmatic business strategy which can be seen as more than health promotion as it integrates the EAP and HIV/AIDS workplace programmes. Researchers, Carter et al. (2011) from Alabama ascribe the following principles to an effective worksite wellness programme the systematic health assessments, regular feedback and guidance to monitor health risks. Although these principles are American, they are relevant to the

South African context as employees worldwide have health conditions that can be monitored at the workplace. Baicker et al. (2010) add that the most common wellness interventions were the provision of self-help educational materials, individual counselling with health care professionals, and on-site exercise facilities. Therefore, primary objectives of an effective wellness programme are to prevent disease, decrease health risks, and contain rising healthcare costs, which would include HIV/AIDS workplace programmes within the wellness programmes (Karch 2005). The South African workplace guidelines developed by the DPSA define a wellness programme as a service designed to promote the physical and mental health and well-being of employees. Included are interventions such as counselling, support groups, nutritional supplements, provision of treatment for opportunistic infections, and provision of anti-retroviral therapy (DPSA 2002: 4). The DPSA's (2010) definition of wellness encompasses physical and psychosocial wellness; organization wellness and work life balance differ from the conventional definition of wellness that focuses mainly on general health promotion. Big Tent Approach of Karch (2005) describes the inclusion of multiple aspects such as health and safety, insurance, recruitment and retention under wellness. The limitation of big tent approach is that programmes will not be refined to address deeper aspects of the social conditions as there are a wider range of issues and interventions to be covered under the umbrella of wellness. The purpose and objectives of study will be discussed next.

Purpose and Objectives of the Study

The aim of the study was to explore the activities undertaken by the coordinators of the HIV workplace and Employee Assistance Programmes in nine state departments and the design of these programmes.

Objectives

The objectives were to review the policies of the programmes, the structures and budgets, roles and responsibilities of internal staff and programme evaluation methods used. The methodology used in the study will be outlined in the next section.

METHODOLOGY

Research Design

An exploratory-descriptive survey research approach was adopted in this study.

Research Instrumentation

The data collection tool was a semi-structured questionnaire that comprised open-ended and close-ended questions and was self-administered by the respondents. The key areas of the questionnaire included information on the demographic profile of respondents, staffing of the programmes, training, policy, stakeholder involvement, funding, leadership and management and programme design. The questionnaire had 64 items to allow for an exploration of relatively new departmental services.

Participants

Non-probability sampling was used to purposively distribute forty questionnaires to members of the GPG Employee Health Wellness Committee. The bigger departments were allocated more questionnaires targeting the officials who were managing or conducting the staff well-being programmes in the respective departments. Fourteen officials completed the questionnaire and, a response rate of 35% was obtained. The respondents were employees who were coordinating and managing the EAP and HIV/AIDS or were a member of the programme advisory committee. The respondents were five men and nine women from the Black, Coloured or people of mixed descent and the White racial groups.

Data Collection

The questionnaire was piloted with two officials who were not members of the GPGEHWP committee and changes were made to eight three questions that were not clear. Respondents faxed or delivered the completed questionnaire to a central point designated by the researchers.

Data Analysis

The method used to conduct data analysis on the open-ended questions was thematic content analysis which is "essentially a coding op-

eration" (Babbie 2010: 338), aimed at shortening many words of text into fewer content categories, based on a conceptual framework. The short answer and tick-box questions were analysed using descriptive statistics to tabulate the responses.

Ethical Considerations

Ethical clearance was obtained from the University of Pretoria and all respondents gave written, informed consent to take part in this research study (Pillay 2007). Confidentiality was ensured and the identity of the respondents were protected and codes were allocated for the purpose of data analysis. At a departmental level, permission to undertake the study was obtained from the respective departments and no incentives were provided to the respondents.

RESULTS

Profile of Respondents

The sample comprised 5 men and 9 women government officials who were responsible for the implementation of the programmes. While there were more women in the small sample a similar trend is found within the social work profession. Women make up 87% of the membership of South African Council for Social Service Professionals which is attributed to the tendency for more females to undertake supportive and nurturing work (Masango 2003: 35; Nenjelele 2011).

Staff Position and Qualifications

The status, job title and rank of internal staff coordinating the wellness programme influenced the recognition given to these programmes. A respondent noted, *"the post is too low to exert any influence in decision-making."* Eleven of the respondents had a university degree in social work or psychology and three of these respondents had a postgraduate qualification. One of the respondents was a professional nurse and two had a human resource and HIV/AIDS education certificates. Four respondents were at senior manager level while, ten of the EAP and HIV/AIDS Workplace Coordinators surveyed were placed at middle-management level with limited decision-making power and, conse-

quently, the programmes did not receive adequate support from senior management. This is borne out by the comment, *"at Assistant Director level, one does not have enough power, as one is viewed as a junior in government"*. The multi-level structures and roles within government departments have been found to create confusion and difficulties in defining responsibilities and co-ordinating actions between and sections and levels of staff (Schneider and Stein 2001). Roles that are poorly defined and developed will result in official feeling powerless.

Dr Mogorosi (2009), a senior lecturer at Department of Social Work at the University of Venda notes that an essential element of a workplace programme is management endorsement of a wellness programme through attendance and vocal endorsement. Government departments have procedural channels of communication that are hierarchically ordered which prevents coordinators at middle management from marketing the programme to leadership of the department due level. The coordinators who report to managers that adopt an autocratic leadership style will struggle to obtain top management support of the programme.

Training and In-Service Programmes

Regular training is imperative to understand new trends and methods of service delivery. Therefore it was encouraging to find that eleven respondents indicated that they had attended training on EAP in the preceding twelve months. Training included monitoring and evaluation, occupational health and safety, anti-violence in the workplace programmes, comprehensive HIV/AIDS care and management, basic HIV/AIDS training, EAP training, integrated health and wellness training, and EAP capacity enhancement. The value of training was further confirmed by a report by the Public Service Commission (PSC 2006: 43), which found that respondents found dramatic changes in their perception of both the disease and attitudes towards people living with HIV/AIDS once they attended education and information campaigns.

Policy and Procedures

All nine state departments surveyed had policies in place that were relevant to the EAP or HIV/AIDS workplace programmes with com-

bined employee wellness policy called Workplace Health and Employee Health and Wellness Policy. A variety of methods was used to communicate the policies to employees which included: pamphlets, desk drops, e-mails, commemorative days such as World AIDS Day and educational talks.

Another reason cited for formal policy was that it served as an indication of management's concern and commitment for the well-being of employees (Mnisi 2005: 80; DPSA 2006: 48). Yet, respondents felt that senior managers viewed the employee wellness issues as trivial and hence it was recommended that staff well-being issue sought to be part of the key performance area of management, to encourage the manager's commitment to employee well-being. The actual value of this recommendation is questionable as coordinators did not feel supported by senior managers as the programmes were relatively new and developing. With hindsight a flaw of the programmes were that the employee well-being programmes are regarded as non-essential and therefore was not fully endorsed by management.

Tasks and Activities

The job function of five respondents was related to EAP exclusively, three to HIV/AIDS workplace issues while six respondents worked concurrently in both areas. In one of the smaller departments, a respondent's job description spanned several functions including employee

relations officer, employment equity coordinator, disability and gender focal point coordinator and HIV/AIDS and EAP coordinator. These multiple functions contributed to a lack of focus and curative interventions. The larger departments employed more than one person to oversee the EAP and HIV/AIDS workplace programme.

Respondents listed five of their daily work activities relating to EAP and/or HIV/AIDS workplace programmes. In Table 1, the task of support to management was the highest ranking activity and relates to the hierarchical nature of government structure and the position of the official and activities included. Activities that were included under management support included attending meetings, conducting exit interviews, monitoring of budgets and report writing. The next highest activity was that of counselling which was a common activity in both programmes and could be attributed to the social concerns that can arise for all employees and not just the HIV affected employee. A further study by Taute and Manzini (2009) found that stress management, HIV testing and personal financial management required counselling of employees at the Department of Labour in Pretoria.

Table 1 indicates that only one respondent on a daily basis undertook marketing tasks, although marketing is a vital component so that employees understand the programme (Mogorosi 2009).

Table 1: Daily work activities(N=14)

Daily work activities	EAP	HIV/AIDS	EAP and HIV/AIDS	Mang. HIV/AIDS	EAP, and Mang.	Count
Management support	2	3	2	2	1	10
Counselling	3	2	2	1	1	9
Monitoring and evaluation reporting	5	1	0	1	0	7
Training and education	1	2	2	1	1	7
Policy development	2	1	1	1	0	5
Coordination of services	2	1	0	1	0	4
Programme planning	1	1	2	0	0	4
Awareness programmes	2	0	0	1	1	4
Coordinating events	1	2	1	0	0	4
Referral	1	0	1	0	1	3
Consultation	2	0	0	0	0	2
Marketing	1	0	0	0	0	1
Trauma management	0	0	1	0	0	1
Visiting sick employees	0	0	1	0	0	1

Note: Responses do not add up to 14, as individual respondents were involved in more than one activity.

Models of Service Delivery

Eight of the nine departments surveyed used a combination model (comprised of internal staff and an external service provider). The use of an external provider ensured that services were rolled out to employees quickly, however many of the services were standard in nature (one size fits all) and departments needed to customise the interventions to meet specific employee and organisational needs and at times at additional cost. Telephone counselling using a toll-free number and limited face-to-face counselling was provided to all departments but services like trauma management and group retirement planning were additional services. Furthermore, the departments were different as the job description and the nature of work conducted by health care workers contrasted with employees building houses and roads thus requiring unique interventions. While the use of one service provider for the various departments was rationalised as an economy of scale intervention, challenges were encountered when requests for services like group intervention for trauma management of employee experiencing compassion fatigue was rejected.

Budget, Resources and Stakeholders

Budget allocation is an important variable that impacts on the nature and type of EAP and the HIV/AIDS programmes conducted. A respondent reflected, "*Bigger budgets will allow more people to be reached.*" Unfortunately, the question on funding was inaccurately and inadequately completed by respondents. The findings indicated that a significant stakeholder was the Multi-sectoral AIDS Unit (MSAU) that had assisted all departments with seed funding. The MSAU is a public-private partnership organisation created to implement an effective AIDS strategy to reduce HIV infection rates, and support children and families affected by AIDS to live normal lives, thereby reducing the socio-economic impact of the pandemic on society (GDOH 2007: 79). The seed funding was provided for the first three years and it was envisaged that the departments would later fund these programmes themselves. Whilst, the funding by the MSAU contributed to the establishment of these programmes from the limited data obtained and there was little evidence of direct funding from the departmental budget allocations.

Name Given to the Programme

"*Integrated health and wellness issues can be more holistic in nature*" explained a respondent. Furthermore, the title of a Wellness programme does not carry the stigma associated with HIV/AIDS which impacts on the perceptions and attitudes that people hold towards a programme. Goffman (cited in Goudge 2009: 101) describes stigma as a, "deeply discrediting attribute" which affects the way employees label a HIV/AIDS work place programme. Wellness, on the other hand, is a positive and holistic term which is a desirable state that people aspire towards (Simpson 2003). A comment by a respondent on stigma was, "*utilisation of services increases as a combined policy (a wellness policy) addresses issues of discrimination and stigma*". Van den Berg (2000) criticises the reactive, problem focused orientation of employee assistance programmes that focuses on addressing the troubled employee. Integrated programmes should adopt a prevention, strength attainment and solution-focused approach.

The comment such as, "*integrated health and wellness issues can be more holistic in nature and the distribution of funds and resources is easier, as one is able to split resources between the programmes, based on real needs*" by a respondent suggests that there could be enhanced value to content of the programme which can be adapted to suit the felt need of employees should departments consolidate EAP and HIV/AIDS workplace programmes under the wellness label.

Furthermore, wellness programmes aim to promote healthy lifestyles, improve productivity, increase job satisfaction and motivate employees to achieve better physical and emotional health (Merrill et al. 2011). Encouragement for adopting a wellness programme was taken from the work of Van den Berg (2000), Naydeck et al. (2008) and Kannengoni et al. (2011), that advises that EAPs should move towards an positivistic ecological model, so that programmes can be integrated into all the facets of an organisation's work culture. A respondent commented that a joint EAP and HIV/AIDS workplace programme would ensure, "*equitable allocation and integration of resources and combined initiatives results in enhanced utilisation trends and cost effectiveness*". The development of a joint programme would require a

complete review of the departmental structures and implementation to address the deficits in the current programme such as limited or no departmental funding, positioning and design. Furthermore, the researchers caution that, while amalgamation could result in an integrated programme that allows for multi-dimensional reporting, the core components of the EAP and HIV/AIDS workplace programmes should not be diluted and lost in service delivery.

CONCLUSION

The study highlighted the following conclusions. All departments had a written policy document which was used to market the service to employee. Activities of the coordinators were focused on individual employees and group and community interventions were excluded.

There should be meticulous attention to detail to the contact entered into with a service provider when adopting the existing economy of scale model that includes ten state departments with diverse functions. The advantage of this model was that many employees were able to access a standard set of services (telephone counsel and face-to-face counselling) within a short timeframe. However, the contract entered into between the service provider and the departments did not allow each department to customize the programme's offerings. It is advisable that the actual requirements of the organisation and the unique needs of the workforce are included in contact negotiation with an external provider. At a broader level the national HIV/AIDS initiative by the South African government needs to be factored into the employee workplace programmes for employees entering and exiting the workplace.

In addition, the positioning of the staff wellness programme is important. Consequently, it is suggested that these programmes should be located strategically within the top structure of the organisation and not on the periphery, as was the case in the study. A programme that is on the periphery of the organisation lacks status and recognition. The inclusion of the employee wellness portfolio within the senior management team and greater endorsement by management is suggested.

The combination model of service delivery that includes an outsourced service provider is advantageous as such a model increases the

employee perception of confidentiality and strengthens internal capacity of the coordinators who have a better understanding of the actual work done at the coalface.

Furthermore, the on-going involvement and collaboration by multiple stakeholders, as was initiated by the Multi-sectoral AIDS Unit, was advantageous as it included organised labour, academia, and the private sector. The tensions between the multiple stakeholders will exist but it is argued that meaningful communication between parties over issues of employee wellness can result in consensus and cooperation which will lead to sound decision-making.

RECOMMENDATIONS

Recommendations for employee wellness programme developers and funders include the need for a well-constructed policy document that is supported by the stakeholders (unions and management) and which is regularly updated and accessible to all. The use of emerging technologies, such as social media, can be used to target the Net Generation of employees.

Endorsement of the services by senior management and allocation of senior personnel to manage the programme will contribute to giving staff wellness greater prominence.

The implementers of the programme and the external service provider should conduct more group and community interventions as work with individuals and management support are activities that occur frequently. There is need to place greater focus on preventative interventions that are directed by the internal coordinators and are supported by the external service provider.

The allocation of optimal human and financial resources to wellness programmes remains a contentious issue. It is recommended that evidence based research is conducted to demonstrate the effectiveness of services offered and to measure return on investment (ROI). Currently, ROI is often an incomplete reflection of the impact of the programme on the entire workforce, as many aspects of the programme's value are indirectly manifested and are difficult to measure, such as the changes in emotional dissonance experienced by employees. Evaluation impact research needs to be introducing assessment strategies, which consider both the bottom line and benefits accrued by the employees.

Increased productivity and improved well-being are noble goals of a wellness programme at the workplace. The provision of an integrated EAP and HIV/AIDS workplace programme addresses both the physical and emotional needs of employees. Areas of refinement, research and development are: programme evaluation indicators; the use of information technology tools; and the strengthening of the relationship between the out-sourced service providers and the organization. The combination model may hold promise for employees and organisations but needs to be introduced carefully and cautiously to ensure goodness of fit between employees and their work environment.

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