

AN EXPLORATION INTO THE IMPLEMENTATION AND
MANAGEMENT OF EMPLOYEE WELLNESS IN THE NAMIBIAN
PUBLIC SERVICE: A CASE STUDY OF THE MINISTRY OF
ENVIRONMENT AND TOURISM

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ABSTRACT

This study investigated the extent to which employee wellness is implemented in the Namibian public service in general, and based its findings on a case study of the Ministry of Environment and Tourism (MET). The study seek to answer five particular questions; to what extent employee wellness is supported by the organisation, what employee wellness activities are in place at the MET, the level of interest employees have towards wellness activities, how employees rate the effectiveness of the employee wellness programme at the MET, and how the Ministry evaluates its employee wellness programme. A Case Study research was applied, and a Qualitative research method was used to carry out the study. This was considered the best choice for the study as the intention of the study was exploratory as it sought to gain an understanding of how the activities under the employee wellness programme was implemented and evaluated, as well as their outcome's perception amongst the staff.

The results of this study indicated that organisational support for employee wellness is minimal, taking into account the very low management involvement in decision making around employee wellness and the underutilisation of funds for wellness activities in the Ministry. The activities in place under the Ministerial wellness programme are more physical wellness based and nothing covers for financial wellness. The study also revealed that there is a lack of support for employee wellness at senior and management level despite the overwhelming interest by general employees. Finally, the wellness programme was rated as mostly ineffective based on the evaluation that was done. It found that a uniform employee wellness programme is needed in the Namibian public service.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
EAP	Employee Assistance Programming
EAU	Employee Assistance Unit
EW	Employee Wellness
EWC	Employee Wellness Committee
EWHAOH&S	Employee Wellness, HIV and AIDS, Occupational Health and Safety
EWP	Employee Wellness Programme
HIV	Human Immune Virus
MET	Ministry of Environment & Tourism
MEWC	Ministerial Employee Wellness Committee
OPM	Office of the Prime Minister
OMAs	Offices, Ministries and Agencies
PSC	Public Service Commission
RME	Response, Monitoring and Evaluation
TB	Tuberculosis
WPP	Work Place Programme

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DEDICATION

As the great African humanitarian proverb states; “Umuntu Ngumuntu Ngabantu” (A person is a person through other persons), this thesis is dedicated to the very persons that makes me a fulfilled person before I could be a citizen of our motherland; Namibia and a citizen of the global village.

I dedicate this thesis to my two beautiful children; Ngavipue Mekarere Kaputu and Vendjii Meere Kaputu to serve as something to look up to and as footsteps to follow; my beautiful fiancé Kuuoko Mekere Zauisomue who had been with me through it all, My supportive parents; Mr Alexander Jarimbovandu Kaputu and Mrs Uahapisa Siro Kaputu for their support, and my siblings, relatives, extended family members and the men and women I journeyed with from the streets of Wanaheda in Windhoek.

I am who I am for the fact that I belong to a household, family and a community of amazing people.

DECLARATION

I, Uanangura Kaputu, declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Date

CHAPTER 1: INTRODUCTION

1.1. Orientation of the study

The study is concerned with the extent to which Employee Wellness is implemented in the Namibian Public Service, and drew conclusions through a case study of the Ministry of Environment and Tourism. There seem to be no universally accepted definition of employee wellness. Wellness is regarded as “a conscious and deliberate approach to an advanced state of physical, psychological, and spiritual health” (Ardell, 1985, p.38). Rick Csiernik (2005, p. 4) claims that wellness also includes a way of living that maximizes one’s potential. This could be through improved financial planning. Employee wellness thus encompasses the physical, psychological and spiritual and financial wellbeing of employees within their respective workplaces.

There are several considerations that play into a well-designed wellness programme such as personalisation, whereby employers should offer a wide range of choices to cater for the employees different needs, technology to enhance the affordability and accessibility of the programme, social networks to diversify the target for the programme so as to involve employee families and friends, evidence to ensure that the programme objectives are met by testable outcomes, and measurements that enable the consistent testing of programme progress that can be used for evaluation (Burjek, 2017, p. 32). This are the basic provisions for a comprehensive employee wellness programme. A comprehensive employee wellness programme is one that has practical objectives that are met by strategies for implementation that involves planning as well as detailed evaluation

methods. A comprehensive employee wellness programme thus becomes effective when it meets employees wellness interests, when it is accessible to employees, covers a diverse array of wellness areas including spiritual and financial wellness, and when it has plausible and measurable outcomes upon which it can be improved. Employee wellness efficiency is measured upon how well an institution puts into effect the objectives, strategies and programmes through to successful execution that would yield intended outcomes (implementation). Csiernik (2005, p. 83) states that the establishment of an employee wellness policy that sets the ground work for the outline of objectives, strategies to be used, programmes to be provided as well as measures for evaluation, what follows is a preliminary planning, obtaining organisational commitment, creating a formal committee, institutionalising the policy, which entails the assignment of resources to allow the programme to be implemented.

In the Namibian public service (all government Offices, Ministries and Agencies), the implementation of employee wellness is placed under the auspices of the Public Service Workplace Policy on HIV and AIDS (Office of the Prime Minister, 2009). The policy document, like its name implies, is more focused on HIV and AIDS prevention and mitigation, addressing HIV and AIDS at the workplace, strengthening inter-sectorial coordination for the response against HIV and AIDS and all other workplace related problems of HIV and AIDS. The policy only sets provision for the inclusion of other aspects of workplace or employee wellness other than HIV and AIDS prevention under point 7.3.2. Point 7.3.2 of the Public Service Workplace Policy on HIV and AIDS (Office

of the Prime Minister, 2009, p. 13) states that “a wellness Programme not only covers HIV issues, but will include opportunistic infections, TB, other STI’s, lifestyle diseases and the general well-being of employees”.

This is an indication that the aspect of employee wellness in its broader sense is very much under-represented in the policy that should regulate, institutionalize, implement and set evaluation mechanisms in the implementation and management of employee wellness in the public service. The issues on lifestyle diseases that characterise the majority ailments amongst public service employees and which are the influencers of the increase in healthcare costs are not effectively put under strategy motions of the policy. It creates an impression that HIV and AIDS is the core of all employee wellness concerns or issues, and thus limits the might and capacity with which a comprehensive workplace wellness Programme can be implemented in the Namibian public service. The situation at the institutional or Ministerial level is a clear reflection of the policy document, and the Ministry of Environment and Tourism in Namibia is one such example.

On the 07th of March 2016, the Public Service Commission issued ‘Public Service Management Circular No. 6 of 2016; calling for the submission of Quarterly Reports on Wellness, HIV and AIDS Programmes which was due on the 24th of March 2016. The Directorate of Administration, Finance and Human Resources, Division: Administration and Human Resources; Subdivision: Human Resources of the Ministry of Environment and Tourism had the duty to provide the quarterly report, and made the report. On the

annual Ministerial Budget, the overall allocation for Wellness and HIV/AIDS for the period 01 April 2015 to 31 March 2016 was N\$600 000.00, and the budget utilization on the Wellness and HIV and AIDS budget was said to be N\$314 683.85 (Ministerial Quarterly Report on Wellness, HIV and AIDS Programmes, March 2016) . On the prevention Programme, the Ministry reported no active Programmes on Peer Education Programmes such as faithfulness/abstinence, Correct Condom Use, Male circumcision, Drug and Alcohol abuse and Gender interventions on both male and female categories. The Ministry further reported no new initiated Programmes on HIV and AIDS, Malaria, and TB via radio, TV, Video or CD. The only aspect that the Ministry reported to the Public Service Commission is the fact that the Ministry distributed 8640 packs of condoms to staff members over the reviewed period, and that the Ministry appointed an Employee Wellness Committee consisting of 18 male staff members and 37 female employees. No voluntary counseling and testing, treatment care and support, or impact mitigation Programmes were reported to have taken place. The budget was used for response management interventions such as HIV and AIDS education and work related hazards and safeguards (Ministerial Quarterly Report, March 2016).

Clearly, a serious problem exists in the planning around employee wellness in the Namibian Public Service, which hampers successful implementation. This problem is owed to either the legislative framework governing employee wellness in the public service, Lack of support at the institutional level or the policy implementers given the responsibility to implement it in various government Ministries. A 'Draft Public Service

Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy of 2016' is in process of review, and the outcome of a study on the exploration into the implementation of employee wellness in the Namibian Public service; furthering into the feelings and perceptions held by public servants on employee wellness would be beneficial to any amendments of the draft policy; which is the purpose of this study.

1.2 Statement of the problem

Employee Wellness in the Namibian Public Service is under-represented in the policy document that is established to implement it; the Public Service Workplace Policy on HIV and AIDS (2009). The policy establishes guidelines, objectives and strategies that aim to combat HIV and AIDS infections through peer education, and the prevention of stigma and discrimination at the workplace. Little attention is given to the need for the establishment of a diversified workplace wellness Programme that would focus on broader employee concerns such as lifestyle diseases, stress, cancer, other psychological problems such as post-traumatic stress disorders, anxiety disorders, or the promotion of a healthy lifestyle amongst employees and the provision of education on various health issues e.g. Cholesterol, hypertension, diabetes and substance abuse; and to facilitate access to recreational facilities where these are available.

The policy makes cognizance of the fact that wellness does not surround HIV and AIDS activities alone, but covers a range of areas under point 7.3.2 (Public Service Workplace policy on HIV and AIDS, 2009, p.13). However, the aspect of wellness is not well aligned

to strategic plans that should influence the way in which it should be implemented, hence the absence of a comprehensive workplace wellness Programme in the Ministry of Environment and Tourism, and the Public Service at large. The major research problem is the inadequate planning of the policy objectives and strategies by those who are supposed to implement it in order to yield positive results, hence the weak design of the employee wellness programme activities. Recommendations deriving from this study on the investigation into the implementation of Employee Wellness in the Namibian Public Service would influence great policy planning changes and establish a workable employee wellness Programme in the Namibian Public Service.

1.3 Research questions

In order to discover the main difficulties influencing inadequate implementation of employee wellness in the Ministry of environment and Tourism, and ultimately the Namibian public service at large, the study addresses five fundamental questions:

1. To what extent is Employee wellness supported by the Organisation (MET) in terms of meeting policy objectives, strategy and funding?
2. What Employee Wellness activities are in place in the Ministry of Environment and Tourism and how are they designed?
3. What is the level of interest amongst employees in wellness activities with regard to their wellness needs?

4. How is the effectiveness of the Employee Wellness Programme rated by employees in the Ministry?
5. How does the Ministry evaluate its wellness programmes?

1.4 Significance of the study

The study sheds more light on the extent of the implementation of Employee Wellness in the Namibian Public service. Employee Wellness implementation or institutionalisation has not been researched at length in Namibia. This study explores the relationship between a legal framework for implementation and the implementation process within the Namibian Public service, and presents great value as it tries to influence the policy changes needed for the finalisation of the “Draft Public Service Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy of 2016” that would guide future employee wellness Programme implementation in the Namibian Public Service. Employee wellness evolved over time from “nice to have” to a “must have” as employers depend on it for employee motivation and increased productivity and service delivery, while employees need it for job satisfaction and wellbeing. An investigation into how employee wellness is implemented in the Namibian public service holds a great significance as a catalyst for improved service delivery and competitiveness.

1.5. Limitations of the study

The study foresees no much limitation, rather than the fact that it sources its findings on one Ministry in the public service, and the difficulty that may come with access to

important information on specific failures of the workplace wellness implementation in the Ministry as some officials would fear revealing information that would point at their own failures as custodians of the policy implementation.

1.6. Definition of keywords

The following terms were used frequently in the study narrative and they needed to be defined in the context of this research, as various definitions or ways of understanding them may exist.

Wellness:

Wellness is defined by Allen W. Wicken (2000, p. 95) as an active process of becoming aware of making choices towards a more successful existence. According to the draft Public Service Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy (2016, p. 6), wellness is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, or is a conscious, self-directed and evolving process of achieving full potential.

Organisational Wellness:

According to the World Economic Forum, the concept of wellness is one where active steps can be taken to reduce chronic disease and mitigate its debilitating impact on personal lives and organisational productivity.

Employee wellness Intervention:

Csiernik (2005, p. 203) defines intervention in the workplace as a caring process by which a group of people presents reality in a caring way to a colleague whose workplace performance suggests a problem with an addiction or with a compulsive behavior. Intervention remains essential to every wellness program, since without comprehensive intervention measure, any policy or program cannot succeed.

1.7. Structure of the study

The first chapter provides the introduction, it discussed orientation of the study, the statement of the problem, the basic research questions of the study, significance of the study, limitations of the study and the clarification of basic concepts and terms used in the study.

In the second chapter, the focus is on the theoretical framework and the literature review. The third chapter discussed the research methodology, while the research findings are presented, interpreted and analysed in the fourth chapter. Finally, the conclusion and the recommendations were presented in the fifth chapter.

1.8. Summary

This chapter shows what the study is all about, it presents the rationale, statement of the problem, limitations of the study, research questions, clarification of the basic concepts and terms and the significance of the study. The core objective of the study is to explore into the implementation of Employee Wellness implementation in the Namibian Public

Service, with a particular emphasis to the Ministry of Environment and Tourism. The study tries to unearth the hiccups, challenges and influences in the policy channel, that are behind what seem to be an inadequate implementation of Employee Wellness in the Namibian public service. The main research questions were specified, which focuses on the interest and participation of Ministerial management in the implementation of Employee Wellness as well as existing programs and their relevance to employees in the Ministry of Environment and Tourism. The chapter ends with the structure of the study, while the next chapter presents the theoretical framework and the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter outlines the theoretical framework of the study; bringing to the fore the major authors in the field of the Wellness concept and Employee Wellness, so as to conceptualise the study in theory and to present the wellness definition both in theory and practice. It further discusses the various models in the wellness theory, the evolution of the wellness concept and its interchangeable relationship with well-being. This chapter further explains the science of Employee Assistance Programs and their effectiveness in the policy establishment, necessary for a comprehensive workplace wellness program. It further looks deeper into workplace wellness; its definition, importance, employee wellness programs, and the types of wellness programs that exist, which would advise future wellness implementation in the public service. Finally, this chapter tries to relate how these different wellness theories, particularly the Employee Assistance Programming, could assist with adequate implementation of employee wellness in the Namibian Public Service.

2.2. Theoretical framework

Corbin, Lindey, Welk and Corbin (2002) describe wellness as a person's state of well-being that contributes to an improved quality of life. Corbin & Pangrazi (2001, p. 38) define Employee Wellness as a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being. This means that while wellness is multidimensional and consists of many types,

positive health for an individual is measured by a good quality of life and wellbeing. The literature uses the terms Wellness and Well-being interchangeably (Korhonen *et al.*, 1998; Martin, Kirkcaldy & Siefen, 2003). This absence of a universal definition, and confusion about a preferred term to describe wellness, pose great difficulties to developing guidelines for good wellness practices in organisations. Organisations are currently becoming more aware of issues relating to employee wellness or well-being (Hooper, 2004) and there is increased public interest in integrating wellness activities with employer's responsibilities (Hill, Fewell, Cann & Shephard, 2005).

This move towards healthy workplaces and empowered employees mirrors trends between positive psychological states and organisational well-being (Maslach, Schaufeli & Leiter, 2001; Van Den Bergh, 2000). This has led to the introduction of various Programmes. This includes Employee Assistance Programmes (EAPs) and EWP's aimed to address wellness issues in the workplace. According to Berridge and Cooper (1994, p. 5) an EAP is a programmatic intervention at the workplace, usually at the level of individual employee using behavioral science knowledge and methods for the recognition and control of certain work and non-work-related problems.

Other authors have described EAPs as programmes that cover the identification, assessment, monitoring, referral, counseling, and follow-up activities that aim to address employee problems (Ramanathan, 1992; White, McDuff, Schwartz, Tiegel & Judge, 1996; Zarkin, Bray & Qi, 2000). When an Organisation introduces a EWP, it allows

employees to take charge of, and responsibility for, their own well-being (Derr & Lindsay, 1999). According to Leiter and Wahlen (1996), EWPs typically include activities that focus on relieving the stress of employees that personal finances, substance abuse, health problems, career crisis and job demands cause. Clearly, the definitions of employee wellness may be scattered, but they share a common scope and purpose that must be utilised by the Namibian Public Service as it establishes a comprehensive Employee Wellness Programme that is informed by the importance of Employee Wellness at the workplace.

The importance of Employee Wellness is illustrated by John Sweeney and Karen Nussbaum (1989, p. 160) as they describe conditions calling for workplace health and safety interventions in the United States. They claimed that three out of four U.S workers are employed in service sector workplaces such as offices, schools, and retail stores; and these job sites are home to a host of physical and psychological hazards that necessitates workplace wellness programmes. The implementation of affluent Workplace Wellness Programmes can influence employee involvement and participation at the workplace as a culture of openness and belonging is established, which could enhance employee performance. Jeff Hyman and Bob Mason (1995, p. 51) claims that they have proposed that a defining feature of employee involvement is that company management acts as the prime source for the genesis, implementation and deployment of work-based Wellness Programmes.

Citing Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2000), Welsh (2012, p. 17), defined work-engagement as a positive, fulfilling, work-related state of mind that is characterised by vigor, dedication, and absorption. Clearly, Employee Wellness as a mastermind of workplace well-being can influence workplace engagement as per the definition narrated by Welsh (2012). According to Jean-Piere Brun and Carry Cooper (2009, p. 10), a healthy business should place employee well-being on the same level as other goals, and include it in its management criteria. The support employees receive from their organisations through Employee Wellness Programmes (EWPs) presents great benefits to those who use these programmes. They include increased mental wellness, energy, resilience, life and job satisfaction as well as reduced stress and depression (Renaud et al., 2008; Thogerson-Ntoumani & Fox, 2005). The benefits organisations derive from their EWPs include; reduced absenteeism, increased presenteeism, meeting labour legislation requirements, improved industrial relations, increased employee performance and productivity, reduced health care costs and reduced accidents (Thorgerson-Ntoumani & Fox, 2005, p. 56).

In summary, wellness has been defined as a person's state of wellbeing, while wellbeing itself is a measure of personal satisfaction and self-assurance. As organisations become aware of the increased significance of employee wellbeing, a relationship between employee wellbeing and employer responsibility emerged, hence the advent of programmes aimed to enhance employee wellbeing such as Employee Assistance Programmes (EAPs) and Employee Wellness Programmes (EWPs).

2.3. Ecological Model of Health Promotion

McLeroy, Bibeau, Steckler, and Glanz (1988) applied the Ecological Model for Health Promotion to the problem of rising annual health care costs and the challenge for institutions to implement, support, and evaluate a comprehensive worksite wellness program. This model views health behaviors and individuals as "being affected by, and affecting the social environment" (McLeroy et al., p. 355).

The Ecological Model for Health Promotion suggests that there are multiple sources of influence on health-related behaviors and conditions at an organisation including: Intrapersonal factors, interpersonal processes, institutional factors, community factors, and public policy. Intrapersonal factors include individual characteristics such as knowledge, attitude, motivation, and behavior (McLeroy et al., 1988, p. 358). Intervention strategies at the intrapersonal level may include peer counseling, educational programs, or organisational incentives (McLeroy et al., 1988, p. 358). Interpersonal processes are the social networks and support systems, such as family, friends, and work groups, which influence and support the health-related behavior. This strategy focuses on individual change through social influences. Levels of influence at the community level include institutional factors, community factors, and public policy. Community-level models explore the organization's function and how to address individual, group, institution, and community issues. The organisation can play a role in the area of worksite wellness programs as a "mediating structure", meaning the organisation can assist with the connection between individuals and the social environment (McLeroy et al., 1988, p. 363).

In addition, the community and/or organisation can serve as a source of power by controlling the public agenda based on health-related or economic issues, as in the case of rising health care costs. These sources of power may provide information to define health issues or allocate resources to the community and/or organisation. For example, a public policy supporting healthy actions and strategies for disease prevention and/or intervention may provide context for the implementation of a worksite wellness policy or program such as creating a smoke-free workplace (CDC, 2006). However, the political and economic consequences of such health promotion policies and programs must be taken into consideration prior to the intervention (McLeroy et al., 1988). A benefit of using the Ecological Model for Health Promotion in worksite wellness programs is that the structure provides a basis for program planners to acknowledge the causation of a health behavior, view the health issue from multiple perspectives, and devise multiple intervention strategies to address the health issue (Eddy, Donahue, Webster, & Bjornstad, 2002). The model identifies intervention points for health behavior and provides a framework for prevention and/or treatment strategies. The Namibian Public Service would be better off with this model.

2.4 Wellness definitional evolution; from physical health to preventive health

The contemporary definition of Wellness was premised upon the World Health Organisation's (1946, p. 1) definition of health which states that; "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity". According to Rick Csiernik (2005, p. 4), a complete state of well-being

involves wellness of the mind, the body, and the environment; it also involves the integration of family life, community life, and a compatible work interest. This definition provides a further dimension into wellness as it integrates family life, community life, and a compatible work interest into the generally accepted health centric perspective of wellness. It brings to light the idea that wellness is multisided and diverse, thus should not be restricted to the health perspective alone, but should rather encompass all aspects of well-being including the workplace which is the core area of investigation under this study.

In the words of Csiernik (2005, p. 4), “a wellness approach focuses upon meeting needs in a positive manner and upon pursuing wellness; in this conception the mind, the body, and the spirit are envisioned not only as being integrated, but also as being inseparable. In achieving a state of wellness, individuals need to consolidate not only their physical selves but also their self-image, their work, and their relationships, along with their physical and social environments”. Clearly, being “well” involves more than a mere state of being not ill, or being “unsick”. What is now required as we enter the twenty-first century is a more comprehensive understanding of wellness, and of the relationship between wellness and work (Csiernik; 2005, p. 4). In his analysis of the American “Patient Protection and Affordable Care Act”, Micah L. Berman (2011, p. 328) concurs with the idea that wellness is not necessarily a mere state of being un-ill or a phenomenon that speaks only to the cure of physical health, but one that is diverse and needs to be associated to the aspect of disease

prevention. He narrates that although the enactment of the Affordable Care Act constitutes a historic step forward in the nearly century-long effort to ensure universal health insurance coverage, relatively little in the Act focused on the potentially transformative impact of public health efforts that prevent disease (Berman, 2011, p. 328). He further wrote that chronic diseases such as heart disease, cancer, stroke, and diabetes are now responsible for more than 75% of health care costs, and that reducing the incidence of these diseases which are often entirely preventable, could dramatically improve the nation's physical and fiscal health (2011, p. 328). Here, one is brought forth to a realisation that Wellness is not only multidimensional or physical health centred (cure) by definition, but actually can be used as a health risk prevention mechanism as well as a tool to financial health sustainability.

This orientation to Wellness presents a new focus towards wellness as a preventive health measure. A far greater proportion of preventable disease and mortality is attributable to social, environmental, and behavioural factors that “do not arise from lack of medical care and cannot be solved by medical care” (Berman, 2011, p. 328). Clearly, reducing the prevalence of the most deadly and expensive chronic diseases can only be effectively done through preventive health measures, and Wellness in its most revised definition remains the most credible tool to that effect. Writing on the 1974 Canadian landmark report titled; “*A new perspective on the Health of Canadians*”, Rick Csiernik (2005, p. 4) acknowledged that the report was the first government document to suggest that biological factors along

with environmental hazards and lifestyle issues (such as alcohol, tobacco, and other drug misuse and abuse; fitness; recreation; and nutrition) were all determinants both of sickness and of health. According to him, the report was the first to suggest that money should be directed towards a health-promotion strategy, rather than only into traditional health services to serve individuals after they became ill (Csiernik, 2005, p. 4). This paradigm shift from a focus on physical health to preventive health measures in the public health sector across the world placed Wellness at the centre of any plausible health-promotion strategy aimed at prevention rather than only cure. This entailed that the international public health focus started to move away from physician-led, hospital-centered treatment to more lifestyle and environmental strategies through which illness could be avoided.

One can argue from the perspective provided by the different authors that Wellness can be defined as a situation or state of good physical health, which through its evolution, was seen to be an ideal preventive health measure during the paradigm shift from a focus on physical health to preventive health strategies in the public health sector internationally. However, much emphasis had not been placed on Wellness' multi-dimensional nature and its dynamic appeal as a transformative tool in preventive health across the globe. Allen W. Wicken (2000, p. 95) defines Wellness as an active process of becoming aware of and making choices towards a more successful existence. While this definition is largely focused on the individual, this definition can readily be applied to a population of employees such as that of Namibian public service as well.

The key words in this definition are process, aware, choices, and success (Wicken, 2000, p. 95). “Process” implies that one never arrives at a point where there is no possibility of improving, “aware” means that individuals (or groups of individuals, such as a workforce) are by nature continuously seeking more information about how we can improve, while ‘choices’ means that the individual or group, has considered a variety of options and has selected those that seem to be in their best interest; and finally “success” is determined by each individual (or population/workforce once again) to be their collection of accomplishments for their life (Wicken, 2000, p. 95). Evidently, this dynamic process called Wellness is multidimensional.

2.5. Types of wellness & related concepts

Rick Csiernik (2000, p. 5) states that “wellness is not a static state”. According to him, just as there are degrees of illness, so are there also levels of Wellness (2005, p. 5). Positive wellness focuses on the living state rather than on categories of disease that may cause morbidity or mortality (Csiernik, 2005, p.5). He argues that the ultimate goal of behaviour change is to alter the mediating mechanisms of chronic illness, which in turn leads to changes in morbidity, mortality, and longevity (2005, p. 5). Thogersen-Ntoumani & Fox (2005, p. 51) asserted that while exercise was significantly related to higher levels of physical self-perception and physical satisfaction which was mediated by greater enthusiasm at work, these specific components of well-being were positively related to the more global indicators of life satisfaction and self-esteem. One would concur with the

two as all categories of wellness are directly aimed at gaining life satisfaction and self-esteem for the individual or group. In the modern era, the satisfaction of esteem needs is a popular desire, hence wellness programmes and interventions are more focused at impacting the mediating mechanisms of low self-esteem through behavioural change. The Ministry of Environment and Tourism could make good use of this approach by considering it into the designing of their employee wellness programme. Csiernik (2005, p. 5) further emphasises that a holistic and comprehensive concept of wellness, or optimal health, involves an interdependent balance among five areas: physical, emotional, spiritual, intellectual, and social health (Csiernik, 2005, p. 5). According to him, physical health may be thought of in terms of fitness, nutrition, adequate rest and sleep, and medical self-care, including the absence of disease and genetic influences that affect physiological functioning, as well as behaviours that affect biological functioning such as smoking and drug use (Csiernik, 2005, p. 5 & 6).

Berman (2011, p. 328) amplifies this view when he states that chronic diseases such as heart disease, cancer, stroke, and diabetes are now responsible for more than 75 percent of health care costs, and reducing the incidences of these diseases which are often entirely preventable, could dramatically improve a nation's physical and financial health. Clearly, the significance of promoting behavioural change as a preventive health measure is thriving, and a modern age where all the major diseases are influenced by irresponsible lifestyle choices is demanding such an approach to serve as prevention against diseases

rather than cure. Csiernik (2005, p. 6) dwells further into the various forms of health, where he states that emotional or psychological health involves the ability to maintain relative control over emotional states in response to life- events, and is associated with stress management and responses to emotional crisis. Csiernik (2005, p. 6) states that the key characteristics associated with spiritual health include the ability to love, to feel charitable towards and care for others, to feel a sense of purpose, to enjoy inner peace, and to meditate. He further explains that intellectual health encompasses the realms of education, achievement, role-fulfilment, and career development; while social health involves social systems that include the following: family, work, school, religious affiliation, social values, customs and social supports, and the ability to interact effectively with others. It entails developing appropriate relationships among friends, families, co-workers, and communities (Csiernik, 2005, p. 6). This holistic view of wellness replaces the biomedical model of disease that focuses solely upon biological factors to the exclusion of other practices. The overall concept of wellness therefore relates to physical fitness, prevention and health promotion.

Allen W. Wicken (2000, p. 96) defines “physical fitness” as the ability to carry out daily tasks with vigour and alertness, without undue fatigue, and with ample energy to enjoy leisure-time pursuits and to meet unforeseen emergencies. Physical fitness thus includes cardiorespiratory endurance, skeletal muscular strength, skeletal muscular power, speed, flexibility, agility, balance, reaction time, and body composition (Wicken, 2000, p. 97).

One would thus understand that physical fitness is a set of attributes that people have or achieve that relates to the ability to perform physical activity. Citing the American Physical Therapy Association's 1997 "Consensus-based Guide to Physical Therapist Practice", Allen Wicken (2000, p. 97) categorises "prevention" into three levels; primary prevention, secondary prevention and tertiary prevention. According to him, primary prevention is the prevention of the development of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts, while secondary prevention refers to efforts to decrease the duration of illness, reduce severity of diseases and limit sequelae through early diagnosis and prompt intervention (Wicken, 2000, p. 97). He further defines tertiary prevention as efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases (2000, p. 97). Citing Michael O'Donnell, Allen Wicken (2000, p. 97) defines "health promotion" as the science and art of helping people change their lifestyle to move toward a state of optimal health, and further categorised it into three levels; Awareness, Lifestyle Change, and Supportive Environments. According to him, awareness refers to awareness programs that increase the participant's understanding of, or interest in, health related topics; lifestyle change refers to the programs that are designed to help participants change physical and emotional health related behaviours, and supportive environments is the creation of environments that encourages a healthy lifestyle (Wicken, 2000, p. 97). Clearly, the Wellness concept has evolved by definition and practice over the years as the meaning of a positive physical health, to the point when it was used as a driving phenomenon to preventive health measures in the public health

sector, until recently when it came to be used as a description of physical fitness, disease prevention, and health promotion. The Wellness concept evidently possesses great weight and can be quite useful in the public health sector as far as preventive health as a public health measure is concerned, if it can be mainstreamed with a clear objective, targets and consistent evaluation.

2.6. The Public Health Paradigm versus the Individualist/Biomedical Paradigm

Two influential typologies instigated the Wellness debate, namely; the Public Health Paradigm versus the Individualist/Biomedical Paradigm. Micah L. Berman (2011, p.329) makes a stride into this debate when he questions why our culture and society are so deeply attached to an individualist/biomedical paradigm at odds with public health research. He questioned why this paradigm dominate our collective understanding of public health issues, and why policies derived from the public health paradigm lack public support (2011, p. 329). One would concur with this view as all public health interventionist policies in the Namibian public service shares qualities of the Individualist/Biomedical paradigm. The National Strategic Framework for HIV and AIDS (2010/11 – 2016/17) is one such policy. Under point 2.2.1 the strategy document outlines prevention measures, but indicated a lot of unpreparedness to deal with prevention as opposed to the measures it laid down for treatment, care and support. According to the National Strategic Framework for HIV and AIDS OF 2010/2011 – 2016/2017 (2010, P. 23), at present the coverage and uptake of key interventions such as male circumcision and condom distribution are insufficient to significantly impact upon the epidemic.

Similarly cross-cutting interventions remain fragmented and poorly coordinated at different levels (2010, p. 23). Under point 2.2.2 that deals with Treatment Care and Support, the strategic framework indicates that significant progress was made in improving the availability, access to and utilisation of treatment, care and support for people living with and affected by HIV, and that access to treatment, care and support services increased with the opening of new sites for full Antiretroviral Therapy, integrated Management of Adolescent and Adult Illness and outreach sites (National Strategic Framework for HIV and AIDS 2010/2011 – 2016/2017, 2010, p. 23). Clearly government is indicating in its strategy for HIV and AIDS mitigation that success is evident in the area of treatment and care, as opposed to prevention. This scenario is owed to the reluctance on the side of the state to follow the Public Health Paradigm which favours prevention rather than cure.

In his analysis of the United States Affordable Care Act, Berman (2011, p. 329) contends that the public health provisions included in the Affordable Care Act reflect an “individualist/biomedical paradigm” of preventive health that is at odds with lessons of public health scholarship. According to him, this paradigm focuses on what can be done by or to individual patients, and it leads to policies that seek to either (a) encourage more responsible decision making about personal health, or (b) promote early detection of disease by improving or expanding access to biomedical screening and testing (Berman, 2011, p. 329). He further asserted that a broader “public health paradigm” more aligned

with public health scholarship would look beyond the individual patient and try to uncover and address the population-level factors that contribute to poor health (2011, p. 329).

This paradigm, he claims, emphasises the environmental and social determinants of health and how they affect the well-being of populations (and not just individuals), and leads to policy interventions designed to address the population-level structures contributing to poor population health (Berman, 2011, p. 329). Clearly, the wellness concept is now being sought after as an interventionist strategy to address the population level structures that contributes to poor population health, and as catalyst for a broader public health paradigm that would look beyond the individual patient and sought to uncover the population level factors that contribute to poor health within a given population. Berman (2011, p. 329) claims that public health scholars and practitioners analyse health issues through what he call the “public health paradigm”: a perspective that seeks to detect, understand, and counteract the conditions that can cause death and disease in a given *population*, as opposed to a worldview that focuses on preventing or treating disease in individual patients. He further elaborates that while medical care operates on the level of the individual, “public health regards the community as its patient, trying to improve the health of the population (Berman, 2011, p. 329).

This argument’s point of departure, if one should elaborate, is the idea that what is needed generally among health workers is more “upstream thinking” that would reorient the health care system towards addressing and preventing the causes of ill health. Berman

(2011, p. 330) claims that upstream interventions are more effective at impacting the health of the population because treating high-risk or diseased individuals does not have much impact on population health levels overall, but changing a risk factor across the whole population by just a small (and often clinically insignificant) amount can have a great impact on the incidence of a disease or problem in a community.

2.7. Wellness at the workplace

The significance of Wellness stretches beyond the public health sector into the industrial/labour or corporate sector as it becomes an influential pillar in safeguarding “employee wellbeing”. Thøgerson-Ntoumani & Fox (2005, p. 50) are in solidarity with this view as they state that international organisations and governmental institutions alike now recognises that the workplace is a key venue for improving public health. Employers are also interested in implementing programmes, as they recognise that the health of their employees is linked to absenteeism and productivity at work (Thøgerson-Ntoumani & Fox, 2005 p. 51). This argument brings to the fore, the significance of the current study as it demonstrates the importance of Wellness as an interventionist preventive health measure that should not only be used to prevent causes of illness at individual level, but rather the larger population in its various life settings, particularly the workplace. Berman (2011, p. 330) claims that despite the evidence supporting population-based interventions, the public health provisions of the Affordable Care Act reflect what he had termed the “individualist/biomedical paradigm”. Under this paradigm, he claimed, policymakers

conceptualise preventive health in highly individualistic terms, and the resulting policy measures attempt to prevent diseases by either providing better access to screening and testing services or improving personal decision making (Berman, 2011, p. 330). This reality, one should admit, is no different from Namibia's National Health Policy Framework of 2010 to 2020 that sets out the nation's agenda towards quality health and social welfare services. The policy framework presents a pleasant preventive approach at dealing with infectious diseases such as HIV and AIDS and Tuberculosis as it does not only set to provide better access to screening and testing services or improving personal decision making on individual prevention against the diseases, but it also provides education to sensitise the population against the dangers and causes of the diseases.

However, the policy framework fails to provide extensively the same approach when it comes to lifestyle diseases such as diabetes, high blood pressure and other psychological illnesses relating to stress. It is against this background that the study tries to instigate a more extensive preventive approach when it comes to lifestyle diseases, and further make the suggestion that the most appropriate environment to make such intervention is the workplace, through the implementation of comprehensive workplace wellness programs. The framework's approach is more focused on clinical preventive services to the exclusion of non-clinical, "primary prevention" interventions that would seek to reduce the occurrence of such diseases and risk factors. This revelation indicates the need for a focus towards population-based public health measures, using preventive wellness strategies.

This transformation needs to be effected from policy through to strategy and up to implementation of workplace wellness programmes in the Namibian public service in general and the Ministry of Environment and Tourism in particular. Berman (2011, p.330) makes the claim that the individualist portion of the “individualist/biomedical paradigm” posits that poor health is, at least in large part, the result of poor personal decision-making, and that the corollary to this notion is the conclusion that more health education is needed to help people make better choices. This narrative of disease causation, he argues, has become more prevalent as behavioral risk factors such as smoking, obesity, and alcohol use have become some of the leading preventable causes of death (Berman, 2011 p. 330). He further claims that this individualist focus is again misaligned with the findings of public health scholars (as well as the research of a wide range of social scientists) (Berman, 2011 p. 330). Citing David Yosifon and Jon Hanson (2004), Berman (2011, p. 331) claims that “situational characters” are shaped by their environments, and that because people’s decision making is so deeply influenced by the social, cultural, environmental, and economic contexts in which such decisions are made, health education campaigns that seek to alter individual behaviours have been shown, in example after example, to be ineffective if not coupled with more systematic environmental changes.

Berman’s point of departure, which is quite appealing to concur with, is the idea that the current public health approach that chooses to use educational health campaigns to influence people’s decision making against the dangers of a particular disease or illness

are mostly ineffective due to the fact that they aim to shape situational characters in their target population, but sadly, such characters are shaped by the social, cultural, environmental and economic contexts in which people find themselves. Therefore, any successful approach to realise such an ambition should be coupled with a strategy on effecting tangible systematic environmental changes in order to create the ease with which such preventive intervention would be appealing to the target population. The contention here is that the current state of public health prevention interventionist strategies or policies postulates that behavioral health issues strongly reflects the believe that maintaining good health is primarily a matter of individual decision making, or, as it is often framed, personal responsibility (Berman, 2011. p. 331). However, one should always take into account the social, cultural, environmental and economic factors that are an often hindrance to people's personal decision making participating in behavioural health related interventions. For example, if a particular group of people believes that participating in physical fitness activities to lose weight is a thing of the rich and powerful, then behavioural health strategies such as physical fitness would not be an appealing life style diseases preventive strategy for them. It is against this background that there is a total need for the Namibian National Health Policy to orient its agenda towards implementing wellness programs that would be state funded, in order to attract more people who are at risk of preventable diseases, but are ignorant in participating in wellness activities that would prevent such diseases, only due to lack of financial capacity.

The best possible venue for an effective implementation of such a strategy is the workplace and educational institutions, taking into consideration that people spent most of the hours of their lives at work or at school. Berman (2011, p. 331) claims that the framing of behavioural health solely as an issue of personal responsibility distracts attention from the “upstream” causes of ill health and more efficacious policy responses that would seek to address those causes, and for this reason, corporations that contribute to poor health (e.g., tobacco and fast food companies), themselves an important “upstream” cause of disease, spend a considerable amount of advertising and lobbying dollars promoting the personal responsibility narrative. Organisations and corporations that produce products that are harmful and are causes of diseases would always get away with posing a threat to public health by hiding behind the personal responsibility narrative which posits that people have a responsibility to choose what they consume, and to make judgment on whether or not what they consume is harmful to their health. As part of his recommendations after analysing the United States Affordable Care Act, Berman (2011, p. 332) mentions that overcoming the obstacles to Public Health Reform would involve the confrontation of two fundamental challenges; a culture of anti-paternalism and personal responsibility, and the influential disease-promoting industries.

2.8. Anti-Paternalism and “Personal Responsibility”

Berman (2011, p. 332) contends that public health is the attempt to enable people to lead healthier and safer lives, but it is an inherently communitarian pursuit which is in tension

with a culture that prizes autonomy and does not always look fondly on government intervention Berman (2011, p. 332). The point of departure here, is the fact that government intervention is needed to limit the “upstream” causes of diseases from the markets, so as to control the extent of public consumption of such products, not just to leave them roaming markets in high volumes, and then choosing to control public consumption of the products by using awareness based advertisements that promote the personal responsibility narrative that is instigated by the same influential industries that produce the harmful products.

This argument brings to the fore, the significance of the current study as it demonstrates the importance of Wellness as an interventionist preventive health measure that should not only be used to prevent causes of illness at individual level, but rather the larger population in its various life settings, particularly the workplace. Under the Individualistic/Biomedical paradigm, policymakers conceptualise preventive health in highly individualistic terms, and the resulting policy measures attempt to prevent diseases by either providing better access to screening and testing services or improving personal decision making (Berman, 2011, p. 330).

This reality, one should admit, is no different from Namibia’s National Health Policy Framework of 2010 to 2020 that sets out the nation’s agenda towards quality health and social welfare services. The policy framework presents a pleasant preventive approach at

dealing with infectious diseases such as HIV and AIDS and Tuberculosis as it does not only set to provide better access to screening and testing services or improving personal decision making on individual prevention against the diseases, but it also provides education to sensitise the population against the dangers and causes of the diseases. However, the policy framework fails to provide extensively the same approach when it comes to lifestyle diseases such as diabetes, high blood pressure and other psychological illnesses relating to stress. It is against this background that the study tries to instigate a more extensive preventive approach when it comes to lifestyle diseases, and further make the suggestion that the most appropriate environment to make such intervention is the workplace, through the implementation of comprehensive workplace wellness programs.

The framework's approach is more focused on clinical preventive services to the exclusion of non-clinical, "primary prevention" interventions that would seek to reduce the occurrence of such diseases and risk factors. This revelation indicates the need for a focus towards population-based public health measures, using preventive wellness strategies. Citing David Yosifon and Jon Hanson, Berman (2011, p. 331) claims that "situational characters" are shaped by their environments, and that because people's decision making is so deeply influenced by the social, cultural, environmental, and economic contexts in which such decisions are made, health education campaigns that seek to alter individual behaviours have been shown, in example after example, to be ineffective if not coupled with more systematic environmental changes.

Berman's point of departure, which is quite appealing to concur with, is the idea that the current public health approach that chooses to use educational health campaigns to influence people's decision making against the dangers of a particular disease or illness are mostly ineffective due to the fact that they aim to shape situational characters in their target population, but sadly, such characters are shaped by the social, cultural, environmental and economic contexts in which people find themselves. Therefore, any successful approach to realise such an ambition should be coupled with a strategy on effecting tangible systematic environmental changes in order to create the ease with which such preventive intervention would be appealing to the target population. The contention here is that the current state of public health prevention interventionist strategies or policies postulates that behavioural health issues strongly reflects the believe that maintaining good health is primarily a matter of individual decision making, or, as it is often framed, personal responsibility (Berman, 2011. p. 331).

Wicken (2000, p. 95) indicated conformity to the claim that made by Berman when he states that wellness is an active process of becoming aware of and making choices towards more successful existence. However, one should always take into account the social, cultural, environmental and economic factors that are an often hindrance to people's personal decision making participating in behavioural health related interventions. For example, if a particular group of people believes that participating in physical fitness activities to lose weight is a thing of the rich and powerful, then behavioural health

strategies such as physical fitness would not be an appealing life style diseases preventive strategy for them.

Berman (2011, p. 334) concludes his rather appealing argument by stating that governmental policies and the default conditions set by such policies have a significant impact on health, and this insight should be a justification for changing the policymaking paradigm, not for reaffirming personal responsibility as the central analytical focus. Banning trans-fats or other harmful substances to physical health is an example of the government taking action (in effect, making decision) at the expense of individual decision making. One would further this view by stating that, rather than focusing on what individuals can do to keep themselves healthy, the question on what society can do collectively to improve the population health should take center stage, and its most effective realisation can only be tested at the workplace.

2.9. Physical health versus psychosocial intervention in the workplace

Thogerson-Ntoumani & Fox (2005, p. 51) suggest that perceptions of job competence may enhance individual performance in the work setting, yet little research attention has been directed towards factors that may promote positive well-being in the workplace, particularly physical activity and weight-related issues (Thogerson-Ntoumani & Fox, 2005, p. 51). On the other hand, Csiernik (2005, p. 7) claims that employers still tend to

equate wellness only with physical health, while psychosocial problems are viewed as arising because of the shortcomings of individual employees, yet work itself is inherently stressful. This view tries to broaden up the narrow perception held by authors such as Thogerson-Ntoumani & Fox (2005), that employee wellness has only to do with physical health, and that the psychosocial problems that employees face arises only because of their individual shortcomings. According to Csiernik (2005, p. 7), the organisation of work also inhibits positive health practices and increases feelings of powerlessness and psychosocial stress.

Therefore, it remains relevant to safeguard well-being amongst employees that is beyond physical health. Stressful life events and excessive demands either at work or outside of it are now commonly believed to suppress one's immune system and lower resistance to infection. While personal and work life exceed an individual's ability to cope, or overwhelms his or her existing coping mechanisms, a personalised psychological stress response occurs (Csiernik, 2005, p. 8). According to him, this has been associated with increased negative behaviours including the escalation of tobacco and alcohol consumption (Csiernik, 2005, p. 8). He adds that evidence from both human and animal studies have indicated that both personal and environmentally based stress modulate immunity, producing a suppression of the general resistance process leaving persons susceptible to multiple infectious agents and cancers (Csiernik, 2005, p. 8).

This is a clear indication of the undoubted significance of employee wellness as a preventive public health measure against both life style and other physical infectious diseases. The workplace shows to be the most feasible venue to implement preventive public health strategies aimed at creating awareness of, and containment of various diseases. According to Wicken (2000, p. 97), major efforts are underway to improve the health status of workers through health promotion and prevention strategies. He states that efforts to focus on the workplace as a logical area to make an impact, have increased in the past two decades (Wicken, 2000, p. 97). For employers and third party payers, this approach is finally being seen as the most logical way to reduce the high cost of the health care system, which has traditionally been an illness care system (Wicken, 2000, p. 97). The more employees starts to participate in physical fitness activities to deal with obesity and other lifestyle illnesses, take counselling sessions to heal from psychological disorders and psychosocial troubles, take up full medical screening to be clear of new infections, and attend awareness campaigns at the workplace to familiarise themselves with different illnesses and causes of various chronic diseases, they will hardly visit physicians for treatment of any illness.

Hence, the cost of medical treatment on the third party payer such as medical aid would eventually decrease. Leigh J. Maynard (2008, p. 296) concurs with Wicken (2000) with the statement that many “employers rely on positive incentives such as such as voluntary health promotion programmes”. This statement alone indicates that the implementation of

voluntary health promotion programmes, which are instruments of a comprehensive and practical employee wellness policy can be viewed as a positive incentive aimed at reducing the cost of the rather expensive healthcare system.

2.10. Relevance of Wellness in industry & preventive healthcare consumption

In a study that aimed to assess the short-term impact of voluntary health intervention on overall vs. preventive healthcare consumption, Leigh J. Maynard (2008) looked into a health promotion programme in the United States at the University of Kentucky, which offers health benefits to over 17000 employees and retirees, which represents a broad demographic and socio-economic spectrum. According to her, the study was motivated not only by policy relevance (i.e. are privately administered programmes an effective supplement to public efforts?) but also by the need for programme evaluation as the University responds to escalating healthcare costs (Maynard, 2008, p. 296). The objectives of the study were to determine whether the programme reduced medical claim costs, frequency of procedures and increased the probability of recommended preventive care, and specifically the programme impacts were measured on total 2004 claim costs, total number of procedures, the number of procedures in four major claim categories and the probability of filing a claim for selected examples of preventive care (Maynard, 2008, p. 297). In her conclusions, she noted that the results showed that previous preventive care was linked to higher propensity to pursue future preventive care, thus the intervention may

initiate or strengthen positive feedback that shifts medical care in favour of preventive procedure (Maynard, 2008, p. 301).

Clearly, the findings of her study demonstrated that preventive health efforts such as health promotion programmes prompted increased and consistent participation in preventive care amongst most of their participants. She further summarised that the results are consistent with a causal chain in which the intervention promotes preventive care, which encourages future preventive care, which in turn reduces the future need for other procedures (Maynard, 2008, p. 301). In her recommendations, Maynard (2008, p. 302) states that the results of the study suggest that scarce resources should be focused on increasing the intensity of participant's involvement. This demonstrates the need to continuously study the strength of Employee Wellness in the industrial setting, so as to make the necessary justification that the workplace is so far the most feasible venue to implement preventive healthcare objectives and to eventually meet the National Public Health Agenda half way.

Writing on the U.S Health and Human Services (HHS) Department's "Healthy People" (2000), Allen W. Wicken (2000, p. 98) states that Healthy People is the prevention agenda for the nation, and that it identifies the most significant opportunities to improve the health of all Americans and focuses public and private sector efforts to address them. Since its inception in 1979, Healthy People has moved the nation from assessing health status to

projecting and forecasting what is possible to achieve through preventive interventions and proven clinical preventive services (Wicken, 2000, p. 98). He further claims that as a result of governmental efforts to develop standards to improve the safety of the workplace, occupational health professionals will be well positioned to not only promote sound management of workplace cumulative trauma issues, but also prevention of same (Wicken, 2000, p. 98). Drawing from the successful United States public health efforts that signifies the relevance of Wellness implementation into the industrial setting through Occupational Safety and Health, and Physical Activity and Fitness; one would suggest that a study that explores the implementation of Employee Wellness in the Namibian Public Service would invoke recommendations that would steer the Namibian Public Health Agenda towards optimising the area of Occupational Health and Safety, and Physical Activity and Fitness. Employee Wellness has great relevance to the rehabilitation professionals too.

To impact significantly on the transformation from public health cure to public health prevention through employee wellness, it remains adamant that the necessary skills and expertise in the health sector be harnessed for a purpose of advancing an effective and successful course of public health prevention through workplace wellness. The growth of wellness in industry derives from its demand at the workplace setting, which is deemed as the ideal venue for effective public health intervention with a larger sample of the population, and the fiscal effect it has on the cost of healthcare. According to Andie Burjek

(2017, p. 32), corporate wellness vendors also have a lot more room to grow as IBIS World estimates industry revenue to grow to US\$7.6 billion annually by 2021, up 3.3 percent from 2016. The catch is that only 9 percent of global workers have access to a workplace wellness program, according to the Global Wellness Institute, but defining value in wellness remains elusive (Burjek, 2017, p. 32). According to her, the industry's growth spurt is a boon for vendors as the expansion of wellness to total well-being presents more opportunities, since stress management programs and financial wellness programs also are spreading, adding to the array of offerings for employees (Burjek, 2017, p. 32). The argument that employee wellness must be institutionalised into all areas of industry, particularly for the purpose of this study; the public sector, is amplified by the national director of CBIZ Wellness Solutions; Emily Noll when she states that: "wellness benefits have moved from nice to-have to must-have status" (Burjek, 2017, p. 32). Clearly, employee wellness has become an unescapable employment benefit that no employer should ignore, even the government.

2.11. Employee Assistance Programming

According to Rick Csiernik (2006, p. 11), one existing system that has the potential to address the issues surrounding worker wellness and influence processes to enhance workplace wellness is Employee Assistance Programming, but only if it is allowed to evolve beyond its traditional function into an integrated model of occupational assistance. As a human service located in the workplace, Employee Assistance Programming (EAP)

has a dual nature that needs to be addressed (Csiernik, 2005, p. 73). According to him, EAPs serve both the needs of organisations and those of employees: they not only provide support and counsel to workers and their family members, but also assist in creating a productive and healthy workforce (Csiernik, 2005, p.73). He further states that as such, each EAP needs to be uniquely designed for its workplace, taking into consideration the distinct requirements of both labour and management interests, which is typically accomplished through the auspices of a Joint Labour-Management EAP Committee (Csiernik, 2005, p. 73). This idea sheds light on how best the foundation of the Employee Wellness program development can be established. In the Namibian Public Service, the concept of an Employee Wellness Committee does exist, but the extent to which it impacts the implementation of employee wellness in the public service is what the current study tries to explore.

Csiernik (2005, p. 73) asserts that Employee Assistance Programs have been demonstrated to be highly successful, both in human and cost-effective terms, benefiting employers, employees and the community at large and they can be designed to accommodate small and large businesses, labour unions, professional associations, as well as both private – and public-sector employers. The EAP approach seem to be an ideal instrument for wellness implementation in the Namibian Public Service, hence its measure for implementation, governance and best practices, and intervention approach are important to study. Whenever a policy or program is to be implemented, the best practices in policy development as far as that particular program is concerned, should be followed in order to yield the best possible results.

According to Csiernik (2005, p. 83), best practices are those actions that have the greatest impact on enhancing the delivery of services to the targeted population. They include principles, guidelines, resources, research, the actual programs, and the policies that guide the programs (Csiernik, 2005, p. 83). Citing Manske & Maule (2001), He states that best practices actions thus necessitates the synthesis and consolidation of both empirical knowledge and practice wisdom (Csiernik, 2005, p. 83). In theory, the goal of each organisation's Employee Assistance Program should be specified in a policy created prior to the implementation of the program and then regularly reviewed and updated (Csiernik, 2005, p. 83).

The Public service in Namibia is governed by plausible legal frameworks and measures of policy implementation, but the extent to which these implementation frameworks are applied in order to realise the end to the policy objectives is questionable as many brilliant policies exist on paper, but they fail to be successfully implemented. The current study thus attempts to explore particularly the employee wellness implementation in the Namibian public service, focusing specifically at the Ministry of Environment and Tourism. Nonetheless, while policies exist, objectives cannot be realised without sound intervention measures. Csiernik (2005, p. 203) defines intervention in employee wellness as a caring process by which a group of people presents reality in a caring way to a colleague whose workplace performance suggests a problem with an addiction or with a

compulsive behavior. According to him, there are many psychoactive substances that are addictive: alcohol, cocaine, prescription sedatives and pain medication, heroin, marijuana, and other related street drugs (Csiernik, 2005, p. 205).

These substances are some of the major factors that influences intervention. There are also certain behaviors that may become obsessive and compulsive, such as gambling, shopping, and sex, which are extremely problematic (Csiernik, 2005, p. 205). He further explained that most of us are familiar with the signs and symptoms of the more common substances of abuse, which include a change in appearance and behavior, a pattern of Monday/Friday absences, an increase in the amount of absenteeism, a smell of alcohol on the breath in the morning, and difficulties with money (Csiernik, 2005, p. 205). The approach at intervention follows a particular structure, it doesn't always comes randomly. According Csiernik (2005, p. 206), intervention can take many forms, and be as simple as a comment from a colleague, or as impacting as a structured intervention, which includes the supervisor, colleagues, and family members. It is not the role of the workplace to diagnose the problem, but rather to identify the behaviors about which they have concern, to state clearly the reasons for suspecting an addiction or compulsive behavior might be involved, or to ask the employee to agree to have a formal assessment conducted by a treatment Centre (Csiernik, 2005, p. 206). After intervention, the services requirements are typically paid through the EAP, though in some instances the employee needs to pay for some, or even all, of a specialised treatment service (Csiernik, 2005, p. 207).

According to him, intervention is an emotionally challenging process for everyone and is usually the method of last resort (Csiernik, 2005, p. 208).

2.12. EAP implementation in the MET & Namibian Public Service

Employee wellness in the Namibian Public Service is guided by the Public Service Workplace Policy on HIV and AIDS (2009). Access to a wellness program in the policy is featured under point 7.3.2, and it explains what the wellness programme shall include, while point 7.5.4 outlines the monitoring and evaluation measures of the workplace programmes, giving mandate to the HIV Coordinating Unit in the Office of the Prime Minister to develop general indicators for monitoring and evaluating the policy and programmes, with assistance from the Response Monitoring and Evaluation sub-division (RM&E) (2009, p. 15). The programme is further coordinated into individual government Offices, Ministries, and Agencies (OMA's). The Ministry of Environment and Tourism's employee wellness programmes are guided by the Ministerial Policy on HIV and AIDS (2011).

In its institutional framework for policy implementation, the Ministry of Environment and Tourism policy on HIV and AIDS (2011, p. 6,7,8) affirms the mandate from the Office of the Prime Minister (OPM) and further states under point 4.5 that an Employee Assistance Unit (EAU) be established, which would implement and monitor the overall management of the response to HIV and AIDS, mainstream HIV and AIDS activities in all work activities by dissemination of information to all regional offices and field staff, encourage

and support access to confidential voluntary counseling and testing, and to provide psycho-social support services to the employees. In reality, somehow, amendments to the policy are being made in practice. The Ministerial Employee Wellness Committee now plays the role of the Employee Assistance Unit as specified in the policy document. So far, one would admit that best practices as far as policy development had been somehow followed. Csiernik (2005, p. 83) states that the goal of every EAP program should be specified in a policy created prior to the implementation of the program and then regularly reviewed and updated. The Public Service Commission (PSC), under the Office of the Prime Minister (OPM) uses the Public Service Workplace Policy on HIV and AIDS to implement employee wellness activities and programs in the public service.

However, one should also admit that the policy may exist, but the policy focus does not necessarily cover the holistic aspect of wellness as its major concern seem to be based on HIV and AIDS at the workplace. This one-sided approach presented by the policy is obviously bound to yield biased outcomes that does not represent all elements necessary to feature in a comprehensive workplace wellness program. To address this biased approach, the Office of the Prime Minister initiated a revised version of the existing HIV & AIDS based legal framework to implement employee wellness; the Draft Public Service Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy (EWHAOH&S) of 2016. In its background, the policy document outlines the purpose of the policy when it states that Employee Health and Wellness Management emerged as a

priority due to increasing recognition that the health and wellbeing of employees directly impacts on productivity of the entire public service (Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy, 2016, p. 9). The recognition that employee wellness has a direct impact on productivity in the policy, indicates the policy focus and presents an overview of possible outcomes. This relates to Csiernik (2005, p. 83) view that the goal of each organisation's EAP should be specified in a policy created prior to the implementation of the program. Furthermore, on the issue of policy intervention structure as presented by Rick Csiernik (2005, p. 206), the policy scores good points on establishing a roadmap for policy governance as far as employee wellness is concerned.

The policy states that the Employee Wellness, HIV and AIDS, Occupational Health and Safety Units across all OMAs shall be the coordinating instruments of employee wellness in the public service (EWHAOH&S, 2016, p. 13). According to Csiernik (2005, p. 83), an example of EAP development identifies eight specific stages in the development of the majority of successful EAPs. He states that these stages begin with stimulating organisational interest in developing a program (Csiernik, 2005, p. 83). Among the six steps to be followed by OMAs and Regional Councils (RCs) when creating comprehensive, effective workplace Employee Wellness, HIV and AIDS, Occupational Health and Safety programs, according to the policy, capturing senior management commitment is the first (EWHAOH&S, 2016, p. 14). Clearly, the policy tries to stimulate organisational decision making in developing comprehensive employee wellness programs.

Having assessed the draft Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy (EWHAO&S) of 2016 with Rick Csiernik's Employee Assistance Programming (EAP), one would conclude that the policy document is good to go and ready for implementation. However, the major challenge is its coordinating instruments to all OMAs and RCs in the public service. The policy is good on paper, but its coordinating mechanism, which is the Employee Wellness, HIV and AIDS, Occupational Health and Safety Committees lack either the will-power from those appointed as committee members, interest from employees or management support to realise the end objectives of the overall policy itself. Under its Program Implementation Steps, the policy outlines 6 specific steps; capturing management commitment, establishing EWHAOH&S Committee, doing situational analysis, developing annual plan with budget, implementing and creating supportive environment, and doing research, monitoring, evaluation and reporting (EWHAOH&S, 2016, p. 19). The final step remains the core pursuit of the current study, making assessment of the six program implementation steps under the EWHAOH&S (2016).

2.13. Summary

Employee Wellness was described by Lindey, Welk and Corbin (2002) as a person's state of well-being that contributes to an improved quality of life. Corbin & Pangrazi (2001, p. 38) define Employee Wellness as a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense

of well-being. Organisations are currently becoming more aware of issues relating to employee wellness or well-being (Hooper, 2004) and there is increased public interest in integrating wellness activities with employer's responsibilities (Hill, Fewell, Cann & Shephard, 2005). This has led to the introduction of various Programmes. They include Employee Assistance Programmes (EAPs) and EWPs to address wellness issues in the workplace. According to Berridge and Cooper (1994, p. 5) an EAP is a programmatic intervention at the workplace, usually at the level of individual employee using behavioral science knowledge and methods for the recognition and control of certain work and non-work-related problems.

This chapter elaborated on the application in the study, of McLeroy, Bibeau, Steckler, and Glanz's (1988) Ecological Model for Health Promotion to the problem of rising annual health care costs and the challenge for institutions to implement, support, and evaluate a comprehensive worksite wellness program. This model views health behaviors and individuals as "being affected by, and affecting the social environment" (McLeroy et al., p. 355). It further provided foresight into the evolution of the wellness definition and scope. According to Rick Csiernik (2005, p. 4), a complete state of well-being involves wellness of the mind, the body, and the environment; it also involves the integration of family life, community life, and a compatible work interest. This definition provides a further dimension into wellness as it integrates family life, community life, and a compatible work interest into the generally accepted health centric perspective of

wellness. The significance of Wellness stretches beyond the public health sector into the industrial/labour or corporate sector as it becomes an influential pillar in safeguarding “employee wellbeing”.

Cecilie Thøgerson-Ntoumani and Kenneth R. Fox (2005, p. 50) are in solidarity with this view as they state that international organisations and governmental institutions alike now recognises that the workplace is a key venue for improving public health. The chapter also looked at two influential typologies that instigated the Wellness debate, namely; the Public Health Paradigm versus the Individualist/Biomedical Paradigm. Micah L. Berman (2011, p.329) makes a stride into this debate when he questions why our culture and society are so deeply attached to an individualist/biomedical paradigm at odds with public health research. Finally, it looked into Rick Csiernik (2005) Employee Assistance Programming and assessed its application to the implementation of Employee Wellness in the Namibian Public Service.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

This chapter discusses the research design and the methodology for the study. The study employed the case study research design and the qualitative research method as it is exploratory in nature and aimed at gaining an understanding of how employee wellness programmes are implemented and evaluated, and how the outcomes are perceived by employees in the Ministry of Environment and Tourism, in an attempt to provoke reasoned debate on the subject, using the Ministry of Environment and Tourism as a case study. With the case study approach, the researcher was able to gain in-depth knowledge on the subject without necessarily employing a large sample of the entire Namibian public service. The main tools for data collection consisted of a semi-structured questionnaire, focus group discussions, and personal interviews. The sampling procedures and techniques, process of data collection, validity and reliability and ethical considerations for the study are further discussed in this chapter. The chapter is concluded by a summary.

3.2. Research method

A case study research design was applied, and a qualitative research method was used to carry out the study. This was considered the best choice for the study as the intention of the study was exploratory in nature and sought to gain an understanding of how employee wellness programmes and the policy are implemented and evaluated, as well as their outcome perceptions among the staff. A semi-structured questionnaire was used as one of

the main tools in the study, so as to get a closer glance on the perceptions of participants who are at the receiving end of the implementation of wellness programmes. To explore more on people's perceptions about the state of wellness implementation outcomes, as well as to gain some input on how implementation can be improved, it remained feasible to use a semi-structured questionnaire. The research method also featured three focus group discussions to gain some insights into the expectations and comments from participants about the subject, while three personal interviews provided the researcher with individual perceptions and inputs on wellness implementation from high ranking individuals who are custodians of wellness implementation in the Ministry of Environment and Tourism, and the Public Service Commission.

3.3. Research population

The study based its findings from the 306 Employees of the Ministry of Environment and Tourism head office in Windhoek; from those responsible for the implementation of workplace wellness policies and programmes, to general staff members in the Ministry's Windhoek head office who are at the receiving end of the workplace wellness policy and programmes. The study also used one (1) representative from the Employee Wellness Management Unit of the Public Service Commission which implements Workplace Wellness policy in the public service, in order to gain extensive knowledge on the subject from those at the helm of implementation at the public service level, so as to provide sound recommendations on workplace wellness implementation in the Namibian public service

from those at the helm of employee wellness implementation in the entire Namibian public service.

3.4. Sampling procedure

The researcher used the convenience sampling method to determine initial participants for the personal interview and focus groups, as well as questionnaires. This was beneficial to the study as convenience sampling allows the researcher to sample the research population according to the convenience of accessibility and proximity to the researcher. While alignment of the research population to the implementation structure or being at the receiving end of workplace wellness programmes and policy in the Ministry and the public service at large remains important, the proximity of the target population to the researcher had been deemed most important. Out of the 306 employees of the Ministry of Environment and Tourism who are stationed in Windhoek, the researcher sampled 50 participants from the various sections under directorates which were of close proximity and which were of convenience to answering the questions. This included a representative from the Public Service Commission (PSC) Employee Wellness Management Unit who was used as a personal interview participant. Five (5) participants were drawn from Administration, nine (10) from Personnel, four (5) from Training, ten (10) from Auxiliary Services, ten (10) from Finance and eight (9) from Planning. The sample was further categorised into General Staff, Senior Staff and Management.

3.5. Research instruments

The study utilised questionnaires, focus group discussions and a personal interview. The questionnaire (See Appendix A) and focus group discussions (See Appendix B, C & D) were used to gather data on perceptions and possible recommendations by staff members and implementers on improving the implementation and evaluation of Employee Wellness policies and Programmes. A personal interview (See Appendix E) was used in the study, to extract significant external knowledge and expectations on the subject matter and bring more information to the fore, and to gain more knowledge on specific perceptions on public sector workplace wellness implementation from the office that coordinates the implementation of employee wellness in the Public Service.

Focus Group 1: Employee Wellness Committee members (See Appendix B)

This focus group discussion session was attended by ten (10) members of the Employee Wellness Committee of the Ministry of Environment and Tourism. The Chairperson, who is the Deputy Director of Administration and Human Resources Management in the Ministry took part in the focus group deliberations together with nine (9) other committee members.

Focus Group 2: Senior level staff members (See Appendix C)

The second focus group discussion session was attended by five (5) senior level staff members in the Ministry head office in Windhoek. These senior staff members possessed leadership experience and had come across a few complaints from sub-ordinates, which

are related to conditions and factors that hamper good working relations and ultimate employee wellbeing. Hence, this focus group's deliberations had an interest to extract information that is at the heart of day-to-day supervisor-subordinate relations at the workplace.

Focus Group 3: General staff members (See Appendix D)

The last focus group session was attended by ten (10) general staff members from the Ministry's head office in Windhoek. These staff members were relevant in bringing to the fore the general expectations they hold regarding employee wellness in the Ministry and the current state of implementation of employee wellness programmes.

3.6. Data collection procedure

The researcher presented to the Ministry of Environment and Tourism a letter from the University of Namibia that asked for cooperation and assistance from all relevant stakeholders, to allow the researcher to conduct research on employee wellness implementation in the Namibian public service, particularly the Ministry of Environment and Tourism. A semi-structured questionnaire was used to zero in on perceptions of those at the receiving end of the implementation of wellness programmes. Three focus group discussions were conducted; one with constituents responsible for the implementation of wellness programmes, which consisted of 10 participants, another one was conducted with five (5) senior level staff members from various Divisions and Directorates in the Ministry, while the last one was conducted with general staff members and consisted of

10 participants. Furthermore, three personal interviews were conducted using semi-structured questions and they were conducted with representatives of two workplace wellness based Non-Governmental Organisations and one representative from the workplace wellness management unit in the Public Service Commission, which is at the helm of employee wellness implementation in the Namibian public service.

3.7. Data analysis

The data analysis and findings of the study are presented in chapter 4. In order to better analyse the data from the focus groups and personal interview, the researcher reviewed the audio recordings and transcribed all focus groups discussion recordings and personal interview recordings. After transcribing the focus groups discussion recordings and interview recordings, the researcher reviewed each transcript and produced a summarized interpretation. Both the transcripts and interpretations were sent to the participants for member checking. This was relevant for respondent validation. The researcher reviewed all comments and concerns and made updates to the transcripts/interpretations, as recommended by the participants. All identifying information was removed and all participants were given pseudonyms to protect the anonymity of participants. All focus groups and personal interview recordings were coded, and these codes allowed the researcher to draw conclusions. The agendas of focus group meetings, the questionnaire as well as the personal interview questions are presented as appendices to this thesis.

3.8. Research ethics

The researcher obtained a letter from the department (University of Namibia: Department of Political and Administrative Studies) for the authorisation of the study. This document was used to communicate to the Ministry of Environment and Tourism, and it was read out to all participants at interview intervals, questionnaire distribution points, and focus group discussion meeting venues. The study was absolutely based on the principle of voluntary participation. The respondents were informed that they are not forced to participate, and that their participation is voluntary. Finally, from data collection to analysis and presentation, confidentiality was highly protected in the execution of this study. The data collected from the study were kept in a secure place for about five months within the duration of the study to ensure strict confidentiality and security, and then eliminated through shredding once all data had been analysed and reported.

3.9. Summary

This chapter described the methodology that was used for the study. A case study research design was applied, and a qualitative research method was used to carry out the study. The qualitative method was deemed appropriate due to the fact that the study was exploratory and required a methodology that would be able to capture views and opinions of participants with regards to employee wellness implementation in the Namibian public service. A case study of the Ministry of Environment and Tourism was made so as to make a generalisation of the entire public service without having to study all the Offices, Ministries and Agencies of the Namibian public service. Three focus group discussions

and three personal interviews were used as data collection tools in the study, while convenience sampling was used as a sampling method for the study so as to allow the researcher to choose participants to the convenience of the information needed and proximity to researcher. Finally, the researcher reviewed audio recordings and transcribed all focus groups and personal interview recordings and obeyed the principle of informed consent.

CHAPTER 4: PRESENTATION OF FINDINGS

4.1. Introduction

Chapter 3 of the study discussed the methodology and research techniques used in the process of data collection and analysis in order to realise the purpose of the study. This chapter presents the major findings of the study in accordance with the research questions. This chapter focuses on organisational support for employee wellness in the Ministry of Environment and Tourism, the employee wellness programmes in place in the Ministry of Environment and Tourism, the interest and involvement of employees in employee wellness activities, the perceptions about the effectiveness of employee wellness programmes and activities amongst employees, and the employee wellness evaluation methods practiced in the Ministry of Environment and Tourism.

The findings of the study are presented in five sections. The first section reflects on the extent of support that the employee wellness programme receives from the Ministerial management or leadership through various generous policy measures. It explores into the involvement of management in decision making on employee wellness activities and programme implementation, the extent to which employee wellness programmes are funded by the Ministry of Environment and Tourism, whether employee wellness is incorporated in Ministerial Planning, and the involvement of management in employee wellness activities. Section two presents findings on the type of existing employee wellness programmes in the Ministry of Environment and Tourism, and the physical, psycho-social and financial wellness activities that exist. Section three is about the

employee interests and involvement in employee wellness activities; the interest of employees in various workplace wellness areas, their financial readiness to invest in wellness activities and barriers to wellness participation, while sections four and five look at perceptions of wellness programmes effectiveness amongst employees and how wellness programmes are evaluated in the Ministry.

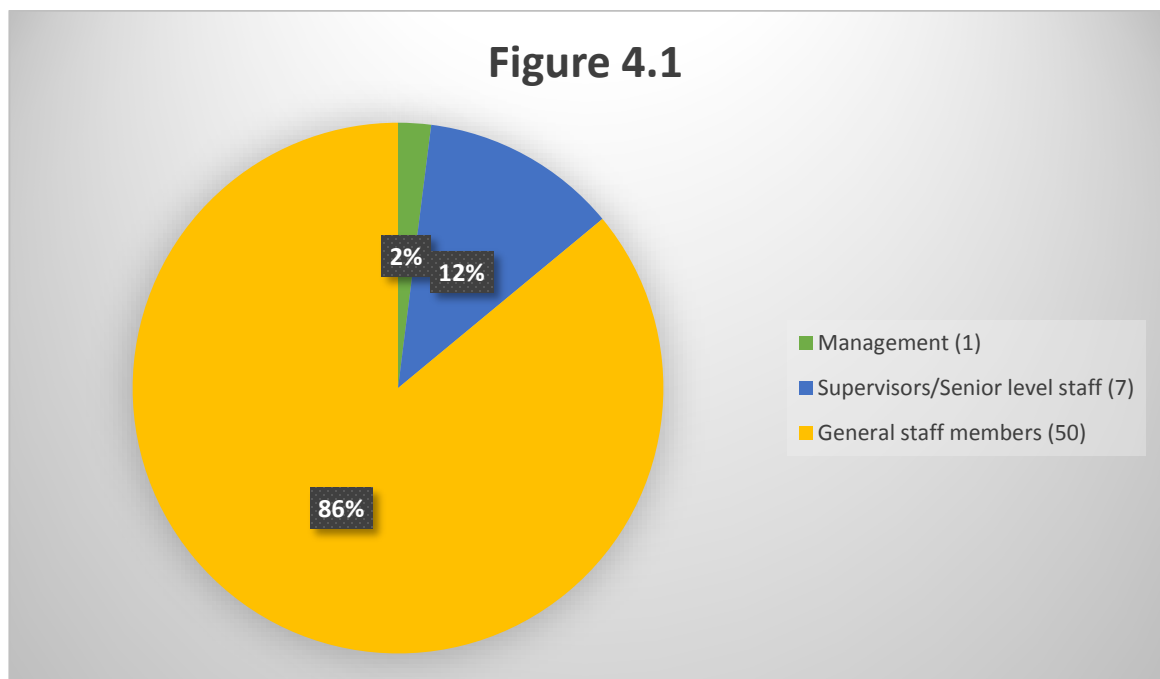
4.2. Section 1: Organisational support for employee wellness in MET

According to Csiernik (2005, p. 83), an examination of Employee Assistance Programming (EAP) development identified eight specific stages in the development of the majority of successful EAP's, and these stages begin with stimulating organisational interest in developing a program. Hence, the researcher was interested in exploring the extent to which employee wellness policies and programmes are supported by the Ministerial leadership and management. Through the analysis of data from all research instruments used in the study, the researcher sought to understand the level of support that employee wellness receives from the organisation, in this case the Ministry of Environment and Tourism (MET).

Thus, the first part of the section presents data on the involvement of management in decision making on employee wellness policies and programmes. This is to assess the extent to which the MET's interest in developing employee wellness programmes meets the requirements, goals and objectives presented in the Ministerial Wellness policy (2011), the Public Service Workplace Policy on HIV and AIDS (2009), and the Public

Service Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy of 2016.

4.2.1 Management involvement in decision making on Employee Wellness

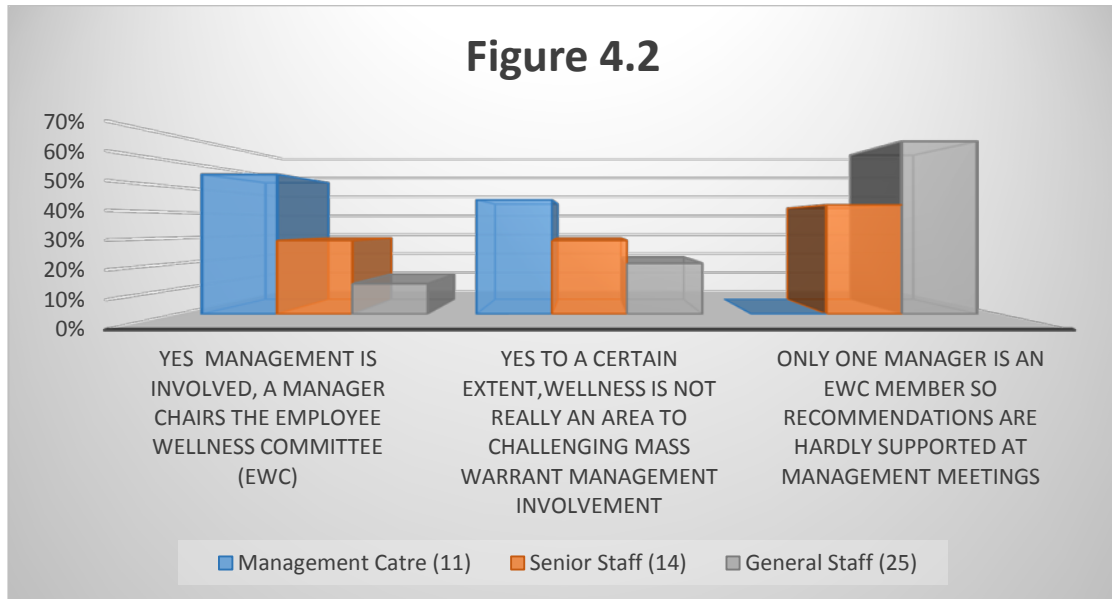


Composition of the MET Ministerial Wellness Committee

Figure 4.1 above illustrates the composition of the Ministry of Environment and Tourism's Ministerial Employee Wellness Committee as far as employment category/level is concerned. Out of the 58 members of the Employee Wellness Committee in the Ministry of Environment and Tourism, only one (1) member; the Chairperson of the committee, who is the Deputy Director of Administration and Human Resources in the Ministry, is a part of the Ministerial Management. This makes only 2% of the entire

wellness committee composition by percentage. There are 7 senior staff members (supervisors) from various sub-divisions who are members of the Ministerial Employee Wellness Committee. This makes up only 12% of the whole Employee Wellness Committee in the Ministry, while the rest of the 50 members of the Employee Wellness Committee are general staff members from all the Ministry's stations across the country, which is 86% of the total Employee Wellness Committee composition in the Ministry.

Since the Ministerial Employee Wellness Committee is the highest and only decision-making body on employee wellness in the Ministry, an exploration into the involvement of management in decision making around employee wellness is best suited by scrutinising the number of management level staff members in the Ministerial Employee Wellness Committee. Judging from figure 4.1 above, there is a weak representation of management in the Ministerial Employee Wellness Committee, which indicates that the involvement of management in the only decision-making body on employee wellness is quite limited. This portrays a negative image on organisational support for employee wellness in the Ministry. Furthermore, the researcher dwelt with gaining participant perceptions on the involvement of management in decision making around employee wellness in the Ministry of Environment and Tourism (MET), to gain more insight into what employees of all levels of employment perceive the involvement of management in employee wellness (EW) decision making in order to take a stance on the state of organisational support for employee wellness in the Ministry of Environment and Tourism.



Employee perception on management involvement in EW decision making

Figure 4.2 above demonstrates the perceptions of MET employees of various employment categories, on the involvement of management in decision making on employee wellness. These perceptions have been helpful to the researcher as they portray the level of management or organisational support for employee wellness in the Ministry. The researcher picked three popular comments from the questionnaire and the three focus group discussions in response to the question on whether management is involved in decision making around employee wellness, which is; “yes, management is involved; a manager chairs the Employee Wellness Committee (EWC)”, “yes, to a certain extent; wellness is not really a challenging area to warrant mass participation of management”, and “no, only one manager is a member of the employee wellness committee,

recommendations of the committee are hardly supported at management meetings (e.g. lack of funds etc.)”.

Out of the 50 questionnaires distributed to participants, eleven (11) managers participated, Fourteen (14) senior level staff members took part, as well as Twenty Five (25) general staff members. In response to the question on whether management is involved in decision making around employee wellness, six out of eleven (55%) managers responded; “yes, management is involved in decision making on employee wellness; a manager chairs the Employee Wellness Committee (EWC)”. Four out of fourteen (29%) senior level staff members gave the same response to the same question, the same applies to three out of twenty-five (12%) general staff members.

Another group of participants responded differently to the same question on whether management is involved in decision making around employee wellness. Five out of the eleven (45%) Management cadres who participated in the study responded; “yes, to a certain extent, wellness is not really a challenging area to warrant massive management involvement”. Four out of the fourteen (29%) senior level staff members who participated gave the same response, and five out of twenty-five (20%) general staff members who participated provided the same response.

Clearly, more general staff members, compared to the previous group were comfortable with providing the opinion that management involvement in employee wellness decision making is of course prevalent, but to a certain extent, claiming that wellness is not really

a challenging area to warrant mass management involvement. Lesser management cadres who participated in the questionnaire and focus group discussions show to have opted for a more open-ended answer which indicates that they agree that management is not so involved in decision making around employee wellness, but they are of the conviction that wellness is not a challenging area, hence the weak involvement of management in decision making on the wellness policy, activities and programmes in the Ministry.

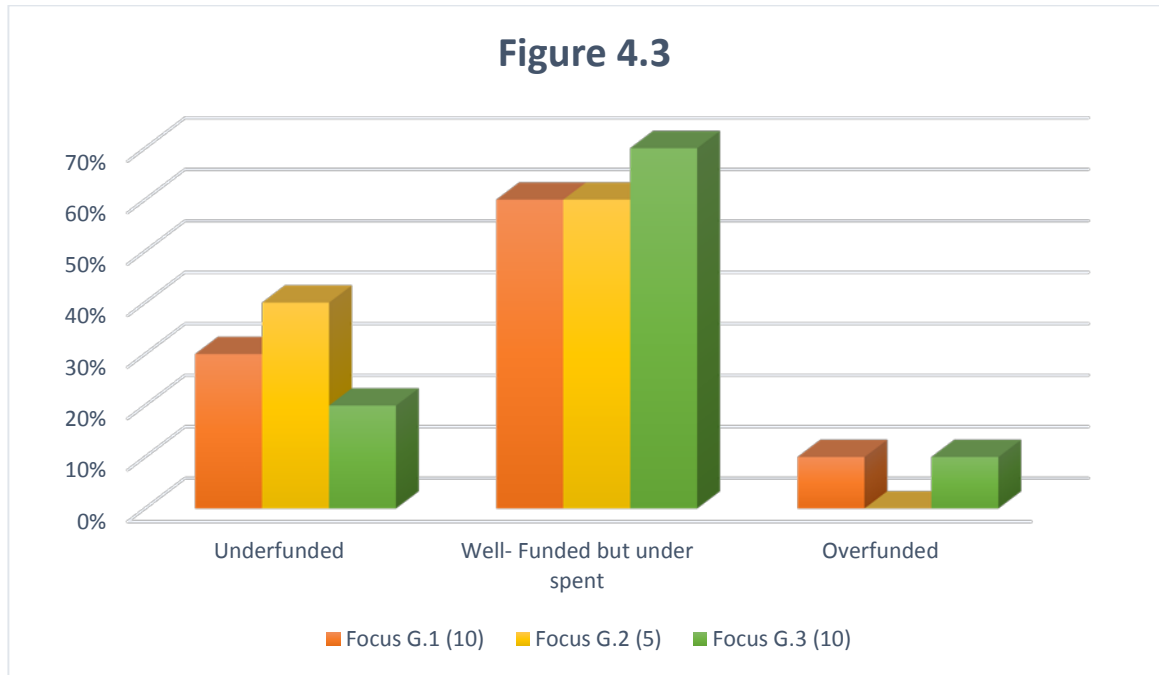
Nevertheless, amongst the group of respondents who gave the answer; “No, only one manager is a member of the Employee Wellness Committee, resolutions of the committee meetings are hardly entertained at management meetings”, no manager gave such a response while six out of fourteen (43%) senior level staff members (the largest of the group) were of the opinion that management is actually not involved in decision making around employee wellness as recommendations from the Employee Wellness Committee are hardly supported at management meetings. Seventeen out of the twenty-five (68%) general staff members (majority respondents) indicated that they were of the same opinion.

4.2.2 Organisational funding for Employee Wellness

Organisational funding for a particular policy objective or ambition is one of the many ways that one can see how much the organisation supports that particular intervention, policy or programme. The researcher had this in mind when he chose to follow up the existing Employee Wellness financial report with the three focus group deliberations to

gain first hand perceptions of the three different level employees of the Ministry of Environment and Tourism on the state of the funding that employee wellness receives from the organisation's coffers. This move pursues the understanding of the level of organisational support that employee wellness receives in order to have a stance on the state of employee wellness implementation and management in the Ministry of Environment and Tourism.

According to the March 2016 report that the Ministry provided to the Public Service Commission, on the annual Ministerial Budget, the overall allocation for Wellness and HIV/AIDS for the period 01 April 2015 to 31 March 2016 was N\$600,000.00, and despite the Ministry furnishing that it had not fulfilled the major expected programmes in the report, the budget utilisation on the Wellness and HIV/AIDS budget was said to be N\$314,683.85. The budget was said to have been used for response management interventions such as HIV and AIDS education and work-related hazards and safeguards (Ministerial Quarterly Report on Wellness, HIV and AIDS Programmes, March 2016). However, some money was said to have been spent by other departments who had more pressing or urgent financial troubles through a customary internal financial process of virementation. This information may be relevant enough to make a conclusion, however, the perception of those who are members of the Employee Wellness Committee, the senior level employees who are supervisors of various divisions, as well as the general staff members who are affected directly by the implementation and management of employee wellness is equally important.



Employee perceptions on the state of organisational funding for Employee Wellness (focus group discussions)

Figure 4.3 above demonstrates the state of Ministerial funding for employee wellness from the MET employees point of view, presented in percentage. During the focus groups discussions, each focus group was asked to provide its opinions on whether employee wellness in the Ministry of Environment and Tourism is underfunded, well-funded but its budget is under spent, or if it is overfunded and that they should support their opinions. Focus group one consisted of the members of the Ministerial Employee Wellness Committee, focus group two consisted of the senior level employees in the Ministry; those who are supervisors in various divisions, while focus group three consisted of the general employees in the Ministry.

Three out of the ten (30%) participants of focus group one (EWC members) held the conviction that employee wellness in the Ministry of Environment and Tourism is underfunded, citing that the money that is allocated is supposed to be spent on programmes that demand more than what is allocated, so the inefficient implementation of needed programmes is to blame for the underfunding. Two out of the five (40%) senior level staff members who participated in focus group two conformed to the same opinion, while two out of the ten (20%) general staff members who participated in focus group three also indicated the same opinion. Furthermore, six out of the ten (60%) participants of focus group one held strongly to the perception that employee wellness in the Ministry of Environment and Tourism is “well-funded, but its budget is under-spent”, mostly citing that the wellness budget is never depleted, hence the claim of under-funding does not hold waters.

Three out of the five (60%) participants of focus group two held the same view, mainly citing that employee wellness at the Ministry has the potential for a much broader programme establishment and implementation, but such potential is not explored enough for there to be a measure on whether or not it is under, over or well-funded. They claimed that in the absence of a comprehensive and progressive Ministerial Employee Wellness Programme, the current state of affairs is that employee wellness is well-funded, but its budget is under-spent as there are no sufficient programmes in place that are compatible to the current budget allocation. Furthermore, seven out of the ten (70%) participants of

focus group three were of the same opinion and they explained that there is no shortfall of finances on the wellness budget as there is always a surplus, hence what is to blame is the inefficient implementation of programmes that should require a bigger budget, not necessarily the idea that what is allocated is too less in the event that the wellness programme is in full swing.

Nonetheless, those two views were not the only ones that participants of the focus group discussions held. There were a few others in the three focus group discussions who held the view that employee wellness in the Ministry of Environment and Tourism is “overfunded”. One person out of the ten (10%) participants of focus group one and one person out of the ten (10%) participants of focus group three held the above view, while no participant (0%) from focus group two opted for that opinion. Their arguments were quite compelling though. They argued that from the statistics and information at hand, the wellness budget is never outspent and it is prone to surpluses which end up being spent by other Divisions through the financial process of internal virement, making it clear that what is allocated is more than what is spent on wellness activities and programmes.

4.3. Section 2: The nature of Employee Wellness programmes in place at the MET

The purpose of wellness policy or programme implementation in any given institution or organisation rests in the nature and scope of the programmes and activities in place, which are used as propelling means upon which it is implemented. Thogerson-Ntoumani and Fox (2005, p. 50) state that employers are also interested in implementing programmes as

they recognise that the health of their employees is linked to absenteeism and productivity at work. Hence, it remains vital to explore the types of programmes/activities that exist in a given wellness policy or programme so as to assess whether it represents the needs of the organisation and those of the employees; if it establishes job satisfaction, encourages physical activity and weight-related issues, if it enhances psychological and psychosocial wellbeing, as well as providing financial wellness.

Table 4.1 Categories of existing activities under the employee wellness programme at the MET

Wellness activities in place at the MET	How many times activity was carried out	Number of participants	Wellness category
Walking recreational team	Once yearly	22 employees at average	Psychosocial wellness
Healthy eating education	Twice a year	180 employees at average	Physical wellness
Blood cholesterol testing	4 times yearly	320 employees at average	Physical wellness

Blood pressure screening	4 times yearly	230 at average	Physical wellness
Blood Glucose screening	4 times yearly	320 at average	Physical wellness
HIV and AIDS Testing	2 times yearly	55 employees at average	Physical wellness
Dissemination of condoms	Over 400 packs in two weeks	Around 120 employees in two weeks	Physical wellness
Buying gifts for retiring staff	Constantly on fixed term basis	4 employees retiring monthly at average	Psychosocial wellness

Table 4.1 above illustrates the list of active wellness activities as mentioned by participants of the study from the major research instruments; the questionnaire and the focus group discussions. Participants were asked what the existing activities are under the employee wellness programme currently in place in the Ministry of Environment and Tourism. The activities listed above derived from the answers they gave and what exists in the Ministerial Wellness policy as standing programmes under the policy (2011). The researcher then listed the existing programmes and made a column to find out how many times a year that these activities are offered, so as to gain insights into how often the activities are offered to employees. The researcher also tried to get an idea as to approximately how many people participate in the available wellness activities.

Furthermore, the wellness categories of which every employee wellness activity represents was listed.

A walking recreational team that would venture into mountain hiking, long distance walking as well as walk and clean campaigns, dissemination of general tips on healthy eating, blood cholesterol testing, blood pressure scanning, blood glucose screening, HIV and AIDS testing, dissemination of condoms and buying gifts for retiring staff members were the basic programmes/activities that were identified as in existence under the Ministry of Environment and Tourism's Employee Wellness policy and programme. Physical wellness to employees serves an important role as it influences healthy living, a refreshed body, rejuvenated body muscles and of course a healthy mind. It is obviously vital to have a physically fit workforce for an effective and efficient output.

Psycho-social wellness on the other hand is the type of wellness that deals with personal problems, work problems, motivation, providing incentives for staff members to work harder and achieve higher objectives in the interest of the organisation as well as spoiling staff with gifts on birthdays, retirement, or consolation in times of grief. This is a vital instrument to have employees feel at home and to feel appreciated at work. The last category, financial wellness is the type of wellness whereby financial education is provided to employees relating to how best they can use their money during working life, how to invest it after retirement, and how to create and follow a personal budget. This

helps employees with financial management and reduces the tendency of financial stress that hinders work performance.

The major categories of wellness include physical wellness, psycho-social wellness, financial wellness and spiritual wellness. Making provision to gain an understanding of which categories of wellness features in the employee wellness activities at the MET was vital for the study in order to explore the diversity and extent of the wellness programmes implemented in the Ministry of Environment and Tourism, and ultimately the Namibian Public Service at large. According to the data retrieved at focus group deliberations as well as the questionnaire, the programmes and activities featured in table 4.1 above were according to the participants' knowledge and existing documents, and the programmes or activities in place in the Ministry of Environment and Tourism (MET). Most of the existing activities outlined were more leaning on physical wellness in nature, while only the walking recreational team can be viewed to possess aspects of both physical wellness and psycho-social wellness. The buying of gifts for retiring employees on the other hand is strictly a psycho-social wellness activity as it is aimed to serve as a token of appreciation for services rendered by staff members during their years of employment at the organisation. No financial wellness activity seems to be in existence at the Ministry of Environment and Tourism.

Clearly, the provision of tips on healthy eating habits, blood cholesterol testing, blood pressure screening, blood glucose screening, HIV/AIDS testing, and the dissemination of

condoms to staff members are all aspects of physical health, and therefore fall under the category of physical wellness. From the existing active wellness activities in the MET as retrieved from data collection, there was no particular programme or activity found, which has an element of financial wellness. Table 4.1 demonstrates the categorisation of the employee wellness programme activities found in the Ministry of Environment and Tourism according to the categories they fall, between the physical, psycho-social and financial wellness. Out of the eight (8) activities that exist, seven (7) has strong physical wellness elements, while one shares physical wellness components with psycho-social wellness. Nonetheless, there are no particular programmes or activities that exist, which have proven to have financial wellness aspects. So financial wellness activities were proved to be non-existent, according to the study.

4.4. Section 3: Employee interest in wellness activities at the MET

In every attempt to establish, improve or explore into the extent and scope of employee wellness implementation in a given organisation, it remains fundamental to tap into the interests and perceptions that employees hold towards employee wellness programmes and activities. This was crucial to the researcher as it helped with unearthing the understanding that wellness activities at the workplace are indeed needed by employees. It also helped with the discovery on whether employees at the Ministry of Environment and Tourism are willing to pay a little extra amount for the provision of wellness activities at their workplace, and if they would rather require an incentive to participate with commitment to wellness activities.

The researcher utilised data from the fifty (50) questionnaires that were distributed during the study to make the analysis for this section. Respondents were asked to name the various topics or activities that they would like to be covered under the employee wellness programme at the Ministry, and they were also asked to identify which proposed wellness activities amongst those they had chosen, that they are willing to pay a price for to meet the Ministry half way, and which of those would they rather not pay a price for. Respondents were also asked if they would rather prefer an incentive to encourage them to participate in wellness activities consistently, and the analysis of their responses can be found in Table 4.2 below.

Table 4.2: Proposed wellness activities by employees, extent of willingness to pay and number of employees who need an incentive to be motivated

ACTIVITIES/PROGRAMS OF INTEREST TO EMPLOYEES	WILLINGNESS TO PAY ACTIVITIES/PROGRAMS				NEED FOR AN INCENTIVE TO PARTICIPATE				
	NUMBER OF PEOPLE INTERESTED	YES	%	NO	%	YES	%	NO	%
AEROBIC EXERCISE	4	1	25	3	75	2	50	2	50
OTHER EXERCISE PROGRAMSE.EG GYM	5	2	40	3	60	3	60	2	40
HEALTHY BACKS	2	0	0	2	100	1	50	1	50
FLU SHOTS	3	2	67	1	33	0	0	3	100
BODY/ MASS INDEX (SME) TESTING	5	0	0	5	100	2	40	3	60
STRESS MANAGEMENT	4	2	50	2	50	1	25	3	75

ALCOHOL/ DRUG ABUSE EDUCATION	6	2	33	4	67	1	17	5	83
SMOKING CESSATION	5	2	40	3	60	3	60	2	40
MARITAL SITUATIONS	2	2	100	0	0	0	0	2	100
INTERPERSONAL SKILLS	3	0	0	3	100	2	67	1	33
RETIREMENT PLANNING	5	4	80	1	20	2	40	3	60
HOME BUDGETING	4	3	75	1	25	4	100	0	0
TIME MANAGEMENT	1	0	0	1	100	1	100	0	0
BALANCING HOME & WORK	1	0	0	1	100	1	100	0	0

Table 4.2 above showcases the list of wellness activities as proposed by the respondents of the questionnaire. Aerobic exercises, other exercise activities such as a workplace Gym, health education on Healthy Backs, flu shots, body or mass index (BMI) testing, stress management activities, alcohol and drug abuse education, smoking cessation, marital situations, interpersonal skills, retirement planning activities, home budgeting, time management activities, and the balancing of home and work activities were the activities that were proposed by questionnaire respondents as feasible for introduction into the existing employee wellness programme of the Ministry of Environment and Tourism. Four (4) respondents out of the fifty respondents of the questionnaire proposed aerobic exercises to be included as an activity under the Ministerial Wellness Programme, and out of the four who proposed aerobic exercises, one (25%) indicated willingness to pay for the activity as a measure to reach the employer half way as far as the delivery of the services are concerned. Three out of the four (75%) indicated that they were not willing to pay a price for the wellness services, even though they deemed the services necessary for a successful wellness programme in the Ministry.

Since respondents also had to respond to the question on whether they rather needed an incentive to participate in the wellness activities that they proposed, two respondents out of the four (50%) indicated that they preferred an incentive to encourage them to participate in the aerobic exercise activities that they proposed, while the other two (50%) indicated that they did not need an incentive to participate. Five out of the fifty respondents of the questionnaire opted for other exercise programs, particularly a workplace-based gym. Two out of the five (40%) indicated that they were willing to pay for a supplementary amount for the proposed workplace-based gym services, while three out of the five (60%) indicated that they were not willing to supplement any amount for the services, citing that the Ministry should bear the cost of the services from the wellness budget. Three out of the same five respondents (60%) indicated that they would rather require an incentive to participate in the gym to serve as encouragement for consistent participation, while two (40%) opted that they would not require an incentive. Two respondents indicated an interest in health education on Healthy Backs and all the two (100%) respondents indicated that they were not willing to pay any supplementary cost for those services. One of the same respondents (50%) indicated that he/she needed an incentive to participate, while the other one (50%) indicated that he/she needed no incentive to participate.

Three participants proposed flu shots to be introduced as a part of the wellness programme and two participants out of the three (67%) indicated willingness to pay a supplementary cost for the services rendered, while one (33%) was not interested in paying a cost. All three (100%) participants who proposed for flu shots indicated that they did not need an

incentive to participate. Five respondents proposed for body/mass index (BMI) testing and all of them (100%) were not willing to pay a supplementary cost for the wellness services, two (40%) indicated a need for an incentive to participate while three (60%) did not need any incentive to participate in the activity. Four questionnaire respondents proposed stress management activities to be introduced in the Ministerial Employee Wellness Programme, two out of the four respondents (50%) indicated a willingness to pay a supplementary price for the stress management services, while the other half (50%) indicated that they did not want to pay a price for the services. One out of the same group of four people (25%) indicated that they would need an incentive to participate in the stress management activities while the rest of the three (75%) indicated that they did not need an incentive to participate.

The majority respondents, six out of the total fifty respondents of the questionnaire proposed alcohol and drug abuse education as feasible wellness activities for the MET. Two out of the six (33%) indicated a willingness to pay a supplementary amount for the services rendered, while four (67%) were not willing to pay any cost for their proposed activity. From the same group of six respondents, one respondent (17%) felt that an incentive is needed to encourage participation in the proposed wellness activity while five (83%) disliked the idea of an incentive. Smoking cessation was proposed by five respondents and two out of the five respondents (40%) indicated willingness to pay a supplementary cost for the service delivery, while three out of the five (60%) felt the contrary. The same three respondents from the same group (60%) indicated that they

needed an incentive while the former two (40%) indicated unwillingness for an incentive to participate.

Two respondents proposed for marital situations talks and activities to be added to the wellness programme at the Ministry, and all of them (100%) were willing to pay for a supplementary cost for the services while none of them actually indicated that they needed an incentive to participate in the proposed activity. Three respondents chose interpersonal relations as an ideal activity for the wellness programme at the MET, but all of them (100%) were not willing to pay a supplementary cost for the services. Two respondents from the same group (67%) indicated that they needed an incentive to participate in their proposed activity while only one (33%) indicated no need for an incentive. Another bigger group of five respondents proposed retirement planning as a feasible wellness activity, and four (80%) were willing to pay for those services while only one (20%) showed unwillingness.

Two respondents from the same group (40%) indicated that they needed an incentive while the majority three (60%) did not need an incentive. Home budgeting came up as another proposed activity from four respondents, and three out of the four (75%) indicated willingness to pay for the services while only one (25%) showed unwillingness. All the four respondents (100%) from the same group indicated that an incentive was needed to participate. One respondent of the questionnaire proposed time management and the respondent indicated that he/she was not willing to pay for the time management activities

and he/she also indicated that he/she needed an incentive to participate. Furthermore, one respondent proposed balancing of home and work as an ideal activity and he/she was not willing to pay for activities, but rather suggested that he/she needed an incentive to participate in the proposed activity.

4.5 Section 4: Employee perception on the effectiveness of the employee wellness programme in general at the MET

An exploration into the employee perception on the effectiveness of the existing employee wellness programmes or activities was deemed relevant to the study as employee perceptions have the power to provide a projection on how the recipients of the wellness programme view the programme’s effectiveness in solving their personal and work-related issues.

Table 4.3: Reasons why Employee Wellness Programme (EWP) was considered successful by employees

Number of Employees Rating the MET EWP as successful	Rating of level of success	Reasons provided
2	80% & Higher	<ul style="list-style-type: none"> Measures against lifestyle diseases are taken good care of. The fact that the programs are good on paper shows potential for soonest progress.
7	60%	<ul style="list-style-type: none"> Reduced absenteeism. Condoms are well dispersed in the workplace promises they are accessible. Health information is accessible.

4	70%	<ul style="list-style-type: none"> • There is ministerial sports team that attracts substantial participation • There are wellness days where staff dine and dance together
6	65% & Higher	<ul style="list-style-type: none"> • The structure of the employee wellness committee is representative of all regions. • There is potential for networking once a comprehensive wellness program is in place. • Retiring staff are given gifts.

Table 4.3 above illustrates the reasons furnished by questionnaire respondents as to why they deem the employee wellness programmes at the Ministry of Environment and Tourism (MET) as successful. The researcher was interested in gaining the perceptions of staff members on how they would rate the success and failure of the employee wellness programmes in the MET, hence table 4.3 illustrates staff perceptions on why they deem programmes to be successful and table 4.4 illustrates staff perceptions on why they deem programmes to be less successful. Respondents were asked to rate the employee wellness programmes at the MET out of a hundred percent and explain the reason for their rating.

Two out of the fifty respondents of the questionnaire rated the employee wellness programmes at the MET as successful by 80% and higher. The reasons they provided are summarised and presented in table form. They claimed that measures against lifestyle diseases are taken good care of under the programmes, and that the programme's reflection on paper shows potential for soonest progress if implemented effectively. Seven respondents rated the wellness programmes at the MET as successful by exactly 60% and

reasoned mainly that the programmes were effective in reducing absenteeism, that condoms are well distributed in the workplace premises and they are accessible to all regional offices of the Ministry, and that the dissemination of health information under the programme makes information to be accessible to all staff members. Four respondents rated the wellness programmes at the MET at 70% successful and their reason for the rating was that there is a Ministerial sports team that attracts substantial participation from staff members and that there are wellness days where staff dine and dance together which creates cohesion and a sense of belonging.

Furthermore, six respondents rated the MET wellness programmes in the range of 65% and higher. The reasons for the rating were summed up as; the structure of the employee wellness committee is a representative of all regional stations of the Ministry, and that there is great potential for networking once a comprehensive wellness programme is in place. They also reasoned that the retiring staff members are given gifts as gratitude for the services they rendered to the Ministry and this is done under the wellness programme. Only nineteen out of the fifty (38%) respondents of the questionnaire indicated that employee wellness at the Ministry of Environment and Tourism was successful. The respondents' rating of the extent to which their perception on the success of the employee wellness programmes at the MET ranged from 60% to 90%. This indicated that a few people held the opinion that employee wellness at the MET was exceptional, and the

reasons they provided painted a picture that employee wellness at the MET had potential for success and that the basics are already in progress.

Table 4.4: Reasons why employee wellness programme was less successful

Number of Employees Rating the MET EWP as less successful	Rating of level of failure	Reasons provided
12	30% & Higher	<ul style="list-style-type: none"> • Report from service provides not adequate • Wellness at the MET is not measurable • Lack of support from executive staff • No service providers that can deal with emergencies. • Employee wellness program not holistic
9	0% (Not rated)	<ul style="list-style-type: none"> • No measurable outcome • Lack of knowledge about programs by employees • No comprehensive employee wellness program • Most existing programs are dormant
5	10%	<ul style="list-style-type: none"> • Programs does not encourage safety at the workplace • The program is skew in focus as it only concentrates on HIV/AIDS mostly • Less focus is places on other disease such as cancer
4	20%	<ul style="list-style-type: none"> • Interpersonal communication is still a high concern at the workplace • Stress is still a concurrent cause of illnesses at work • Lack of incentives to encourage wellbeing at work
1	5%	<ul style="list-style-type: none"> • The existing program is well on paper, but does not exist in practice to a far larger extent

Table 4.4 above illustrates the reasons that respondents provided as to why they thought employee wellness at the MET was less successful as well as the rating of the extent in percentage, to which they thought it was less successful. Twelve respondents rated the employee wellness programme at the MET as less successful by a percentage range of 30% and 40%. Amongst the reasons they gave for their rating was the view that reports from service providers were not adequate, that wellness at the MET is not measurable due to the fact that there are no substantial evaluation mechanisms in place to establish an assessment of the strength and weaknesses of the wellness programme, that there is lack of support towards employee wellness from executive staff members who are at the helm of Ministerial management and decision making, that there are no service providers that can deal with emergencies at the workplace and the view that the wellness programme at the MET is not holistic.

Nine respondents had the view that employee wellness at the MET is less successful by 0%, meaning that the value of the employee wellness programme at the MET can be paralleled to nothing in their opinion. They reasoned that the employee wellness programme at the MET has no measurable outcome due to a lack of evaluation mechanisms, hence it is doomed to fail at its very start. They further reasoned that there is a lack of knowledge about the programme by employees and that there is no comprehensive employee wellness programme in place as most existing programmes and activities are mostly dormant or inactive. Five respondents indicated 10% as their rating

as far as employee wellness success at the MET is concerned. The reason they provided was that the programme does not encourage safety at the workplace, but rather focuses on lifestyle health education and HIV and AIDS, making it skewed in focus. They also reasoned that the programme places less focus on other killer diseases such as cancer.

Four respondents of the questionnaire rated the employee wellness programme of the MET as 20% successful, therefore less successful. Their reasons were that interpersonal communication at the workplace is still a high concern, stress is still a concurrent cause of illness at work and it is not actively addressed under the programme, and that there is a lack of incentives to encourage wellbeing at work. Finally, one respondent of the questionnaire rated the wellness programme at the MET to be only 5% successful at the moment due to one reason; that the existing programme is well placed on paper but it does not exist in practice to a far larger extent. Clearly, 31 respondents of the questionnaire out of the 50 respondents who participated in the questionnaire (62%) indicated that the employee wellness programme at the MET, according to their opinion, was less successful. The opinion polls as far as the state of the employee wellness programme at the MET is concerned considered the programme to be less successful.

4.6. Section 5: Evaluation of the Ministerial wellness programme at the MET

Evaluation is at the heart of every policy or programme advancement and efficiency, hence an exploration into the implementation of employee wellness in the Ministry of Environment and Tourism was vital to the researcher as it is the main avenue through

which any organisation can make checks and balances around the effectiveness of the programmes, and to draw forecasts to realise tangible goals. Having an idea of how an organisation assesses its programmes and policies, in this case the employee wellness policy and its programme at the MET, is essential as it draws the study into how those at the helm of employee wellness management at the Ministry assess the effectiveness of the programme and if those formulae used to determine the strength and weaknesses can be deemed relevant.

Hence, the researcher tapped into the way the employee wellness programme at the MET is evaluated. A group of feasible evaluation mechanisms were presented to a focus group discussion consisting of the members of the Ministerial Employee Wellness Committee (Focus Group 1) for deliberations of which the outcome is presented in table 4.5 below.

Table 4.5: How the MET evaluates/measure the effectiveness of employee wellness programmes

Standard evaluation tools	Evaluation tools used by the MET	Evaluation tools not used by the MET
Utilisation rate	✓	
Absenteeism	✓	
Feedback from staff		✓
HIV/AIDS registration		✓
Medical boarding's down		✓
Success of smoking cessation		✓
Extensive marketing		✓
Reading more people	✓	✓
Chronic disease report from Medical Aids		
Good planning	✓	
Keeping a data-base		✓
Exit interviews		✓
Amount of suicide down		✓

Table 4.5 above illustrates the measures in place at the MET as far as the evaluation of the employee wellness programmes are concerned. The participants were presented with a list of possible evaluation mechanisms for employee wellness and they were also asked to add those that are currently used under the MET wellness programmes, but which are not listed. They were further asked to confirm which evaluation mechanisms were in place under the employee wellness programme at the MET, and to elaborate on their usage. This was necessary to assess the type of evaluation mechanisms in place, and to establish a determining factor as to whether or not the MET manages, implements and evaluates its employee wellness programme amicably.

Program utilisation, absenteeism, feedback from staff members, HIV/AIDS registration, reduced medical boarding, success of smoking cessation, extensive marketing, reaching more people, chronic diseases reports from medical aids, good planning, keeping a data base, exit interviews, and reduced suicide among employees were mainly the evaluation mechanisms presented and mentioned during the deliberations of focus group one, which consisted of the members of the Ministerial Employee Wellness Committee. The participants of the focus group discussion mentioned that amongst the listed evaluation mechanisms, the ones currently used by the MET as implementation tools and assessment measures for their wellness programme are; utilisation rate, the level of absenteeism, reaching to more people, and good planning.

According to them, the level of utilisation of the activities and products under the wellness programme has been their greatest measure of how good or bad the programme is doing, while absenteeism is also used as a measure to determine job satisfaction, comfort and good health. Reaching to more people and good planning was indicated by participants as the most recently used implementation tool at the MET to secure an effective outcome. However, they also recognised that other measures and tools such as using feedback from staff through a suggestion box, HIV/AIDS registration, using the levels of medical boarding, establishing smoking cessation campaigns and using its success or failure as an evaluation measure, extensive marketing, chronic disease reports from medical aids, keeping a data base, using exit interviews to determine job satisfaction and learning from outcomes, as well as assessing the decrease of suicide among staff members were all relevant and very fundamental measures to use in the future, but which they currently do not use. Clearly, the employee wellness committee members at the MET revealed that they do not use the many standard employee wellness evaluation measures at the moment, but realised their significance after they had been presented to them by the researcher during the focus group deliberations.

4.7. Conclusion

Section 1 of chapter 4 presented data on the involvement of management in decision making on employee wellness policies and programmes. The key areas that were looked into under section 1 were; management involvement in decision making around employee

wellness and organisational funding for employee wellness. An exploration was made on the composition of the Ministerial Employee Wellness Committee and the results were that out of the 58 members, only one member is a part of the ministerial management (2%), senior level employees make up 12%, while general staff members constitute 86% of the entire employee wellness committee. Employee perceptions on management involvement was also looked into and the results showed that most management-level employees who participated in the study indicated that employee wellness was not a challenging area to warrant massive management involvement, and the majority senior level employees were of the opinion that management is not involved, while 68% general staff members shared the same view. Therefore, the results indicate that the popular perception depicts a lack of management involvement in decision making around employee wellness. An enquiry was also made on employee perception on organisational funding under section 1. Most participants held the conviction that employee wellness at the MET is well funded but under-spent. They cited that the wellness budget is never depleted, and that the programme's potential to expand is not explored, while general staff members who were majority participants (70%) cited inefficient implementation of activities under the programme as the problem.

Section 2 discovered that a walking recreational team that ventures into mountain hiking, long distance walking as well as walk and clean campaigns, dissemination of general tips on healthy eating, blood cholesterol testing, blood pressure scanning, blood glucose

screening, HIV/AIDS testing, dissemination of condoms and buying gifts for retiring staff members were the basic programmes/activities in existence under the Ministry of Environment and Tourism's Employee Wellness policy and programme. It was discovered that between the major employee wellness categories, most of the existing activities outlined under the MET employee wellness programme were more leaning on physical wellness in nature, while only the walking recreational team can be viewed to possess aspects of both physical wellness and psycho-social wellness. Out of the eight (8) activities that exist, seven (7) has strong physical wellness elements, while one shares physical wellness components with psycho-social wellness. No activity under the programme in place at the MET indicated aspects of financial wellness.

Section 3 looked into employee interest in wellness activities at the MET. Aerobic exercises, other exercise activities such as a workplace Gym, health education on healthy backs, flu shots, body mass index (BMI) testing, stress management activities, alcohol and drug abuse education, smoking cessation, marital situations, interpersonal skills, retirement planning activities, home budgeting, time management activities, and the balancing of home and work activities were the activities that were proposed by questionnaire respondents as feasible for introduction into the existing employee wellness programme of the Ministry of Environment and Tourism. Most participants indicated their willingness to provide a supplementary amount for services rendered towards their wellness activities of choice, while the majority respondents indicated that they did not

need an incentive to participate in their wellness activities of choice. The popular interest was that most of the employees of the Ministry of Environment and Tourism (MET) are interested in existing activities under the Ministry's wellness programme, more so that they proposed a lot more activities as feasible for the success of the employee wellness programme.

Section 4 looked into employee perceptions on the effectiveness of the employee wellness programme at the MET. The results revealed that only nineteen out of the fifty (38%) respondents to the questionnaire perceived the employee wellness at the Ministry of Environment and Tourism to be successful. The respondents' rating of the extent to which their perception on the success of the employee wellness programmes at the MET ranged from 60% to 90%. This indicated that a few people held the opinion that employee wellness at the MET was exceptional, and the reasons they provided painted the picture that employee wellness at the MET had the potential for success. Nonetheless, 31 respondents of the questionnaire out of the 50 respondents who participated in the questionnaire (62%) indicated that the employee wellness programme at the MET was less successful. The opinions brought forth through this enquiry into employee perception on the effectiveness of employee wellness at the MET alluded to the programme as less successful.

Section 5 explored how the employee wellness programme at the MET is implemented. The results revealed that the evaluation mechanisms currently used by the MET as

implementation tools and assessment measures for their wellness programme are; utilisation rate, the level of absenteeism, reaching to more people, and good planning. The level of utilisation of the activities and products under the wellness programme was revealed to be the MET's measure of how good or bad the programme is doing, while absenteeism is used as a measure to determine job satisfaction, comfort and good health.

Reaching to more people and good planning were indicated by participants as the most recently used implementation tools at the MET to secure an effective outcome. They also recognised that other measures and tools such as using feedback from staff through a suggestion box, HIV/AIDS registration, using the levels of medical boarding, establishing smoking cessation campaigns and using its success or failure as an evaluation measure, extensive marketing, chronic disease reports from medical aids, keeping a data base, using exit interviews to determine job satisfaction and learning from outcomes, as well as assessing the decrease of suicide among staff members were all relevant and very fundamental measures to use in the future, but which they currently do not use.

CHAPTER 5: RESULTS DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of results and the interpretation of the study within the context of the research questions, and also provides a summary of the study as well as to draw conclusions and make recommendations. The chapter provides discussions on organisational support for employee wellness, the employee wellness programmes in place in the MET, employee interests in wellness activities, employee perceptions on the effectiveness of the employee wellness programme at the MET, and how employee wellness at the Ministry of Environment and Tourism (MET) is evaluated.

5.2 Organisational support for employee wellness

The study revealed that the level of organisational support for employee wellness in the Ministry of Environment and Tourism (MET) is minimal. Two fundamental areas of exploration have been ventured into; management involvement in decision making around employee wellness, and organisational funding for employee wellness activities. From the analysis of the composition of the Ministerial Employee Wellness Committee which is the body that steers the implementation and management of employee wellness in the Ministry, management involvement in decision making around employee wellness at the MET is minimal. Out of the 58 members of the Ministerial Employee Wellness Committee (MEWC), only one member (2%), the committee chairperson is a part of the Ministerial

management. Senior level staff members constitute only 12% of the MEWC, while the general staff members make up the majority 86% of the total EWC composition.

Clearly, there is a huge disparity between the composition of management, senior staff members and the general staff members in the MEWC. The Ministerial Employee Wellness Committee is mostly constituted by the general staff members with a very few senior level staff members, while management representation in the committee constitutes only 2% or rather a single person representation. The support and involvement of management in the activities of any programme or policy in any given organisation is always the indication of how much regard and willingness there is for effective, efficient and adequate implementation and management of a particular policy or programme. The current state of involvement of upper and middle level management provides the indication that the employee wellness programme at the MET is under-supported and any ill implementation of the programme may be owed to it.

A further enquiry was done, this time into the employee perceptions on management involvement in employee wellness decision making. Most management level staff members who participated in the study held the perception that employee wellness is not a challenging area to warrant massive management involvement. They supported the arrangement that only one manager is a part of the wellness committee, claiming that the chairperson of the wellness committee represents management in that committee, and therefore massive management involvement is not relevant. They may have a point but

the level of management support for wellness activities should indicate their participation and willingness to support the wellness programme. Nonetheless, the perception that employee wellness is not challenging indicates their down view of wellness itself. While there were senior level staff members who believed that wellness is not a challenging area to warrant massive management involvement in decision making around it, most of them (43%) were of the opinion that management is not involved since only one manager is a part of the Ministerial Employee Wellness Committee. They argued that recommendations from the MEWC are hardly supported at management meetings as most managers claim that there are other areas that need urgent attention. The majority of general staff members (68%) also held the same view. With the perceptions of most staff members indicating a lack of management involvement in decision making around employee wellness, the picture shows employee wellness at the MET to be a neglected policy area.

The investigation into the Ministerial funding for employee wellness presented another reality around employee wellness implementation and management at the MET. The ministerial report to the Public Service Commission (PSC) indicated that most of the money allocated to the programme was spent on response management interventions such as HIV and AIDS education, while some money was spent by other departments that had more pressing or urgent financial troubles, through a process of internal virement. This makes a clear projection of either how less important employee wellness is considered in the Ministry or how inefficient the implementers of employee wellness in

the Ministry are. An assessment of the perceptions of employees on the state of organisational funding towards employee wellness was made and its results showed that 30% of the participants of focus group one which consisted of the members of the Ministerial Employee Wellness Committee (MEWC) held the perception that employee wellness in the MET is “underfunded”. Their reasoning was based on their claim that allocated funds for wellness activities are supposed to be spent on full-fledged programmes or activities that demand more than what is allocated under the current budget. They blamed inefficient implementation of programmes and activities for the underfunding. Some senior level staff members (40%) from focus group two also conformed to the same view together with 20% general staff members. This group brought forth the idea that the existing employee wellness programme at the MET has a potential for growth, and that more funds than what is allocated would be needed to implement a full-fledged or rather comprehensive employee wellness programme. It is a clear indication that some staff members believe that the current program in the Ministry is like a skeleton without flesh, and that flesh is needed to be put on the skeleton.

However, 60% of focus group 1 claimed that employee wellness at the MET is “well-funded, but its budget is under-utilised”. They reasoned that the employee wellness budget is never depleted, presenting the view that in the practical sense when a budget is on a constant surplus then it is well funded. They further brought forth a new perception, that the employee wellness budget is rather under-utilised. The majority participants of focus group two (60%) held the same view, claiming that the programme has the potential for

broader establishment and implementation, but such potential is not explored. The majority participants of focus group three (70%) which consisted of general staff members were of the same opinion, citing inefficient implementation as a key hold back. This group represents the view of the majority participants of the focus group discussions which sought to answer how employees at the MET perceive organisational funding for employee wellness in the Ministry. This brings into effect the conclusion that the popular perception amongst staff members at the MET is that the employee wellness programme in the Ministry is “well-funded but its budget is underspent”. This speaks volumes around implementation creativity, effectiveness and efficiency in planning, monitoring and evaluation of the wellness programme at the MET and the entire public service at large. The Ministerial quarterly report to the Public Service Commission presents the reality that less was done under the budget, and that the budget had also relieved other departments through internal virement during the same review period. Clearly, the evidence on the Ministerial reports and the slow pace at which implementation is done matches the general perception on the nature and state of employee wellness at the MET from staff members.

5.3 The employee wellness programme and activities in place at the MET

The researcher divided the existing programmes at the MET into three major aspects of employee wellness, namely; physical wellness, psycho-social wellness and financial wellness. This was to establish the categories of employee wellness under the MET employee wellness programme and to assess whether all the major aspects of workplace

wellness are covered under the programme. A walking recreational team that would venture into mountain hiking, long distance walking as well as walk and clean campaigns, dissemination of general tips on healthy eating, blood cholesterol testing, blood pressure scanning, blood glucose screening, HIV and AIDS testing, dissemination of condoms and buying gifts for retiring staff members were the basic programmes/activities explored to be in existence under the Ministry of Environment and Tourism's Employee Wellness policy and programme.

Out of the eight (8) activities that exist under the MET employee wellness programme, seven (7) has strong physical wellness elements, while one shares physical wellness components with psycho-social wellness. Nonetheless, there are no particular programmes or activities that exist that were proven to have financial wellness aspects. So financial wellness activities were proven to have no existence according to the study findings. This demonstrates that there is less diversity in the implementation of wellness programmes at the MET, which should be covered under the Ministerial Employee Wellness Programme. Most activities provided under the programme are more physical wellness bound, with a very little feature of psycho-social wellness while no financial wellness activity exists under the current MET employee wellness programme.

While physical wellness possesses great significance as a tool to combat lifestyle diseases that threaten employee health and work productivity, psycho-social wellness has a duty to establish cohesion at the workplace and a sense of belonging as employees are drawn into

making the workplace a home away from home. Financial wellness carries a unique significance in the sense that one of the major workplace stressors is financial related personal troubles which turn employees into addicted gamblers or to be caught up into irreversible cash loan debts that end up having them lose their property. Hence, with training and exposure to good financial advice, employees would be able to live within their means and find comfort in the little they have and eventually become productive at work.

5.4 Employee interest in wellness activities at the MET

Aerobic exercises, other exercise activities such as a workplace gym, health education on healthy backs, flu shots, body or mass index (BMI) testing, stress management activities, alcohol and drug abuse education, smoking cessation, marital situations, interpersonal skills, retirement planning activities, home budgeting, time management activities, and the balancing of home and work activities were the activities that were proposed by questionnaire respondents as feasible for introduction into the existing employee wellness programme of the Ministry of Environment and Tourism. All questionnaire respondents indicated interest in the above wellness activities but had different views on whether to pay an additional cost as a supplement to the Ministry's budget for the provision of those services by private service providers. They also had different views on whether it was needed for the Ministry to provide incentives to employees to lure them into participating in the various wellness activities it offers.

Most participants indicated an interest in paying a supplementary cost for services rendered on only the wellness programmes they deemed luxurious or a mere want, while they indicated no interest in paying a supplementary cost for service provision on wellness activities that they deemed essential for Ministerial budgeting. Some wellness programmes such as the establishment of a worksite gym got a lot of respondents indicating readiness to pay a supplementary cost for it, while activities like alcohol and drug abuse education only got the majority interest from respondents, but the respondents who indicated an interest in the activity also indicated that they did not want to pay a supplementary cost for it, and also indicated that they did not need an incentive to participate in the activity as it was important and needed as it affected staff members.

Clearly, employees at the MET have a great interest in a variety of diverse wellness activities, but they share a perception that the cost of certain fundamental wellness programmes should be incurred by the state, while those that seem to be mere wants by employees should be covered through a supplementary cost to the employees themselves. Certain activities that are quite not so popular had most respondents indicating a need for an incentive for a wider employee participation. This indicates that the idea of establishing a reward system for participation in wellness activities remains relevant and must be implemented alongside a new set of diverse wellness activities that are compatible to employee interests.

5.5 Employee perceptions on the effectiveness of the employee wellness programme at the MET

Only nineteen out of the fifty (38%) respondents of the questionnaire indicated that employee wellness at the Ministry of Environment and Tourism was successful. The respondents' rating of the extent to which their perception on the success of the employee wellness programmes at the MET ranged from 60% to 90%. This indicated that a few people held the opinion that employee wellness at the MET was exceptional, and the reasons they provided painted the picture that employee wellness at the MET had a potential for success. While the basics are in progress so far, there is a clear indication that more needs to be done.

Clearly, 31 respondents of the questionnaire out of the 50 respondents who participated in the questionnaire (62%) indicated that the employee wellness programme at the MET, according to their opinion, was less successful. Amongst the many reasons provided by respondents as to why they deemed the employee wellness programme at the MET as less successful was the view that it is not holistic or comprehensive in character, that it is not measurable as the mechanisms that are in place are not used optimally to yield useful interpretations that could be instrumental for the improvement of the programme based on end user's interests and needs, that there is a lack of support from executive staff members towards the programme, that the programme is not worksite safety friendly, and that there are still problems related to interpersonal communication at the workplace. This study results provide a brand-new outlook on the current nature and scope of employee

wellness in the Namibian public service. The fact that a comprehensive and uniform public service employee wellness programme is needed was presented by respondents and participants time and again during the study, and obviously with it, an effective evaluation strategy should be able to come into force.

5.6 Evaluation of Ministerial wellness programme at the MET

The participants of the focus group discussion mentioned that amongst the evaluation mechanisms presented during the deliberations, the ones currently used by the MET as implementation tools and assessment measures for their wellness programme are; utilisation rate, the level of absenteeism, reaching to more people, and good planning. According to those at the helm of decision making around employee wellness, the level of utilisation of the activities and products under the wellness programme has been their greatest measure of how good or bad the programme is doing, while absenteeism is also used as a measure to determine job satisfaction, comfort and good health. Reaching to more people and good planning was indicated by participants as the most recently used implementation tools at the MET to secure an effective outcome.

Nonetheless, it remains clear that there is no evaluation strategy on the wellness policy and programme at the MET currently. The fact that there is no indication of the usage of diverse evaluation measures or tools to cover all possible aspects of the existing employee wellness programme reveals the need that there is to adopt an evaluation strategy alongside more activities that aim to cover a wider range of employee problems and

support their official and personal growth aspirations. An effective evaluation strategy would serve as an indicator to the wellness implementation and management team of the Ministry (Ministerial Employee Wellness Committee) on how the wellness programme is doing, and what possible strengths can be found out of the challenges that the programme finds itself. Other measures and tools such as using feedback from staff through a suggestion box, HIV/AIDS registration, using the levels of medical boarding, establishing smoking cessation campaigns and using its success or failure as an evaluation measure, extensive marketing, chronic disease reports from medical aids, keeping a data base, using exit interviews to determine job satisfaction and learning from outcomes, as well as assessing the decrease of suicide among staff members are all relevant and very fundamental measures to for the MET to implement without delay.

5.7 Summary

This study was conducted with the purpose to explore the implementation and management of the employee wellness programme in the Namibian public service, using a case study of the Ministry of Environment and Tourism (MET). The study answered the following questions:

1. To what extent is employee wellness supported by the organisation (MET) in terms of meeting policy objectives, strategy and funding?
2. What Employee Wellness activities are in place in the Ministry of Environment and Tourism and how are they designed?

3. What is the level of interest amongst employees in wellness activities with regard to their wellness needs?
4. How is the effectiveness of Employee Wellness Programmes rated by employees in the Ministry?
5. How does the Ministry evaluate its wellness programmes?

The qualitative research approach was used to explore the perceptions of employees on organisational support for employee wellness, to explore the types of employee wellness programmes in place at the MET, to investigate the level of interest amongst employees in wellness activities, to assess employee perceptions on the effectiveness of the employee wellness programme at the MET, and to explore how employee wellness at the MET is evaluated.

A semi-structured open-ended questionnaire was administered to the various MET Windhoek head office staff members with the aim to find opinions around the five research questions. In order to break down perceptions and opinions into categories, three focus group discussions were conducted to shed more light on the issues at hand through deliberations. As far as data analysis is concerned, the researcher reviewed the audio recordings and transcribed all focus groups and personal interviews recordings. After transcribing the focus groups and interviews recordings, the researcher reviewed each transcript and produced a summarized interpretation.

The findings of the study were presented in five sections. Section one dealt with organisational support for employee wellness; exploring employee perceptions on organisational funding as well as management involvement in decision making around employee wellness, section two dealt with exploring the types of activities that exist under the MET employee wellness programme, while section three looked into employee interests in wellness activities, assessing their willingness to have an incentive to be used as an attracting factor for participation in wellness activities as well as their readiness to pay a supplementary cost for wellness services, taking into consideration the financial challenges the state finds itself. Section four explored employee perceptions on the effectiveness of the employee wellness programme at the MET, how employees rate by percentage the existing wellness programme, and section five explored how employee wellness is evaluated in the MET.

In brief, the results of this study indicate that organisational support for employee wellness is indeed minimal, taking into account the very low management involvement in decision making around employee wellness and the underutilisation and management of funds for wellness activities in the Ministry. The activities in place under the Ministerial wellness programme are more physical wellness based and nothing under the programme covers for financial wellness. The employees at the MET show great interest in wellness activities of a diverse nature and they are willing to pay a supplementary cost for services rendered for some activities. The majority of staff members who participated in the study indicated that they view the employee wellness programme at the MET as less successful, indicating

that there is a lot to be done, while it was found that the employee wellness programme at the MET is inefficiently evaluated and that a comprehensive evaluation strategy is required.

5.8 Conclusion

It was found as a result of this study, that organisational support for employee wellness is indeed minimal, taking into account the very low management involvement in decision making around employee wellness and the underutilisation and management of funds for wellness activities in the Ministry, the activities in place under the Ministerial wellness programme are more physical wellness based and nothing under the programme covers financial wellness. The employees at the MET showed great interest in wellness activities of a diverse nature and they are willing to pay a supplementary cost for services rendered for some activities. The majority of staff members who participated in the study indicated that they view the employee wellness programme at the MET as less successful, indicating that there is a lot to be done, while it was found that the employee wellness programme at the MET is inefficiently evaluated and that a comprehensive evaluation strategy is required.

Writing on best practices in policy development, Csiernik (2005, p. 83) states that an examination of Employee Assistance Programming (EAP) identified eight specific stages in the development of the majority of successful EAPs, which begins with stimulating organisational interest in developing a programme. This idea on policy governance steered

the study's direction into exploring organisational support for employee wellness at the MET. Hence, with the findings indicating an adverse organisational support for employee wellness, there is a need to transform the current state of affairs and encourage institutional support for employee wellness in the Ministry of Environment and Tourism and the entire Namibian public service at large.

The type of employee wellness activities that exist in any organisation depicts the commitment that is within the organisation in securing employee wellbeing. The study results revealed that the employee wellness activities currently in place in the MET are skewed in nature and do not represent psycho-social and financial wellness. With the majority held perception amongst employees at the MET indicating a need for incentives to attract participation of employees in wellness activities, the words of Burjek (2017, p. 33) which state that "a careful use of incentives like rewards and punishments can also help create an effective programme" may serve as relevant advise.

5.9 Recommendations

Arising from the findings of this research, the following recommendations are made:

- 1) To ensure an effective and efficient programme outcome, the Ministry should encourage support amongst senior level and management staff towards employee wellness so as to establish a system whereby Ministerial management members take full ownership of decision making and activities around employee wellness.

The relevance of employee wellbeing must be understood by those at the helm of decision making in the Ministry first, so that there can be less hurdles around employee wellness programme implementation from policy analysis, strategy setting through to programme monitoring, evaluation and control. This could be done by establishing incentives to encourage participation and support, as well as punishment measures in cases where staff members fail to obey certain rules.

- 2) The activities introduced under the employee wellness programme must be compatible to the budget allocated for employee wellness in order to solve the problem of budget underutilisation. More creativity needs to be invested in the Ministerial Employee Wellness Programme in order to establish activities that meet popular employee demands, and which are essential in solving workplace related and individual troubles experienced by the majority employees. This could be possible by keeping a suggestion box and a data base of all staff members and their health records emanating from previous wellness screening exercises, and which would be subject to alterations as time progresses.
- 3) Furthermore, the Ministry needs to venture more into wellness activities that feature psycho-social and financial wellness components, so as to diversify the approach at securing employee wellbeing. It remains fundamental for the Ministry to design an evaluation strategy for the employee wellness programme in order to

create the ease with which the strengths and weaknesses of the programme can be assessed and measures aimed at rectifying faults and taking advantage of opportunities can be taken. Finally, the employee wellness programme at the MET should take into consideration the objectives of the Public Service Employee Wellness, HIV and AIDS, Occupational Health and Safety Policy of 2016, that encourages occupational safety to harmonise the disabled with the un-disabled and to create a conducive working environment that enables employees to function optimally.

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APPENDICES

Appendix A: Semi-structured Open-ended Questionnaire

TOPIC: An exploration into the implementation and management of employee wellness in the Namibian Public Service: A case study of the Ministry of Environment and Tourism.

The researcher is interested in five major areas; Organisational support for employee wellness, existing employee wellness programmes in the Ministry of Environment and Tourism (MET), employee interest in workplace wellness activities, perceptions on the Ministerial employee wellness effectiveness, and how employee wellness at the MET is evaluated. All questionnaire responses are completely anonymous.

1. What is your employment status in terms of rank e.g. General staff, senior level staff, or Management?

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2. Do you believe that the Ministerial Management is involved in decision making on employee wellness?

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3. Does the Ministry in your opinion, provide sufficient funding to employee wellness activities?

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4. Does the members of the Ministerial management participate in employee wellness activities?

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5. Does the existing employee wellness programme encourage physical activity?

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6. What psycho-social activities (e.g. grieve support initiatives, employee caucus groups etc.) exist under the MET employee wellness programme?

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7. Does wellness activities at the MET include financial wellness activities (e.g. financial management training etc.)?

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8. Name the various topics/activities you would like to see covered under the wellness programme at the MET?

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9. Amongst the wellness activities of interest to you above, for which one would you be willing to pay a supplementary cost to participate and which one would you rather not?

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10. Would you rather prefer an incentive to participate in the workplace wellness activities you mentioned above? Explain what type of incentive you would prefer?

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11. Are there any barriers that prevents you from participating in wellness activities?

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12. How would you rate by percentage, the effectiveness of the employee wellness programme in place at the MET, is it successful or less successful?

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13. Explain the reason for your answer above?

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14. Would you agree that the employee wellness programme implementation at the MET has potential for success?

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15. What do you suggest as the fitting approach to implement employee wellness in the public service effectively in terms of policy, strategy and workplace programme activities?

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The end, thank you for your time!

Appendix B: Agenda Points

FOCUS GROUP ONE (EMPLOYEE WELLNESS COMMITTEE)

Venue: 2nd floor boardroom; Ministry of Environment and Tourism, Windhoek Head Office

Date: 23rd February 2017

Time: 14H: 30

1. Official Opening (Chairperson: Mr. U Kaputu introduce purpose of discussions)

1.1 Welcome & Overview

1.1.1 Introductions by all participants (Name, division, and employment category)

2. Adoption/Approval of the Agenda

3. Discussions

3.1 Organisational support for employee wellness

3.1.1 Do you think employee wellness at the MET is sufficiently supported by the Management?

3.1.2 What problems may emanate from inefficient support for employee wellness by senior and executive level staff members?

3.2 Types of activities in place under the current employee wellness programme

3.2.1 What are the active activities currently in place under the Ministerial wellness programme?

3.3 Employee interest in employee wellness activities

3.3.1 Since all those in attendance today are the movers and shakers of employee wellness in the Ministry, what activities would you like to see implemented under the wellness programme?

3.4 Employee wellness programme effectiveness

3.4.1 Do you believe that the current wellness programme in the Ministry is effective?

3.4.2 How do you think the programme effectiveness can be maximised, and what are the possible challenges in your opinion?

3.5 Programme evaluation

3.5.1 Is the current employee wellness programme efficiently evaluated?

3.5.2 What is your proposed evaluation method of choice, to ensure effective evaluation?

4. Any other input to the discussions

5. Summary of discussions (Chairperson: Mr. U Kaputu)

5.1 Summary of main themes

5.2 Agreement in the house with the summary

6. Thanks and closing

6. 1 Explanation on how the information from the discussions will be used (Mr. Kaputu)

Your participation will make a difference

Appendix C: Agenda Points

FOCUS GROUP TWO (SENIOR-LEVEL STAFF)

Venue: 2nd floor boardroom; Ministry of Environment and Tourism, Windhoek Head Office

Date: 11th March 2017

Time: 14H: 30

1. Official Opening (Chairperson: Mr. U Kaputu introduce purpose of discussions)

1.1 Welcome & Overview

1.1.1 Introductions by all participants (Name, division, and employment category)

2. Adoption/Approval of the Agenda

3. Discussions

3.1 Organisational support for employee wellness

3.1.1 What is your view towards organisational support for employee wellness at the MET?

3.1.2 There is a widely held perception that senior-level staff and management members show a lack of support for and involvement in employee wellness activities, is this view a true representation of reality?

3.1.3 What do you think are the problems aligned to a limited support for the Ministerial employee wellness programme, particularly amongst the decision makers in the Ministry?

3.2 Types of activities in place under the current employee wellness programme

3.2.1 Do you believe that the currently active wellness activities at the MET covers majority work related and individual problems that staff members go through?

3.3 Employee interest in employee wellness activities

3.3.1 What would you like to see covered under the Ministerial wellness programme?

3.4 Employee wellness programme effectiveness

3.4.1 Is the current state of the employee wellness programme effective in your opinion?

3.4.2 What is the best model for an effective and efficient employee wellness programme, in your view?

3.5 Programme evaluation

3.5.1 Do you think that an evaluation strategy is needed for the wellness programme in the MET? If so, what is your proposal?

4. Any other input to the discussions

5. Summary of discussions (Chairperson: Mr. U Kaputu)

5.1 Summary of main themes

5.2 Agreement in the house with the summary

6. Thanks and closing

6. 1 Explanation on how the information from the discussions will be used (Mr. Kaputu)

Your participation will make a difference

Appendix D: Agenda Points

FOCUS GROUP THREE (GENERAL STAFF)

Venue: 2nd floor boardroom; Ministry of Environment and Tourism, Windhoek Head Office

Date: 12th June 2017

Time: 14H: 30

1. Official Opening (Chairperson: Mr. U Kaputu introduce purpose of discussions)

1.1 Welcome & Overview

1.1.1 Introductions by all participants (Name, division, and employment category)

2. Adoption/Approval of the Agenda

3. Discussions

3.1 Organisational support for employee wellness

3.1.1 What is your opinion on the level of middle-level and upper level management support for wellness activities in the MET?

3.1.2 How does the issue of limited support for wellness activities and decision making amongst the management on wellness influence the wellness programme outcome?

3.2 Types of activities in place under the current employee wellness programme

3.2.1 What employee wellness activities would you love to see implemented under the Ministerial wellness programme?

3.3 Employee interest in employee wellness activities

3.3.1 Are the current employee wellness activities at the MET responding to the popular needs of employees?

3.4 Employee wellness programme effectiveness

3.4.1 Is the current employee wellness programme at the MET effective in your opinion, explain?

3.4.2 What do you think is the best approach to use in order to implement an effective employee wellness programme for the MET?

3.5 Programme evaluation

3.5.1 How do you view the current state of employee wellness evaluation in the MET?

3.5.2 Do you think the Ministry can establish an effective evaluation strategy, and how?

4. Any other input to the discussions

5. Summary of discussions (Chairperson: Mr. U Kaputu)

5.1 Summary of main themes

5.2 Agreement in the house with the summary

6. Thanks and closing

6. 1 Explanation on how the information from the discussions will be used (Mr. Kaputu)

Your participation will make a difference

Appendix E: Personal Interview Questions

REPRESENTATIVE; Employee Wellness Management Unit

(PUBLIC SEFRVICE COMMISSION)

INTERVIEW QUESTIONS

1. Organisational support for a programme or policy remains a key instrument in every attempt for efficient implementation of a policy or a programme. Do you believe that employee wellness receives the support that it deserves in order to flourish in all government institutions?
2. Are all offices, Ministries and Agencies (OMAs) of government expected to implement various employee wellness activities that are uniquely aligned to their respective employees' interests, or is there perhaps a uniform employee wellness programme for all OMAs with a uniform implementation, management and evaluation strategy administered by the Public Service Commission (PSC)?
3. Would you agree with the view that the lack of a comprehensive and singular employee wellness programme for all OMAs is the reason for the inefficient implementation of employee wellness and the inadequate evaluation thereof, which presents none-equivalent outcomes amongst OMAs?

4. Is there an evaluation strategy in place for employee wellness in the public service?

5. Finally, there is a skew representation of outcomes on respective public service institutions on employee wellness; whereby some Ministries are up to date with implementation of programmes while others are totally not doing a good job. Would you concur with the view that the inadequate evaluation of employee wellness by the PSC is the reason behind this?

Appendix F: Research Permission Letter

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneerspark
☎ +264 61 206 3111; URL.: <http://www.unam.edu.na>



22 February 2017

To whom it may concern

Mr. Uanangura Kaputu Student Number: 200919644 is one of the students that I am supervising. He is registered for a Masters degree in Public Management at the University of Namibia. As part of his thesis Mr.Kaputu is required to conduct research. Henceforth, he is visiting a number of institutions & communities to conduct interviews and research. I appeal to your good institutions & communities to allow him access to acquire whatever information he needs to complete his studies.

Rest assured that the information collected will only be utilized by the student to complete his thesis as previously alluded here above. I trust that you will find this request in order and that you will do everything in your power to facilitate this rather important undertaking.

Best regards,

A handwritten signature in black ink, appearing to read 'Hoze Riruako', is written over a dotted horizontal line.

Dr. Hoze Riruako

Supervisor

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12 June 2018

To whom it may concern

LANGUAGE EDITING – UANANGURA KAPUTU

This letter serves to confirm that a Master of Public Administration thesis entitled **An investigation into the implementation of Employee Wellnes in the Nmaibian Public Service: a Case of the Ministry of Environment and Tourism** by UANANGURA KAPUTU was submitted to me for language editing.

The thesis was professionally edited and track changes and suggestions were made in the document, which if followed by Mr UANANGURA KAPUTU will result in a thesis with a high standard of English.

Yours faithfully



Dr N. Mlambo

PhD in English
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M.A. in English
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