

**AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND
WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN
NAMIBIA**

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ABSTRACT

The absence of robust health and wellness strategies in the transport sector continues to negatively impact economic growth in Namibia. Henceforth, this study evaluated the effectiveness of employee health and wellness programmes in five transport and logistics companies based in Windhoek and Walvis Bay. The study adopted a mixed exploratory sequential design entailing five (5) focus group discussions and a survey questionnaire (n= 122). Purposive and multistage sampling methods were adopted to select sample representatives, respectively. Qualitative data were analyzed through an open coding system, while quantitative data were analyzed through a Multivariate Analysis of Variance (MANOVA) test calculated in Statistical Package for the Social Sciences. The findings indicate that most companies do implement health and wellness programmes but these programmes were not effectively implementing due to lack of financial and human resources, strategic information, standard operational procedures, guiding protocols, psychosocial support systems as well as non-adherence to national health and wellness policies. Multivariate test results were associated with high blood pressure ($\rho = .037$), obesity ($\rho = .049$), and musculoskeletal issues ($\rho = .049$) with lack of knowledge and awareness of health/wellness programs. Multiple physical and mental health problems were the most prevalent conditions amongst vulnerable transport workers such as long distance truck drivers. Notwithstanding, transport workers in general experienced significant risks of infection, illness, and loss of lives, reduced business operations, loss of income, emotional stress, stigma and discrimination, exhaustion and fatigue, limited access to proper and effective health services especially due to emerging diseases such as COVID-19 and other health conditions. As such sustainable strategies such as flexible working schedules, affordable medical aid cover, exercise facilities, as well as health education and regular employee wellness screening programmes were recommended. The study also recommended for health and wellness policy framework in the transport sector and strengthening of collaborations in the design and implementation of effective health and wellness programmes. The study was however limited to the transport sector and human resource managers, operations officers, supervisors to operational staff such as truck drivers, general transport workers and executive managers; hence the results cannot be generalized to other sectors or the entire transport sector. Further studies may therefore, include other transport companies from other regions with varying volumes of transport and logistics operations to establish correlation in the implementation of aforementioned programmes as well as expand respondents to include other management cadres.

Key words: health and wellness programmes, transport sector, logistics, truck-drivers

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LIST OF ABBREVIATIONS AND/OR ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AI	Artificial Intelligence
ART	Antiretroviral Therapy
CDC	Centre for Disease Control
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Coronavirus disease
CSPro	Census and Survey Processing System
CTMS	Corridor Trip Monitoring System
EAC	East African Community
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ILO	International Labour Organization
KP	Key population
KI	Key Informants
LDTD	Long Distance Truck Drivers
MANOVA	Multivariate analysis of variance
MIT	Ministry of Industrialization and Trade
MoHSS	Ministry of Health and Social Services
MWT	Ministry of Works and Transport
NATIS	Namibian Traffic Information System
NamRA	Road Fund Administration as well as Namibian Revenue Agency

NCDs	Chronic Noncommunicable Diseases
NEF	Namibian Employers Federation
NHSS	National HIV Sentinel Survey
NSA	Namibia Statistics Agency
NSF	The Public Health and Safety Organization
NTAWU	Namibia Transport and Allied Workers Union
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
RECs	Regional Economic Communities
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SPSS	Statistical Package for the Social Sciences
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TTTFP	Tripartite Transport and Transit Facilitation Programme
WBCG	Walvis Bay Corridor Group
WHO	World Health Organization

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DEDICATION

I dedicate this thesis to my late colleague and friend Mr. Christoph Tjirongo who passed on in a vehicle accident, a month before his graduation for his first degree. Christoph encouraged and challenged me in 2012 to take the first step in applying for further studies in order to increase my knowledge and increase my chances to remain relevant in the productive market.

Christoph was determined to complete his studies, until an unfortunate vehicle accident took his life in 2017. With this qualification, I would like to honor his legacy.

May his beautiful soul rest in peace!

DECLARATION

I, Edward Shivute, **hereby** declare that this thesis is my own work and is a true reflection of my research, and that this work, or any part thereof has not been submitted for a degree in any other institution.

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Edward Shivute



03 March 2023

Name of Student

Signature

Date

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

The aim of this study was to evaluate the effectiveness of employee health and wellness programmes in the context of transport sector companies in Namibia. Organizational level wellness programmes are adaptive to organizational needs and have a common goal of improving the wellbeing of the organization's employees (Pomeranz, Garcia, Vesprey, & Davey, 2016, p. 106). From a business perspective, employee wellness programme development is considered an investment opportunity and has been found to “support employee health, reduce costs, increase productivity, and enhance the attractiveness of their organisations” (Pomeranz, Garcia, Vesprey, & Davey, 2016, p. 106). From a public health standpoint, employee wellness programmes align with global and national health initiatives for occupational health and safety that encourage health promotion and early medical interventions in the workplace (Chipare, Tapera, Pachawo, & January, 2020).

Meanwhile, the emerging health and wellness challenges affecting people in the world of work are increasingly threatening growing economies and productivity levels amongst various key economic sectors, including the transport sector. Furthermore, the transport sector has over the years mainly focused on its core business operations of transporting essential and high value cargo from one destination to another and in the process generating significant profits, while contributing to the economic growth of the countries. Hence, transportation of goods has been considered as being vital to economic growth and promoting a sustainable way of life for citizens of every country in the world (McKinnon, 2021).

While the strategic focus of transport sector companies in Namibia remains primarily on income generation and profits, the preservation of human capital is considered an individual responsibility (Altshuler, Berry, McIninch, & Nayeem, 2014). Furthermore, most Namibian corporate companies are now experiencing human resource challenges related to adverse employee health as evidenced by declining levels of productivity, high absenteeism rates due to ill health, increased costs of doing business and increasing medical insurance costs in key sectors such as transport and logistics (International Labour Organization, 2019).

Meanwhile, despite the sector providing significant and tangible value to the economy, transport operators have been negatively affected by recent health and wellness related challenges such as high HIV/AIDS cases, mortality rates, while the advent of COVID-19 has emerged with even more devastating social and economic effects on the transport sector and its employees (WBCG, 2021). Therefore, as limited research has been conducted to evaluate the effectiveness of current health and wellness programmes in Namibia, the researcher was particularly interested in uncovering these underlying factors within the transport sector.

1.2 STATEMENT OF THE PROBLEM

The transport and logistics sector remains the key driver of the Namibian economy as it enhances economic efficiency, promotes trade, creates employment, strengthens social and economic integration, and allows for movement of goods and supplies from producers to users (NDP 5, 2018). Therefore, by developing innovative and sustainable health and wellness programmes for businesses, the sector will continue to grow into a more productive and economically sustainable sector that can significantly contribute to the

country's economic growth and sustainable development through its healthy and productive human capital.

However, a lack of effective, measurable, and sustainable health and wellness programmes within the transport sector threatens the sustainability of the human capital such as long-distance truck drivers and the broader socio-economic development of the country and sector (WBCG, 2018). In addition, the negative effects of emerging infectious diseases such as COVID-19, are indeed being experienced and felt across the transport and logistics sector. The pressure on transport companies has shifted from moving essential and trade related cargo to keeping a core transportation system operational with a skeleton workforce to ensure freight and key essential workers can continue to contribute to the company operations and still meet the goals and objectives of the business. A secondary effect of this shift is the sudden change in sources of revenue for transport operators, with many experiencing an unexpected shortfall in their finances (Dixon & Gause, 2020). Organisations will, therefore, need to plan and prepare their operations more strategically and innovatively to ensure that the transport network will be ready for sustainable business continuity and preparedness to navigate through the storms caused by various factors such as COVID-19.

Furthermore, there seems to be a lack of evidence and literature towards the response effectiveness of health and wellness programmes that are currently being implemented within the transport and logistics sector. This study therefore attempts to address this research gap by comprehensively evaluating some of the factors that contribute to a lack of sustainable and effective workplace health and wellness programmes in the transport sector in terms of their response capacity to effectively address the current and emerging adverse health and wellness related conditions.

Available literature such as Altshuler et al. (2014); Leonard and Terblanche (2019) explored on workplace health and wellness related problems that impact on productivity of employees in small and medium enterprises (SMEs) in Namibia. Whereas, German et al. (2016) conducted a survey to assess the health and wellness of healthcare workers in the private sector. Maletzky (2017) investigated on the barriers and motivators for public officers who participate in workplace wellness programs. It seems that much of the research on employee wellness in the Namibian context has focused on office-bound and semi-outdoor operations such as the banking sector, as well as the construction sector, while very little research has been done in the transport and logistics sector. This study may therefore be the first of its kind within the Namibian transport and logistics sector. Thus, it is anticipated that its findings will provide greater insight and evidence in terms of the current situation on health and wellness programmes within the sector, while proposing sustainable strategies to improve the situation and ensure a healthy sector. Furthermore, prior research in this regard from other parts of the world suggests that most companies are conducting ad hoc employee wellness interventions that are not necessarily comprehensive enough to respond effectively to the actual health needs of employees and or to mitigate its adverse effects on the sector (Gubler, Larkin, & Pierce, 2018).

1.3 OBJECTIVES OF THE STUDY

The main research objective of the study was to determine the effectiveness of employee health and wellness programmes in five transport and logistics companies in Windhoek and Walvis Bay. In support of the main objective, the specific objectives of the study were:

Objective 1: To determine the level of awareness and knowledge of health and wellness programmes amongst transport and logistics workers in Namibia.

Objective 2: To investigate the most prevalent health and wellness conditions affecting employees within the transport and logistics sector.

Objective 3: Evaluate the impact of COVID-19 on workplace wellness programmes on the transport and logistics companies in Namibia.

Objective 4: To identify challenges in terms of respective transport and logistics company response strategies to health and wellness programmes.

Objective 5: To recommend employee workplace wellness strategies that are effective and responsive to the current challenges faced by both transport and logistics companies and their employees.

1.4 SIGNIFICANCE OF THE STUDY

Edwards and Marcus (2018) noted that measuring the effectiveness of employee well-being programs in the workplace is important for optimizing the return on investment and selection of programs that meet organizational objectives. Hence, the findings of this study should provide more insight to stakeholders in the transport industry including transport companies, the Government as a regulator, and the employees in terms of the current implementation status of employee wellness programmes in the transport sector and how effective wellness programmes can impact their general well-being and productivity levels in future. Furthermore, the study explored the legal framework for implementation and the relevant compliance issues, as companies have an obligation to observe and comply with relevant Occupational Health and Employee Safety Standards. The study will therefore serve to inform companies in the transport sector on the key employee wellness aspects that should be addressed in line with the relevant policies.

In addition, the challenges associated with various response strategies deployed by the sector and individual companies will also be addressed to provide recommendations to either strengthen the current strategies or develop alternative strategies that can effectively respond to the current circumstances within this sector. Hence, the findings from this study will offer an opportunity for employee wellness policy revisions within the sector and the workplace to ensure that the health and wellness aspects of the human capital is prioritized and effectively implemented and evaluated.

In addition, the study findings will further provide more literature to academia, that can be used as a baseline to explore other knowledge gaps and evidence in terms of health and wellness strategies within this sector. By addressing the above-mentioned gaps and understanding the dynamics of health and wellness issues within the Namibian transport sector, the recommendations from this study should significantly contribute and benefit both the employer and employee. Furthermore, the findings should also benefit other companies within the private and public sectors in terms of adopting evidence-based strategies to integrate sustainable workplace wellness programmes into their core business mandates and to improve health outcomes of individuals and potentially save the company and sector money in the long term as well, while realizing their return on investment.

Lastly, the identified and recommended strategies should contribute to a design of a more effective health and wellness programmatic and policy framework as well as contributing to greater progress towards the overall achievement of valuable business goals. Henceforth, an evaluation of the effectiveness of these programmes holds a great significance as a catalyst for improved implementation modalities, strategies, competitiveness and should significantly contribute to the legal policy framework regarding occupational health and safety guidelines.

1.5 LIMITATIONS OF THE STUDY

The following limiting factors were encountered:

- a) **Timing of research:** Due to COVID-19 disease progression and regulations thereof in Namibia and particularly in Windhoek and Walvis Bay which was declared as epicenters of the pandemic and where the study took place, the researcher at times experienced delays in commencing with field work/collection of data as most companies were either closed or the participants were in COVID-19 isolation. As an alternative, the researcher developed interview guides and used virtual platforms such as email, zoom meeting platforms and telephone calls to engage with research participants.
- b) **Generalisability:** Since the study was only carried out at five transport and logistics companies, the findings could however not be generalized to the entire transport and logistics sector. As such the results may not give a complete picture of the whole transport and logistics sector of Namibia.

1.6 DELIMITATION OF THE STUDY

The study focused on transport companies based in Windhoek and Walvis Bay, as most of them have their administrative offices based in Windhoek and Walvis Bay respectively. Furthermore, the study consisted of executive managers, human resource managers, operations officers, supervisors and general workers, long distance truck drivers and other key informants such as Government Ministries and representatives from civil society organisations. The selection of these study respondents was based on a combination of their significant roles, influence, and knowledge of the sector while institutions such as

Government Ministries and Civil Society Organisations provided policy-based information and status of implementation modalities within this sector.

1.7 DEFINITION OF KEY TERMS

Employee Wellness is described as “*a holistic integration of physical, mental and spiritual wellbeing, fueling the body, engaging the mind and nurturing the spirit*” (Stoewen, 2017:1). Further, wellness is defined as a holistic, precautionary lifestyle chosen by individuals to take care of their health and minimize the chances of developing an illness, as well as to enhance the quality of life (Altwaijri *et al.*, 2019).

Employee Wellness Programme is a form of health benefit that many employers provide – in one form or another – in addition to health insurance (Greenfield, 2018).

Employee Wellness Assistance Programme is defined as an intervention that aims at helping employees navigate life challenges, adverse events, stress, and other issues that can affect their productivity at work (Harden *et al.*, 2012).

Key Informants (KIs) are those whose social positions in a research setting give them specialist knowledge about other people, processes or happenings that is more extensive, detailed or privileged than ordinary people, and who are therefore particularly valuable sources of information to a researcher (Nguyen, 2015). In this report, Key Informants (KIs) refers to officials from stakeholders and partner institutions who participated in the study.

Observation refers to the way of gathering data by watching behaviors, events, or noting physical characteristics in their natural setting (Leedy and Ormrod, 2015).

Officials in this study refers to senior officials or employees working in the transport and logistic sector interviewed for the purpose of this study (Sabharwal, Kiel, Hijal-Moghrabi, 2019).

Participants refers to all three groups of study participants, i.e., transport workers and operators, officials, and key informants. This means that when referring to “participants” it covers the views and opinions of all three groups of participants (Leedy and Ormrod, 2015).

Southern African Development Community (SADC) an inter-governmental organization headquartered in Gaborone, Botswana with a goal is to further regional socio-economic cooperation and integration as well as political and security cooperation among 16 countries in southern Africa (SADC Fact Sheet, 2015).

Transport and logistic sector in this study refers to companies whose core services include transportation of goods and services, freight services, logistics, shipping, and courier services (Fransman, *et al.*, 2013).

Transport workers and operators in this study it refers to truck drivers, assistant drivers, bulk cargo drivers, warehouse operators, pad men, plant operators and bulk vehicle operators interviewed for the purpose of this study (Fransman, *et al.*, 2013).

Walvis Bay Corridor Group (WBCG) refers to the main implementing agency of health and wellness programmes within the transport and logistics sector (WBCG, 2019).

1.8 THESIS OUTLINE

The study is constituted by five chapters as highlighted below:

Chapter 1: Introduction

This chapter presents an overview of the study, orientation to the study and its concepts, research problem, research main and specific objectives, significance of the study, scope in terms of its limitations, delimitations, and definitions of key words.

Chapter 2: Literature Review and Conceptual Frameworks

This chapter focusses on introducing the review of the literature of employee wellness programmes in contrast to employee assistance programmes. It further provided the conceptual and theoretical frameworks to which this study was underpinned, definitions of employee wellness programmes, overview, types of employee wellness programmes, challenges and current strategies being implemented in Namibia and around the world.

Chapter 3: Methodology

This chapter presents information on the introduction of the research methodology applied, research philosophy, research design, research approach and methodology applied in the research.

Chapter 4: Results and Discussions

This chapter present the research data results and discussions from the study.

Chapter 5: Conclusions and Recommendations

This chapter linked the findings of the study to the study objectives by providing a conclusion on the findings of the study with contributions made to the field of employee wellness, organisations, and further research needs. It also discussed the limitations of the study and made recommendations aimed at improving employee wellness programmes in the Namibian transport sector.

1.9 CHAPTER SUMMARY

This chapter provided an introductory background in terms of employee health and wellness programmes in the transport sector with a broader perspective of the entire private sector companies including transport and logistics. The research aims at finding strategies that can be implemented to ensure that sectoral health and wellness programmes are effective and responsive to the health needs of the employees within the sector. The project is therefore about evaluating current interventions and strategies and assess their effectiveness and impact on current and emerging health related challenges within the sector. The next chapter will therefore present the conceptual framework and the review of literature as presented by various scholars, journals, reports, and other authors.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides an overview and literature on employee health and wellness programmes and the conceptual frameworks used to provide a broader understanding of how these programmes are implemented in different contexts. It further outlines key information and sources that are relevant to this research topic, which is basically to

evaluate the effectiveness of health and wellness programmes in the transport sector companies in Namibia while also borrowing context from other parts of the world.

2.2 THEORETICAL FRAMEWORK

This study was underpinned by the Herzberg's two-way factor motivation-hygiene theory and the Human Capital Theory. Herzberg's two-way factor motivation-hygiene theory was first developed by Herzberg (1959). Otherwise known as Herzberg's motivation-hygiene theory or dual-factor theory, the two-factor motivation theory argues that there are separate sets of mutually exclusive factors in the workplace that either cause job satisfaction or dissatisfaction (Herzberg, 1959; 1968; Herzberg, Mausner, & Snyderman, 1959). Generally, these factors encouraging job satisfaction are related to self-growth and self-actualization. According to Herzberg (1968), motivators ensure job satisfaction while a lack of hygiene factors spawns job dissatisfaction. In the context of employee health and wellness programmes, the researcher identified hygiene factors, such as working conditions, co-worker relations, policies and rules as factors that could motivate employees to work for a particular company. The basis of this theory in line with this study is that, once the companies accept and implement the recommendations, employees would have moved to a high hygiene, high motivation grid, which will eventually mean that they are satisfied overall with how and what the company or the employer is doing for them including looking after their wellbeing and working conditions.

Furthermore, one of Herzberg's main interests was to address the factors affecting the mental capacity of employees. Herzberg further suggested that mental health was a core issue of their time. Herzberg (1968) also believed that humans have two sets of needs, lower level, and higher level needs. Hence, to motivate employees, organizations needed to meet both needs. Panchal, Kamal, Cox, Garfield (2021) agreed with Herzberg's theory by stating

that even the COVID-19 pandemic and the resulting economic recessions have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders.

Herzberg (1959) on the other hand suggests that there are factors in a job, which enhance satisfaction when available. These are called intrinsic factors (motivators) but when these factors are absent, not much demotivation would occur. However, the hygiene (maintenance) factors when absent demotivates employees, but when present, does not cause any remarkable increase change in motivation either. Herzberg continued by saying that if the motivational factors are met, the employee becomes motivated and hence performs higher.

However, one of the drawbacks of the Herzberg's theory is that the risk of only having a small number of employees who are truly motivated does exist, in a sense that if an employee is well remunerated, then they are more likely to be motivated and will have better options for personal growth and advancement. Therefore, when the issues of employee wellness are integrated, all employees are more likely to feel appreciated and as a result self-motivation and increased performance will be realized (Ngeno & Muathe, 2014).

2.2.1 Herzberg job factors classification

Herzberg classified these job factors into two categories:

- a. **Hygiene factors** - Hygiene factors are those job factors which are essential for existence of motivation at workplace. These do not lead to positive satisfaction for long-term. However, if these factors are absent / if these factors are non-existent at the workplace, then they lead to dissatisfaction. In other words, hygiene factors are those

factors which when adequate/reasonable in a job, pacify the employees and do not make them dissatisfied. These factors are extrinsic to work. Hygiene factors are also called as **dissatisfies or maintenance factors** as they are required to avoid dissatisfaction. These factors describe the job environment/scenario.

b. **Motivational factors** - According to Herzberg (1959) the hygiene factors cannot be regarded as motivators. The motivational factors yield positive satisfaction. These factors are inherent to work. These factors motivate the employees for a superior performance. These factors are called satisfiers. These are factors involved in performing the job. Employees find these factors intrinsically rewarding. The motivators symbolized the psychological needs that were perceived as an additional benefit.



Figure 2.1: Herzberg's Human Capital Theory: Lumenlearning.com

2.3 HUMAN CAPITAL THEORY

In clear terms, human capital refers to anything but physical capital including equipment, properties, and financial capital. Human capital describes the skills, knowledge, and health possessed by the labour force. It is an asset that can enhance an individual's or organization's productivity (Goldin, 2014). According to Ross (2021) the Human capital theory, initially formulated by Becker (1962) and Rosen (1976), argues that individual

workers have a set of skills or abilities which they can improve or accumulate through training and education.

Nonetheless, Heatley (2021) opposed the above notions by stating that apart from training and development structures of this theory, the investment in human capital shall also include the promotion of overall health and wellbeing of the employees. Heatley (2021) further pointed out that once an organization invests in its people through health and wellness interventions, these employees are likely to stay healthy for a long time, minimizing the rates of absenteeism through illness and death. This means, the longer the human capital remains healthy and productive, the more the organization can increase performance and productivity. Hence, this study aimed to using the human capital theory to develop employee wellness strategies that organizations can implement to attract and retain potential and current human resources.

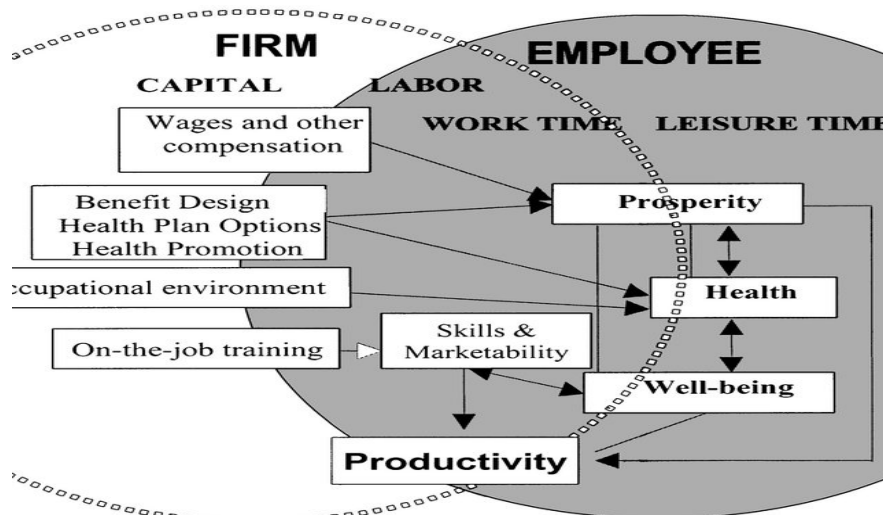


Figure 2.2: Health and Human Capital (Berger, 2004: p.45)

2.3.1 Constructs of the human capital theory

i. Capital

In economics, capital typically refers to money. However, money is not a factor of production because it is not directly involved in producing a good or service. Instead, it facilitates the processes used in production by enabling entrepreneurs and company owners to purchase capital goods or land or to pay wages. For modern mainstream (neoclassical) economists, capital is the primary driver of value (Ferbando, Brock, & Perez, 2022). Hence, in the context of health and wellness, capital is viewed as the financial remuneration offered to the employees as an incentive for their productivity. The notion is therefore, that when employees are well remunerated, they are more likely to stay with the organization and participate in all company activities such as health and wellness programmes, while contributing to the ultimate goals of the organization.

ii. Labour

Labour, as a factor of production, involves any human input. It is any work done by people contributing to production. The quality of labour depends on the workforce's skills, education, and motivation levels. Generally, the higher the quality of labour, the more productive the workforce. As employees accumulate human capital, their value in the marketplace should increase as they bring more expertise and effectiveness to their job tasks, hence in the process, they become assets to the organization. Furthermore, if human capital increases with additional education, a worker's market value should theoretically increase in proportion to the amount of education he or she receives, often captured by the total number of credits accumulated (Agarwal, 2020).

iii. Productivity

Cane (2021) confirmed that, although, providing health benefits to employees is an expensive undertaking, poor employee health carries an even higher price, too. She further noted that, increasingly, employers are moving away from viewing health benefits as a cost of doing business and are seeing it as a strategic investment in their human capital. Highly motivated employees will then become more active and participating in workplace wellness programme and in the process make these programmes worth the investment, however, the opposite is also true, that less motivated employees will not actively participate in workplace wellness programme and thereby, the investments made will go to waste.

2.4 DEFINITIONS OF EMPLOYEE WORKPLACE PROGRAMMES

This section discusses literature in relation to the definition of employee wellness and sustainable employee wellness strategies.

2.4.1 Employee wellness

Various public health organisations have set out to define concepts of employee wellness using various contexts, while allowing flexibility for institutions to craft their own definitions depending on their respective contexts, resources, and levels. World Health Organization (WHO, 2010) defines employee wellness as an active process of becoming aware of and making choices towards a healthy and fulfilling life. WHO (2010) further stressed that a healthy workplace is one through which employers collaborate with the employees to develop and deploy continuous improvement processes and strategies aimed at protecting and promoting the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs:

- Health and safety concerns in the physical work environment;
- health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;
- personal health resources in the workplace; and
- Ways of participating in the community to improve the health of workers, their families and other members of the community.

Meanwhile, the Centre for Disease Control (2016) expanded on the World Health Organization (WHO) definition, by stating that employee wellness programmes entail a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite to include programs, policies, benefits, environmental supports, and links to the surrounding community which should ultimately be designed to encourage the health and safety of all employees. The International Labour Organization (2020) further added that employee workplace wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization.

From a Namibian perspective, the Ministry of Health and Social Services (MHSS) does not seem to have a specific definition on employee wellness programmes as its mandate is to provide comprehensive public health services to general populations and not necessarily focus on a particular sector. However, the National Strategic Framework on Health Response (2017) developed by the MHSS, provides a framework for a multi-sectoral approach to address health and wellness issues in various sectors including the transport sector.

The NSF has been operationalized through sectoral strategies as well as through organisations providing public health services in Namibia. Meanwhile, the Ministry of Works and Transport (2018) which is the custodian entity for the transport and logistics sector added a different perspective in terms of its definition for an employee wellness programme. It maintains that an employee wellness programme is built on the principles of 11 key components that address leadership, policies, support, programs, and tools. The 11 key components are shown in *Figure 2.3* below:

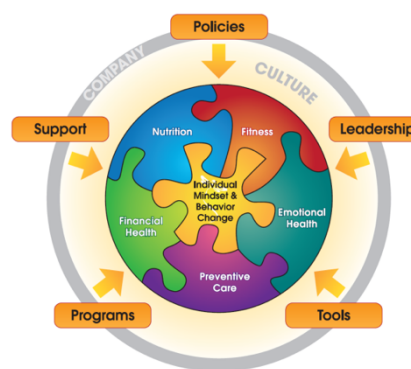


Figure 2.3: Components of a Workplace Wellness Programme (Ministry of Works and Transport, Namibia, 2016)

2.4.1 Wellness programmes

WBCG (2018) being a primary implementing entity of employee wellness programmes in the transport sector since 2007, provided a more practical definition, by stating that employee wellness programmes are an active process of becoming aware of and learning to make healthy choices through the provision of targeted health and wellness interventions at the workplace or along the transport corridors. Hence, the rationale for employers to develop, implement and sustain wellness programs, will not only result in a well-functioning and effective institution but also one that is better informed about sustainable employee wellness strategies on how to effectively manage the health conditions of its most valued assets being the employees.

A report by the WBCG (2018) expressed that literature and evidence about well-structured and high-performing employee wellness programmes in the Namibian transport sector is hard to find as many effective and impactful wellness programmes implemented over the years were either not documented and or properly researched to provide evidence of their effectiveness. Hence, there is a clear lack of evidence to support the baseline strategies and effectiveness of such programmes in many corporate companies and the transport sector. In addition, due to weak surveillance systems, many companies that are implementing health and wellness programmes do not seem to have baseline data to justify their investments in the wellness interventions they implement, as they rarely collect and gather information on key aspects such as productivity levels, training needs, awareness sessions conducted, absenteeism and punctuality rates to justify the effectiveness of the respective employee wellness programmes (Aldana, 2020).

2.5 PREVALENT EMPLOYEE HEALTH/WELLNESS CONDITIONS

According to Houghtaling *et al.*, (2022) transport operators' work in a high-risk occupation, as they are deprived of adequate sleep patterns, are exposed to vehicle vibrations of the entire body, and exposed to loud engine noise and toxic exhaust fumes. Transport workers and operators, in particular long distance truck drivers work in environments where there are very limited opportunities of leading healthy lifestyles. They work in conditions with poor air quality, limited food choice, and scarce room for physical activity. As such they are at risk of mental and physical health conditions (Nga, et al., 2015).

In a study conducted in the UK, Joseph *et al.*, (2020) long distance drivers are likely to experience musculoskeletal such as back, neck, knee, shoulder, wrist, ankle, and elbow pain as these disorders were related to the activities of their work. As such policy makers and transport managers need to implement appropriate healthcare programs to prevent,

mitigate and treat these conditions effectively. Similarly, Lemke and Apostolopoulos (2015) pointed out that commercial motor-vehicle drivers often experience physical and psychological workload and fatigue due to pressure arising from tight schedules, exposure to physical and chemical hazards leading to chronic sleep deprivation, low job-control and satisfaction, extended social isolation, and work–life conflicts. Thus, suggesting the need for paradigm shift towards driver health interventions that could see comprehensive health and wellness efforts that could breed significant, sustainable impacts on driver health. Garbarino *et al.*, (2018) who argue that alcohol and prescribed or illicit drugs are often misused to compensate for depression, anxiety, job strain, fatigue, and social isolation. In this regard, government, and healthcare providers need to implement primary prevention and education initiatives as pragmatic approach to a large-scale action with ad hoc programs, online support and tele-health assessment to identify, monitor and treat important elements. Houghtaling *et al.*, (2022) who in their study found poor diet quality, sedentary practices, and a high prevalence of smoking as common health issues in trucking environments. The same authors suggested for environmental changes for truck drivers though by improving drivers' food, tobacco patterns and promote physical activity by providing gym facilities.

2.6 TYPES OF EMPLOYEE WELLNESS PROGRAMMES

Whilst discussions about employee wellness programmes seem obvious, it will be vital to provide a clear distinction between the concepts of employee wellness programme and employee assistance programme.

2.6.1 Employee Wellness Programme

Bean-Mellinger (2019) described an employee wellness programme as a form of health benefit that many employers provide – in one form or another and in addition to health insurance. This description implies that the focus of these programmes is not limited to only providing certain health related services but also looking at the actual benefits derived from such programmes. In support to this description, Page (2017) agrees that an employee wellness programme is a more comprehensive initiative than an employee assistance programme as it does not only focus on addressing health conditions in a more re-active manner but also aim at decreasing medical care cost and insurance premiums of a company. These indicators, makes it easy to monitor and evaluate the effectiveness of these programmes. Furthermore, the benefits a company can have from an effective wellness programme include increased employee productivity as well as positive morale, which overall can decrease absenteeism rates due to ill health (Sabharwal *et al.*, 2019).

2.6.2 Employee Assistance Programme

Taylor (2021) defined an Employee Assistance Program (EAP) as an intervention that aims at helping employees navigate life challenges, adverse events, stress, and other issues that can affect their productivity at work. These programs are usually voluntary, free, and employer-sponsored. However, they focus on addressing specific employee well-being issues, as opposed to providing a comprehensive support to the employee.

Marschall and Gans (2022) further defined an Employee Assistance Program as a confidential workplace service that employers pay for and is free to employees. He further narrated that an EAP is commonly the most overlooked, yet valuable, benefits offered by organisations large and small. Counselling services provided by an EAP help employees manage life-stressors of all kinds. An EAP can help employees stay focused on their duties

at the workplace, keep productivity and performance high, and genuinely improve the employee's well-being in the process. In addressing the issue of confidentiality, (Marschall & Gans, 2020) warned that employers do not get to know who is utilizing the service, what the reasons are for, or how often employees request for these services call. Although workplace health and wellness programmes are designed to encourage employees to engage in behaviors that promote health, improve the workplace environment, reduce health care costs and increase productivity. Studies have shown that the interventions yield less-than-impressive results as they do not significantly healthcare spending or improve employee job performance (Song & Baicker, 2019).

Furthermore, criticisms of employee wellness programmes now come in several varieties: (1) the economic and result oriented, in which critics argue that wellness programs do not actually have the health and cost-saving benefits claimed; (2) the normative or more theoretical, in which critics describe wellness as an ideology that suppresses human variation and creates hierarchies based on the achievement (or the appearance of achievement) of health goals and lifestyle practices of the elites in contemporary Western societies; and (3) the sociological, in which wellness culture as practiced in organizations is argued to be a form of social control that may not be entirely desirable, at least not for everyone. One fascinating fact about corporations that implement wellness programs today is that 75 percent of the midsize companies and nearly 80 percent of the large companies do not even include a plan to evaluate their return on investment (ROI) (Anna, 2014, p. 974).

2.7 DIMENSIONS OF EMPLOYEE WELLNESS PROGRAMMES

According to the WHO (2010) employee wellness programmes are contextualized through the following dimensions:

Table 2.1: Wellness dimensions

Dimension	Characteristics of dimension
Physical	Being physically healthy is about taking proper care of our bodies so that we can function optimally. Physically fit people are generally perceived as being healthier than people who are not, and such people make healthier decisions regularly. Physical wellness consists of practicing physical exercise, proper nutrition, getting adequate sleep, and taking part in preventive health screenings.
Mental	Mental or emotional wellness is about the ability to identify, express, and manage our emotions and feelings to cope effectively with life. It is the ability to properly acknowledge and channel our feelings and deal with stress and anxiety. Mental wellness is achieved by practicing cognitive-behavioural skills and mindfulness techniques.
Spiritual	Spiritual wellness is the ability to find a greater sense of purpose in our actions and establish peace in our lives. It is about being guided by a firm set of beliefs,

	<p>values, and principles that bring purpose and meaning to our lives. Spiritual wellness and mental wellness are interrelated and directly impact one another.</p>
Social	<p>Social wellness is about building and developing a sense of connection with friends, family, and co-workers, who act as a support system and share a common purpose. It is about relating to the feelings of others and build relationships based on trust and mutual respect. Social connections help combat stress and depression to facilitate a healthy life.</p>
Financial	<p>The acceptance and awareness of one's current economic state can be termed as financial wellness. Financial wellbeing requires proper analysis and planning of current and future finances. It includes setting short and long-term financial goals to achieve realistic goals and become financially successful.</p>
Occupational	<p>Occupational wellness is about being satisfied with our jobs and career paths and finding fulfilment in other aspects of our lives. It is about being involved in work that provides satisfaction and is aligned with our values and goals in life. Occupational wellness requires being involved in work activities that allow demonstration of our skills and pursuing opportunities to reach greater heights professionally.</p>

Cultural	Cultural wellness is the ability to understand and respect our cultural background and the cultural backgrounds of other people as well. It is about acknowledging and appreciating diversity and respecting all people irrespective of religion, gender, race, age, sexual orientation, and so on.
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(World Health Organization, 2010)

Erb (2022) however added that employers should rather focus on creating a climate of mental support, purpose, financial health, and meaningful connections to enable business leaders to provide a foundation for positive well-being that allows employees to flourish. Office gyms and meditation breaks are nice, but employee well-being is much more complex than physical fitness and mindfulness. Meanwhile, Amador de San Jose focused on how the dimensions of employee wellness programmes are to be addressed.

2.7.1 Social Wellness

In simple words, social wellness is the ability to relate and connect with other people, at work, at home, in our neighborhoods, etc. Social wellness is about building and maintaining positive relationships that add value to our and other people’s lives. Social wellness can be addressed in the workplace by encouraging people to engage with other coworkers and staff members. Social wellness in the workplace can be addressed in the following ways:

- Through design. Designing an attractive community area where people can get together, eat, drink coffee, etc. Having areas in the workplace that are conducive to group activities and interactions.

- Curating a variety of events and activities that will bring people together at specific times like free snacks at certain times of the day, group lunches or potlucks, etc.

Social wellness creates a sense of belonging, it can make people happier and physically healthier as well. At work, this can translate into increased motivation, productivity, and collaboration.

2.7.2 Emotional Wellness

Emotional wellness is also commonly referred to as mental wellness. Emotional wellness is our own ability to understand and accept ourselves and successfully cope and deal with the challenges and obstacles life and work bring. Emotional wellness is being able to identify how you're feeling and why; it's about acknowledging and effectively channeling anger, fear, sadness, stress, hope, love, happiness, frustration, etc.

Though there is still significant stigma around conversations of mental or emotional wellness at work, it's important to create a workplace environment where people feel safe and comfortable sharing how they feel. To address emotional wellness in the workplace, companies should:

- Offer stress management programs/workshops
- Offer mental health days (people sometimes need a day off to deal with their thoughts and emotions)
- Offer onsite meditation programs
- Promote support services available in your community or neighborhood
- Provide mindfulness training
- Send daily or weekly inspiration quotes

2.7.3 Spiritual Wellness

Spiritual wellness goes hand-in-hand with emotional wellness, as spiritual and emotional wellness directly influence one another. Spiritual wellness is our ability to establish peace and harmony in our lives and to be fulfilled by what we do by aligning our values with our actions.

Spiritual wellness is about having a set of guiding beliefs, principles, and values that give meaning, purpose, and direction to our lives. Below are some ways to address and encourage spiritual wellness in the workplace:

- State your company or brand's purpose in order for people to find meaning and purpose in their work
- Encourage meditation
- Offer on-site yoga classes
- Set up policies that facilitate and foster diversity in culture, ideas, and thought
- Offer quiet rooms where people can relax, sleep, pray and meditate
- Have a company volunteer or giving back program (people oftentimes find meaning and purpose by helping others)

2.7.4 Environmental Wellness

Environmental wellness is being aware of nature, our environment, and our immediate surroundings. It is about protecting the environment and protecting ourselves from environmental hazards. This requires that people think of air, water, and land quality and take the necessary steps to protect it.

2.7.5 Occupational Wellness

Occupational wellness refers to our ability to feel fulfilled with our jobs and chosen career paths, without sacrificing work-life balance; it's about being involved in work activities that allow you to show your talents and skill set.

Occupational health is also about providing a work environment that is conducive to good health, productivity, punctuality and preventing work related diseases. Occupational health is a leading factor of good health, especially considering that people spend over 40 hours of their week in the workplace.

Occupational wellness is about maximizing workplace happiness. Here's how to address occupation health in the workplace:

- Carry out regular health risk assessments and promote preventive health in the workplace (like vaccines, flu shots, allergies, etc.)
- Have a smoke free policy and encourage people to take regular walking breaks throughout the day
- Provide incentives or rewards for healthy behaviors
- Involve coworkers and staff in leadership decisions
- Since occupational health is about maintaining healthy work-life balance, companies can offer on-site childcare, flexible hours, and family-friendly policies and activities

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2.7.6 Intellectual Wellness

Intellectual wellness encompasses creative and stimulating mental activities. It's about our ability to open our minds to new ideas and experiences that can benefit our personal and professional lives. Intellectually well individuals have a desire to learn and apply new concepts, improve their existing skill sets, and seek new challenges.

Intellectual wellness requires that a person uses and takes advantage of the different resources available to expand his or her knowledge. This dimension of wellness can be developed through academics, professional career, cultural involvement, and hobbies.

Intellectual wellness can be addressed in the workplace in the following ways, and its goal is to encourage life-long learning habits in professionals.

- Build a library of resources: provide access to a wide variety of resources that can help professionals improve their intellectual capability and expand their knowledge (access to research, books, experts, and thought-leaders.)
- Professional development classes: offer on-site classes to help people develop new skills (marketing classes, programming classes, and finance workshops.)
- Organize and host a book club.
- Encourage brainstorming sessions and collaboration opportunities. These activities can help drive creative and innovative thinking. Also, working together with others exposes individuals to new and challenging ideas.

2.7.7 Physical wellness

Physical wellness is about taking proper care of our bodies so that our bodies can function properly and optimally. Physical wellness encompasses various elements, like activity and nutrition. Physical wellness is about being able to complete daily activities without extreme fatigue or physical stress and avoiding destructive habits (sedentary behavior, drugs, alcohol and tobacco).

Physical wellness is one of the most-addressed dimensions of wellness in the workplace.

Below are some ideas:

- Encourage walking meetings.
- Offer bike storage and shower facilities so people bike to work.
- Organize different fitness challenges or groups (walking, hiking, running, biking groups; fit bit challenge, etc.)
- Have quick 5-15 minute physical activity breaks during the workday (push-ups at 10:00 a.m., yoga during lunch break, zumba after hours, etc.)

- Encourage the use of stairs.
- Offer healthy snacks in the workplace (Check out “The Best Snacks to Improve Cognitive Function in the Workplace”)
- Encourage healthy sleeping habits (if you want to take it a step beyond, you can offer nap pods in the workplace.)

2.8 LEVELS OF AWARENESS AND KNOWLEDGE ABOUT EMPLOYEE WELLNESS PROGRAMMES IN NAMIBIA

In a study conducted in the Namibia public sector, Maletzky (2017) revealed health and wellness programs were not being offered on a regular basis, employees were not interested and there was limited time and resources to ensure their effective implementation. A survey conducted by Daab Consulting (2018) for the transport sector confirmed that there are very partial wellness programme promotional and awareness efforts being conducted within the Namibian transport and logistics sector even though sporadic efforts in terms of sectoral health and wellness interventions such as participating in national health days such as World AIDS Day or generally create awareness about sectoral wellness programmes have been noted. The same survey however, further confirmed that only three key program promotional activities were worth mentioning, which are availability of employee wellness screening services, wellness newsletters and peer education programmes including trainings. Meanwhile, the same survey stressed that continuous awareness raising, and sensitization is essential for the successful implementation of an employee wellness program as employee buy in and ownership is important. If employees do not participate, then a wellness program will not improve the health and wellbeing of the employees. Both managers and employees need to receive rewards and recognition for their involvement and for their anticipated improved healthy behavior (Daab Consulting, 2018).

According to Spence (2015), the perceptions and experience of workforce members are not represented well in the current literature and somewhat limited researchers have explored why participation rates of employees in workplace programmes are low. This finding can also be assumed in the case of Namibia as no or little literature is available to this researcher about various wellness and awareness sessions conducted in the workplace and their documented impact thereof. Thus, evaluating the impact and effectiveness of current wellness programmes will help this researcher to respond on the research objectives.

2.9 IMPACT OF THE EMERGING COVID-19 ON WORKPLACE WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR

Namibia is an upper middle-income country with a population of 2.3 million in 2016; 51.4% males and 48.6% females. Children under 15 years account for 36.4%, those between 15 and 59 years represent 57.3%, while those 60 years and above, constitute 6.3% of the population. The average life expectancy for Namibians is 65.8 years; 63.1 for males and 68.3 years for females (Namibia Statistics Agency, 2017). Namibia Statistics Agency (NSA) also reported that the country is currently experiencing rapid urbanization as evidenced in the increase in the proportion of the population living in the urban areas from 28% in 1991 to 48% in 2016 (NSA, 2017). Furthermore, non-communicable diseases such as cardiovascular diseases including stroke, diabetes mellitus, and cancers are emerging as threats to the health system that is already burdened by infectious diseases such as the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis (TB) and malaria. Thus, the Namibian government has developed this multi-sectoral strategy to mitigate the increasing burden of Chronic Noncommunicable Diseases (NCDs) and ensure healthy and productive life for all citizens (NSA, 2017).

Namibia is no exception to the growing global concern on the increasing burden of both communicable and non-communicable diseases. With a population of 2.3 million, Non-Communicable Diseases such as cardiovascular diseases, stroke, Diabetes Mellitus and cancers are emerging as threats to the health system that has already been burdened by communicable infectious diseases, such as COVID-19, HIV/AIDS, TB and malaria. According to Nengomasha, Amankwah, Uutoni and Pazvakawambwa (2018) data, there is a clear indication that NCDs contributed to a significant proportion of deaths in the country. According to the WHO (2019), COVID-19 is described as an infectious disease caused by a newly discovered coronavirus first detected in Wuhan, China on 31st December 2019. On March 11th the WHO (2019) declared that the outbreak could be described as a pandemic due to its rapid spread across the globe. Namibia registered its first case of COVID-19 on 13 March 2020 and the introduction of mitigating regulations and measures were enacted.

The Namibia Statistics Agency (2020) conducted a survey on the effects of COVID-19 on several selected businesses in Namibia. The survey was designed as an experimental study aimed at providing an early indicator of the business impact resulting from COVID-19. The survey revealed that, 96.5 percent of businesses that responded were adversely affected by coronavirus and will continue to be affected in the coming months and years. The survey further revealed that 50 percent of the businesses indicated that they traded partial while 25.2 percent were temporary closed. The survey confirmed that the impact of COVID-19 has been tremendous on companies, including those in the transport sector. A key finding thereof is that most of these businesses do not seem to have alternative plans such as human resource management and employee wellness programmes in place.

The COVID-19 pandemic has disrupted the global supply chain because of restricted access to countries, a situation no longer determined by permits but by health ministries and departments, to protect citizens and control the spread of the virus (Sudan & Taggar, 2019). The travel restrictions that were put in place to minimize the spread of the virus hindered the capability of companies to transport passengers from different places around the world and the freedom of movement. As a result, transportation revenues dropped significantly, therefore, transport workers' wages were deducted, while other transport workers were laid off, and some transport companies closed due to bankruptcy. As a response to the pandemic, transport companies had to take all necessary precautions to somehow sustain international and local mobility as well as their businesses. Since the transport industry is the most vulnerable and effected industry during the pandemic, it is anticipated that it will be the last to recover from the impact of COVID-19. The recovery of transportation is fully dependent on to what extent safety procedures and workplace strategies were applied during the first wave of the pandemic (Arab Trade Union Confederation, 2020).

Sadly, the pandemic crisis also resulted in negative social impacts whereby professionals including truck drivers, customs and border officers often got overwhelmed and delayed for days in long lines at cross border clearance posts, further exposing them to possible COVID-19 contagion given the often-precarious infrastructure and sanitary situation at many land border crossings across the region (United Nations Economic Commission for Europe, 2021). The question in this regard, is then pointing to how prepared employers of these workers are and how effective their employee wellness programmes are in response to the health needs of the workers because of this pandemic within the workplace and when they are on the road. Therefore, a lack of effective response strategies to the COVID-19

pandemic within the transport sector, reveals that a significant gap exists in terms of a comprehensive health and wellness response strategies in the sector.

2.10 IMPACT OF HIV/AIDS AND GENERAL WELLNESS IN THE TRANSPORT SECTOR IN NAMIBIA

2.10.1 Trends in HIV/AIDS prevalence

Since 1992, Namibia has been conducting a National HIV Sentinel Survey (NHSS) among pregnant women receiving antenatal care. The chart below presents a trend analysis of HIV prevalence from 1992 to 2016 and indicates that the latest national rates stand at 17.2% (NSA, 2017). The chart in *Figure 2.11* below presents a trend analysis of national HIV prevalence from 1992 to 2016.

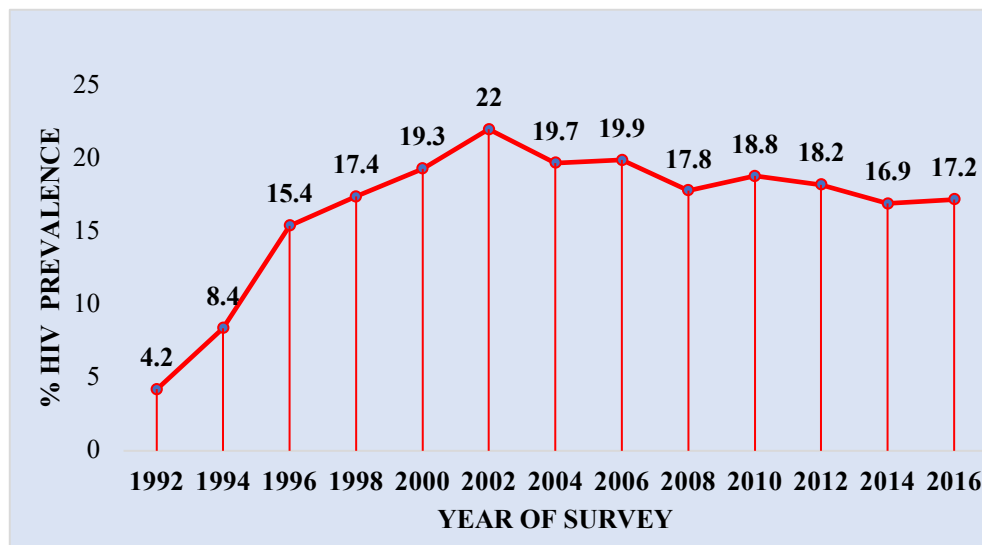


Figure 2.6: Trend analysis of National HIV Prevalence Rates (1992- 2016)

Source: Ministry of Health and Social Services (2016, p.17)

The Namibia road transport sector has been negatively affected by HIV and AIDS over the years, while most workers within the sector are also adversely affected by other

communicable and non-communicable diseases such as high blood pressure, diabetes, high cholesterol levels, body mass index and poor vision (WBCG, 2020). Particularly, Long Distance Truck Drivers (LDTD), Female Sex Workers (FSW) and the proximate communities to truck ports continue to be vulnerable to HIV infection and experience high morbidity and mortality. The risky sexual behavior of the corridor operators adds to the vulnerability of the proximate communities and society at large (Byomuhangi & Van Renterghem, 2011). Worse still, very little or no attention is given to these key population (KP) such as transport sector workers and the long-distance truck drivers. The available health and wellness services are ineffective and do not address the needs of the transport workers which may potentially result in an alarming increase in new cases of HIV infections and other diseases. Therefore, employee wellness also provides individual employees with necessary information on different health conditions and thereby giving them an informed opportunity to make healthy sustainable choices (Byomuhangi & Van Renterghem, 2011).

2.10.2 Prevalent medical conditions

An employee wellness screening study conducted by the WBCG (2018) targeting (7) seven major transport companies in Namibia including the Ministry of Works and Transport was aimed at determining the medical conditions of employees of the Ministry of Works and Transport and sectoral employees. In addition, the study also identified geographic and socio-demographic characteristics associated with higher prevalence for adverse health and wellness conditions; to use such data as baseline to monitor the trends over time and to provide basis for the Transport and Logistics sector decision making in terms of employee wellness interventions.

The study population consisted of employees of the Ministry of Works and Transport (MWT) at all duty stations in all 14 regions in Namibia as well as employees of the participating transport and logistics sector companies who volunteered to take part in the study. A total of 1445 out of the expected total of 2448 (59.0%) employees of MWT who participated in the study, composed of females and males. Study participants represented employees in the age categories of 20-29, 30-39, 40-49 and 50+. Some of the findings from the study were that:

- ◆ Due to curfew hours and lockdown, there was less time to interact with friends, family members and relatives.
- ◆ The closing of borders to contain the spread of the virus disrupted services and in turn induced reduced business operations. The closure of borders between countries further resulted in reduction of revenue that is usually generated from the travel and hospitality industry.
- ◆ The changes in turn-round times for goods and commodities was felt across health programmes such as HIV, TB, Malaria, reproductive health commodities, chronic medication and so on where medical supplies were significantly delayed.
- ◆ The pandemic and the measures put in place to contain it did not only delay and or reduced the economic growth but also raised costs due to storage and medical related requirements such as costs for screening and testing, quarantine and isolation, medical bills, cost for personal protective equipment and fumigation.
- ◆ The COVID-19 pandemic ‘pushed’ the pockets of transport workers and operators to the limits, as they claimed that in some cases employees were expected to pay for COVID-19 tests out of their pockets, therefore no effect on the companies.
- ◆ Most participants as observed at 76% had their blood pressure level at 120/80 which is normal and ideal for good health while 22%, had blood pressure level between

140/90 and above which is higher and not healthy as it increases their risk of a heart attack or stroke.

Another study conducted by Alpha Health Consult (2019), confirmed that long distance truck drivers (LDTDs) are extremely vulnerable and are continuously exposed to several infectious diseases such as, HIV/AIDS, Sexually Transmitted Infections (STIs), Tuberculosis (TB), and Malaria while on the road. Sadly, their challenges have evolved to include non-communicable diseases like hypertension, obesity, diabetes and now also COVID-19. Their working environment (which happened to be on the road) is suggested to make them engage in high-risk sexual behaviors as well as precipitating a sedentary lifestyle.

In addition, the Namibia Strategic Framework on HIV Response (2017) stressed that the compelling data on the prevalence of HIV infection amongst long distance truck drivers and sex workers along the transport corridors in Sub-Saharan Africa (SSA) call for a comprehensive and robust HIV/AIDS and biomedical wellness programme with the workplace and along the major transport corridors. In neighboring countries of South Africa, Botswana, Zimbabwe, and Zambia, about 26% of truck drivers were HIV positive and an alarming 60% of sex workers tested positive (SADC Fact Sheet, 2015). The prevalence estimates for Namibia for MSM is estimated to be around 10-20% while the HIV prevalence amongst FSW was estimated to be 52.3% in Katima Mulilo, 31.0% in Oshikango, 37.3% in Swakopmund/Walvis Bay, and 39.3% in Windhoek.

Another study released by the ILO (2019), revealed that each year about 2.78 million workers die from occupational accidents and work-related diseases (of which 2.4 million

are disease-related) and an additional 374 million workers suffer from non-fatal occupational accidents. It is estimated that lost workdays globally represent almost 4 per cent of the world's Gross Domestic Product (GDP), and in some countries, this rises to 6 per cent or more (Hämäläinen et al, 2017; Takala et al, 2014). According to an NSA report (2018), over 24,710 workers are employed within the transport and logistics industry in Namibia, contributing about 3,4% of the total national labour force statistic. Most of these numbers are made up by men, representing a total of 21, 976, while their female counterparts consist of a total 2,735

2.11 IMPLEMENTATION CHALLENGES OF EMPLOYEE WELLNESS PROGRAMMES IN NAMIBIA

According to Schreider (2015) workplace wellness programmes are increasing in popularity as employers embrace the potential benefits of such programmes. But, while there are a few studies pointing to the benefits of these programmes, starting and maintaining such programmes isn't always easy as it requires an equal number of resources such as both human and financial resources. To reap the potential benefits of a workplace wellness programme, employers must therefore overcome these challenges and develop opportunities that are hinged on dedication and commitment to ensure a sustainable promotion of employee health. Schreider (2015) identified the following specific challenges:

2.11.1 Insufficient time

A lack of time in addressing employee health and wellness matters presents a challenge to many wellness programme implementers. Most employers do not support the notion of allowing their employees large amounts of time away from their duties to participate in wellness programmes as they consider it a waste of time, while many workers are unwilling to spend many hours at the office after they have already clocked out. To overcome this

challenge, many employers arrange their wellness programme sessions or activities during non-production periods such as during lunch hours or other natural breaks in the day, allowing individuals to participate without missing quite as much work.

2.11.2 Lack of interest

Garnering interest in a workplace wellness programme can present a challenge for implementers. Perrault, Hildenbrand and Rnoh (2020) revealed that employees were refusing in wellness programmes due to privacy considerations and anticipation that the program would take too much time, as well as perception that the programs was unfair and conception that they were already healthy and not in need of the program. Similarly, Maletzky (2017) point out that low participation in health and wellness programmes among employees in Namibian public service was emanating from lack of interest in activities, work and time pressures, issues of trust and confidentiality, stigmatization, employee attitudes and communication backlogs as well organizers failure to offer the programs on a regular basis. While many workers proclaim an interest in improving their health, often when it comes to taking part in a wellness programme, the interest dies off. Hence, to ramp up interest, employers must heavily advertise their programmes, highlighting the benefits and exciting opportunities the programmes offer. Some employers go so far as to offer incentives, such as decreased health insurance rates or gift hampers to participants to participants as an incentive. A study done by Spence (2015, p.113) identified the following factors that may influence participation of employees in workplace wellness.

2.11.3 Individual factors

Quite a few individual-level factors have been identified to give an explanation for the low participation of employees. These include service-needs misalignment, time and work pressures, access to resources, individual change readiness, and personal locus of responsibility and/or perceptions about the balance of responsibility for change.

2.11.4 Organizational factors

Spence (2015) identified the following organizational level factors that could help in explaining participation rates: the changing nature of the human resources function, basic needs, perceptions of corporate social control, organizational trust and/or the satisfaction of employees' basic needs.

2.11.5 Funding challenges

The success of workplace wellness programmes should not only be measured by the level of funding an organization offers or the number of people who would have participated in the programmes (Maletzky, 2017). Generally, the cost of starting an employee workplace wellness program is rather low as many of the activities that employees may participate in to improve health are free, such as group walks in the park or jogs around the building. Moreover, improvements in physical and mental health of employees have reported as contributing to the reduction in employer healthcare costs (Rezai, et al., 2020). For example, organisations can also decrease the cost of low productivity, health care costs and absenteeism caused by chronic diseases if their health and wellness programs are effective (Maletzky, 2017). WBCG (2021, p.14) most private sector companies in Namibia acknowledge the importance of employee wellness programmes, however most of them are still reluctant to invest financial resources and human capital in such programmes. These type of programmes are then considered or viewed as additional financial burdens on the organization as opposed to them being part of the main business operations.

2.11.6 Lack of health and wellness data

Despite the importance of employee wellness programmes, many corporate companies who have established them at relative scale, did not develop or consider establishing programme monitoring and evaluation tools to track performance, effectiveness, and cost benefit

analysis. In Namibia, Maletzky (2017) revealed that wellness programmes were not being offered on a regular basis within the public service institutions owing to lack of interest in activities, work and time pressures, issues of trust and confidentiality, stigmatization, employee attitudes and communication backlogs. In fact, many of organisations with wellness programs indicate that they are “unsure” whether their wellness programs have had any impact on their healthcare costs overall. Without a clearly documented business case in favour of these wellness programs, presenting a strong argument to top management for the implementation or continuation of a wellness program can be a struggle (GIZ, 2018)

For those that do attempt to track savings and evaluate the implementation, the most common method is simply looking at trends in their healthcare premium increases from year to year. Depending on the carrier, some organisations can approximate the benefits of their wellness program in a general sense based on reports of the group’s usage that are provided to them. Others have constructed more complex systems to track and correlate this information about the group’s uptake of wellness related programs or preventative services usage, with reductions in the prevalence of factors such as chronic conditions for the group, long term absences and on-the-job injuries (GIZ, 2018).

2.11.7 Securing senior management buy-in

Employers’ report that “buy-in” at all levels is a major stumbling block for wellness programs. Even if management “buys-in” by allocating funds to a wellness program, the most common barrier to senior management and employee buy-in to health care programs include time, cost, knowledge/education, and access (Passey, et al., 2014). Education and awareness programs can help individuals to know how to maintain a healthy lifestyle while undertaking other preventive measures and accessing healthcare for screening, monitoring and treatment of health conditions (Sinha & Sinha, 2019).

2.12 STRATEGIES IMPLEMENTED TO PROMOTE EMPLOYEE WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR

Since the outbreak of COVID-19, the transport sector has been struggling to integrate effective strategies that will reduce the adverse impact of the pandemic on the sector and the movement of goods and services (SADC, 2021). In response to this challenge, a stakeholder Tripartite Transport and Transit Facilitation Programme (TTTFP) consisting of the three regional economic communities (RECs) in EA-SA, namely, the Common Market for Eastern and Southern Africa (COMESA), the East African Community (EAC), and the Southern African Development Community (SADC) identified the need for a regional CTMS to facilitate the continuation of cross-border trade of goods and the movement of persons during the ongoing crisis caused by the COVID-19 pandemic. The CTMS is a management tool to ensure cross-border travelling by travelers, drivers, and passengers who are compliant with the health requirements for cross-border journeys, in particular those that limit the spread of COVID-19 and to reduce extended transit times during the pandemic.

Furthermore, the overall strategic objective of the Tripartite Transport and Transit Facilitation Programme (TTTFP) is to facilitate the development of a more competitive, integrated, and liberalized regional road transport market in the tripartite region. The Tripartite consists of the RECs in EA-SA, namely, COMESA, EAC, and the SADC. In addition, the CTMS will enable cross-border travelers, drivers and road transport operators to register information relating to the journey and persons travelling, for those travelling by road, also the drivers, crew members, operators, vehicles, goods transported and routes on the Geographic Information System (GIS) component. This is therefore, one of the

initiatives being implemented by the transport sector in contribution to the wellbeing of transport sector employees and its roots are traced back to their respective workplaces.

2.12.1 Creating wellness programming that includes customized employee-centric health programs

Multi-level leadership and support for employee wellness is provided at all levels.

Alignment. The wellness program is a natural extension of a firm's core values and aspirations. Perez (2019) points out that supportive organizational structure for a culture of wellness contributes to social change and better access to wellness and health promotion opportunities. This social change may result in the improvement of employees, their families, and communities. The business case for creating a strong company culture is clear. But even more valuable than improving employee retention, productivity or engagement, is sending the message to employees that their organization cares about them. This is where aligning company culture, values and wellbeing can have the most impact (Church, 2019, p.1).

- **Scope, relevance, and quality.** Programs are comprehensive, employee-focused and of high quality. Mattke (2013) agrees that contextual factors such as quality, scope and relevance will influence the effectiveness and cost-effectiveness of workplace wellness interventions. Employer characteristics, such as workplace culture and leadership support, might modify the effect of wellness programs. Understanding the role of such modifying factors should be considered for future research. Similarly, we need to understand better how employee demographic

characteristics drive decisions about program uptake and how those factors interact with financial incentives.

- **Accessibility.** Low- or no-cost services and onsite availability are offered. Kellar-Guenther (2016) expanded the concept of accessibility to include and focus on employees who are disabled. Griffin Bassas (2016) further argues that employee wellness programs and the wellness philosophy create a power divide that continues to grow between healthy workers and those with disabilities (as well as other minority groups with limited access to resources for health and safety); those who are healthy (and have access to resources) are rewarded for getting healthier, while other groups are unable to benefit and therefore drop further behind.
- **Partnerships.** Active, ongoing collaboration with internal and external partners is encouraged. According to Kassler (2020) partnership between companies and community agencies and local health departments can enhance program efforts to improve employee health. Partnership health programs can offer expertise in health promotion, training and technical assistance, and access to services and programs relevant to worksites. While greatly impact the health and productivity of employees and in turn, the organization's costs and earnings. Employers can further improve their return-on investment by thinking beyond the work site. Employers can gain many advantages by participating in a community partnership. For example, access to additional opportunities for health promotion not available at the work site includes making programs available to spouses and dependents, and increasing the employer's visibility in the community, which may improve employee retention and brand recognition. Employers can identify other community organizations and employers with similar program objectives and share or pool resources and ideas. In the end, this sharing improves workplace health

programs and health outcomes for employees. Overtime public health advocates have come to realize that workplaces are another important avenue to focus population health improvement efforts. The best partnerships are mutually beneficial with employers gaining valuable expertise and the ability to offer employee workplace health programs from community organizations, while lending their leadership skills to improve health campaigns and initiatives that benefit all community residents (National Healthy Worksites, 2013, p.1).

- **Communication.** Wellness is not just a mission, it's a message. Sensitivity, creativity, and media diversity will increase the chance of success. Miller (2012) strongly believed that employers counting on wellness programs to bend the benefits cost curve must include strong communication plans in their strategy if they hope to achieve their goals. Those who shortchange this crucial step risk wasting their investment of precious resources in a tight economy. Beefing up communication through one-to-one benefits counseling also can help drive participation in a company's wellness offerings as well as improve understanding and appreciation of the entire benefits package.

2.12.2 Creating an organizational culture that promotes health and wellness

Building a healthy organizational culture involves both the physical work structure and the employees' perception of the work environment. The work environment includes the physical characteristics of the workplace, such as safety policies, noise levels, lighting, air quality, and ergonomically adapted equipment and furniture. The work environment also includes healthy eating options and updated cafeteria menus, smoke-free policies, and opportunities for physical activity (Ngeno & Muathe, 2014).

2.12.3 Ensuring policies enhance employee health and productivity

The scope and type of company policies reflect an organization's philosophy and commitment to employee health and well-being. These policies should align with and support your health and wellness goals. Examples of these policies include rules on smoking, drug testing, sick and personal leave, disability insurance, health care benefits, and vacation policies. Of all the benefits employers offer, health care benefits are arguably the most financially and politically challenging in today's economy (German, et al., 2016). Employers can also offer wellness programs use some type of incentive to drive employee participation, and nearly two-thirds of these are financial incentives (Maletzky, 2017).

2.13 CONCEPTUAL FRAMEWORK

To help the reader to visualize and map out the theoretical thread emanating from the reviewed literature, the researcher developed a conceptual framework of this study. This framework is illustrated in Figure 2.7 below:

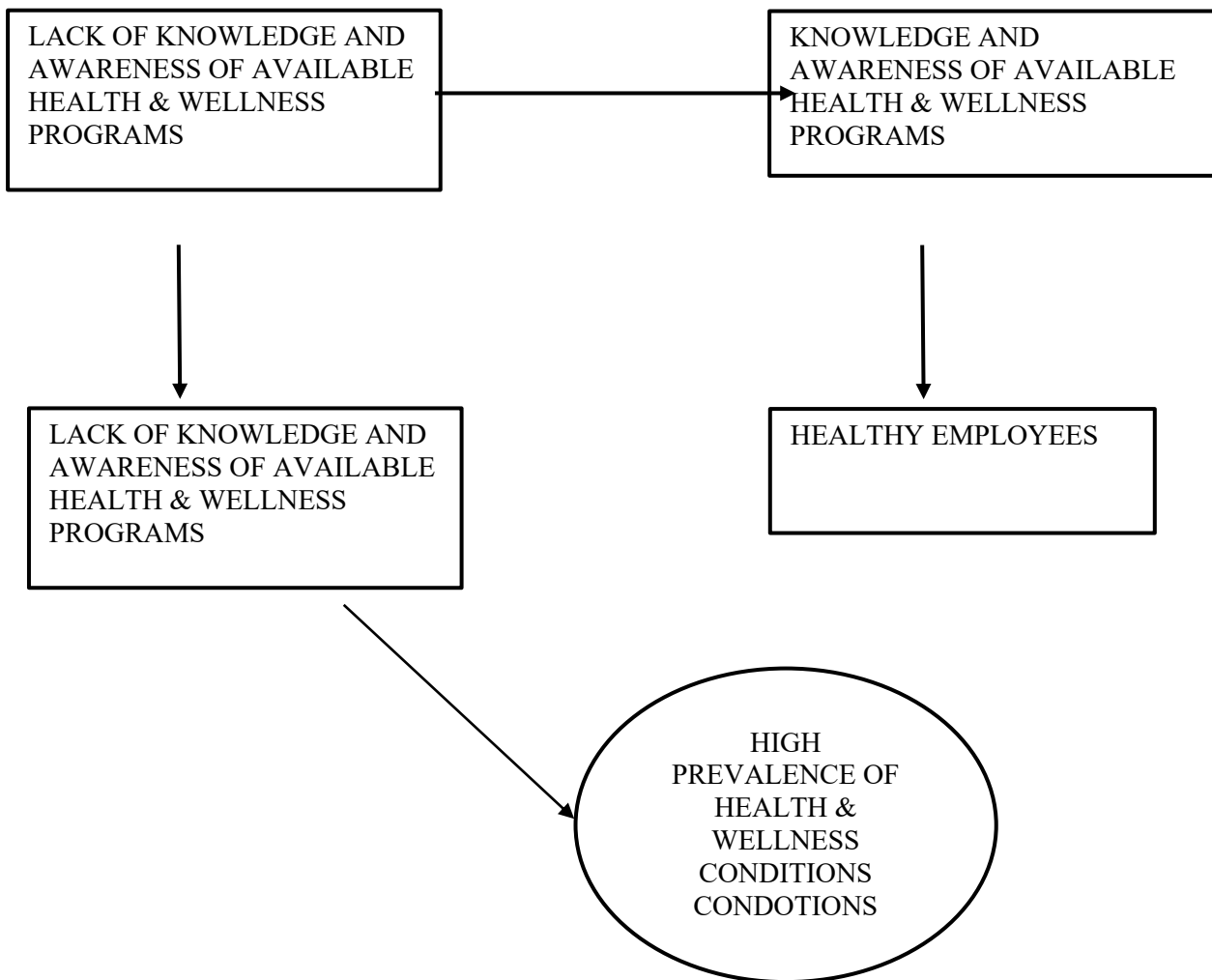


Figure 2.7: Conceptual Framework: Association between knowledge/awareness of health and wellness programs with prevalent health conditions

Multivariate analysis of variance (MANOVA) was computed in SPSS (version 26) to test the nature of strength of association between implementation of wellness programs with

the prevalence of various health conditions. This test was used because it ascertains variance where there are more than one dependent variables, which are related in some way (Pallant, 2016). Furthermore, the MANOVA analysis was done taking into account that the prevalence of a health condition can only take two numerical values that is a 0 if not present and 1 if present. A one-way between-groups multivariate analysis of variance was performed to investigate prevalence of health and wellness conditions association with lack of knowledge and awareness of health/awareness programs. Eleven dependent variables were used: mental fatigue; burnout; high blood pressure; obesity; drug (alcohol/tobacco) abuse; musculoskeletal issues; kidney problems; heart problems/ heart problems; and eyesight and migraines. The independent variable was lack of knowledge and awareness of health and awareness of health programs.

In this regard, the study respondents identified multiple prevalent health and wellness conditions that were tested for dependence with knowledge and awareness of health and awareness programmes in the respective companies where the respondents are employed. The empirical literature on the effects of knowledge and awareness on the prevalence rate of various health conditions is not well researched and documented. However the human capital theory can be used to exert an huge influence on the organization as the human capital theory human capital can further manifests in the laborer body, including the laborer's knowledge, the skill and the health condition. (Liu, 2020).

Dee w. Edington (2006, 2007) and Schultz A.B (2007) both believed that carrying out health investment and management would improve the quality of human resources and even the quality of life, so as to improve the enterprise's human capital returns, enhance its core competitiveness, and ultimately promote the sustainable development of the enterprise which comprises of knowledgeable healthy employees.

To conduct inferential analysis, the researcher proposed the following hypothesis:

Null hypothesis (H₁): *The prevalence of health and wellness conditions is associated with knowledge and awareness of available health/awareness programs.*

2.14 CHAPTER SUMMARY

Taking from the literature sources and information collected above, it shows that organisations around the world and in Namibia, have at some point implemented an employee wellness programme at a certain a level. The researcher selected two (2) theoretical frameworks to underpin this study on, namely: Herzberg's two-way factor motivation-hygiene theory, which argues that there are separate sets of mutually exclusive factors in the workplace that either cause job satisfaction or dissatisfaction (Herzberg, 1959; 1968; Herzberg, Mausner, & Snyderman, 1959). Generally, these factors encouraging job satisfaction are related to self-growth and self-actualization. In addition, the study is hinged on the human capital theory, which describes the skills, knowledge, and health possessed by the labour force.

Furthermore, to contextualize the concept of employee wellness programmes, the researcher noted down some definitions of the concept as utilized in various settings and by various organisations that are implementing public health programmes. In addition, the dimensions of both comprehensive and tailored employee wellness programmes were outlined, while the impact of COVID-19 on the transport and logistics sector as an emerging health concern was also reviewed. Lastly, the researcher reviewed the levels of awareness regarding various health and wellness conditions as well as the challenges and some strategies that have been used to mitigate those challenges.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of this chapter is to provide an outline of research methods that were followed in the study. It provides information on the research philosophy, research participants, that is, the criteria for inclusion in the study, who the participants were and how they were sampled. The researcher presents the research design that was chosen for purposes of this study and the reasons for this choice. The instrument that was used for data collection is also described and the procedures that were followed to carry out this study are included. The researcher also discusses the methods used to gather and analyse the data. Lastly, the ethical issues that were followed in the process are also discussed.

3.2 RESEARCH PHILOSOPHY

Saunders, and Thornhill (2016) refer to the term research philosophy as a system of beliefs and assumptions about the development of knowledge. Furthermore, the authors stress that pragmatist research starts with a particular problem and aims to contribute practical solutions that can be used to inform future practices and or making significant differences to organizational practices. This study pursued a pragmatist research philosophy because the researcher strived to reconcile both the objective and subjective, facts and values, rigorous knowledge and different contextualized experiences (Saunders *et al.* 2016). Creswell and Poth (2017) argue that the pragmatic research philosophy can be described as research which aims to find solutions to specific problems by utilizing both qualitative and quantitative research methods. This specific paradigm allowed the researcher to gain deeper insights into how employees and other research participants experienced and perceived employee wellness programmes.

3.3 RESEARCH DESIGN

This study adopted an exploratory sequential research design (QUAL - quant). Using the qual-quant design provided the researcher with an opportunity to obtain different views and perspectives, even if the researcher used this design with the same audience (Creswell, 2015). In addition, the exploratory sequential design is applied when qualitative data is collected first and prioritized, and quantitative data is then later collected to test themes or instruments developed from the Qualitative process (Creswell, 2015). Therefore, since the data collection occurred sequentially, the quantitative data was collected in a supportive role. The standards of qualitative rigor were emphasized as being of utmost importance, and then testing qualitative data with Quantitative processes helped to verify and validate results. This approach was also used in instrument creation, wherein the researcher then interviewed a sample of participants on the effectiveness of current employee wellness programmes and then constructed a survey based on the findings to determine how accurate the identified themes were (Kimmons, 2021).

A pragmatism research philosophy was adopted since it integrates both the deductive and inductive approaches. Moreover, the philosophy was deployed to allow the researcher to appreciate different points of view of the participants. Firstly, the qualitative data were collected, then the researcher moved on to connect the steps of building new quantitative measures, such as new variables, new constructs and new instruments to collect quantitative data. The usage of this method allowed the researcher to obtain qualitative data that was clear by exploring and understanding the experiences of employees and relevant stakeholders within the transport sector and then coming up with themes which informed the questionnaire design.

The subjective perceptions of KIs formed the core data of the study, hence this research benefited from the methods that would deal with the topic in an exploratory nature. The exploratory sequential design is used when a researcher first needs to explore a topic using qualitative data before attempting to measure or test it quantitatively (Creswell & Clark, 2018). The researcher therefore used this method due to its appropriateness and relevance when trying to research a topic where no prior theories exist or when the researcher does not know which constructs are appropriate or how to measure important variables (Creswell & Clark, 2018).

3.4 RESEARCH APPROACH

A mixed methods approach was used in which both quantitative and qualitative data were collected from different data sources using multiple data collection methods such as interviews and surveys (Creswell & Tashakkori, 2007). According to Viswambharan and Priya (2016) the researcher's choice of methodology is guided by the questions and objectives being formulated. The study adopted a mixed methods approach to effectively and as much as possible, exhaustively address all its objectives. This means that the study utilized both quantitative and qualitative data collection and analysis methods. To this end, the methodologies that the researcher pursued are intricately linked to the study objectives and key tasks that have been set out, and in turn, led to the desired report. A description of these methods is provided in this section and grouping is by each specific task.

The approach was preferred for several reasons. One of the reasons is that there has not been much written on the research topic to date, hence, the researcher regarded this as an opportunity to take a broader methodological approach to obtain more comprehensive data (and thus obtain more useful data). Furthermore, this approach gave the researcher a greater opportunity to gain greater and more meaningful insight into the employee health and

wellness issues affecting transport operators and their employees. In addition, in terms of the research questions, the qualitative research method was chosen to gain insight into the perceptions and experiences of the participants regarding their experiences and views on the effectiveness and impact of current employee wellness programmes. The nature of this type of research was therefore exploratory, and open-ended questions were used (see Annexure 1) to allow participants to relay their experiences.

Furthermore, participants were interviewed using focus group interviews, coupled with an interview guide to collect rich data. This data collection method allowed the researcher to ask clarifying and probing questions (Creswell & Poth, 2017). Then, the researcher employed a mixed methods approach in which both quantitative and qualitative data was collected from different data sources using multiple data collection methods such as interviews (for collecting qualitative data.) - Structured questionnaires were employed to collect quantitative data.

3.5 POPULATION

According to the NSA report (2019) the population of employees within the transportation industry in Namibia was 3,203 employees from 120 transport companies. However, in this study, the population consisted of only 87 of the biggest transport and logistics companies whose approximate population of 1140 employees and employers were either directly or indirectly affected by health and wellness matters in Windhoek and Walvis Bay. The target population was 312 employees including transport workers and operators from 5 transport and logistics companies in Walvis Bay and Windhoek. The rationale for selecting these five companies was attributed to the literature reviewed that confirmed that, these companies had implemented an employee wellness programme to a certain extent and that

their employees were at some point engaged and exposed through an employee wellness programme.

3.6 SAMPLE

For qualitative study, the participants were selected using a purposeful sampling strategy. Purposive sampling strategy allows researchers to use a self-designed criterion to hand pick participants basing on their judgment of their typicality or characteristics being sought (Cohen, *et al.*, 2018). A total of 30 employees, including transport workers and operators including long distance truck drivers, short distance drivers and bulk vehicle operators from five transport and logistics companies in Windhoek and Walvis Bay participated in five focus group discussions to ensure data saturation. Since, the discussions were conducted at each of the five transport and logistics companies, each group discussion consisted of six participants. Data saturation was reached when no new analytical information was available, (Lippincott, Williams & Wilkins, 2017).

In the quantitative phase of the research, multistage sampling method was used to select 175 respondents from the total population of 312 employees. Multistage sampling method is a sampling strategy that divides the population into hierarchical structure of natural clusters (Sedgwick, 2015). Multistage strategy allowed the researcher to draw a sample from a bigger population of transport and logistics sector employees and then proceeded to engage smaller groups (units) of management cadres, truck drivers and other stakeholder at each stage within the workplace (Bhandari, 2021). The Slovin's formula was used to determine the applicable sample size for the survey. Slovin's formula: $n = N / (1 + N e^2)$, where a 95% or 0.05 confidence interval is used to compute sample size (n) from a given population (N). In this respect, a sample of 175 employees was derived from the total population of 312 employees including transport workers and operators from five transport

and logistics companies. Out of the 175 questionnaires distributed 122 were returned which represents a 67% response rate. Table 3.1 summarized the demographic information of these 122 respondents:

Table 3.1: Demographic profile of respondents

Demographic	Categories	Frequencies	Percent (%)
Gender	Male	86	70
	Female	36	30
Age (in years)	20-24	4	3
	25-29	6	5
	30-34	23	19
	35-39	36	30
	40-44	21	17
	45-49	13	11
	50-54	15	12
	55+	4	3
Work Experience (years)	<1	11	9
	1	13	11
	2– 3	17	14
	4– 5	23	19
	6 – 7	32	26
	≥ 8	26	21
Job Title	Freight Coordinator	8	7
	Logistics Admin Supervisor	4	3
	Bulk Cargo Driver	59	48
	Operation officer	6	5
	Bulk Vehicle Operator	7	6
	<u>Padman</u>	4	3
	Plant operators	11	9
	Warehouse Operator	10	8
	Assistant Driver	13	11
Nationality	German	1	1
	South African	2	2
	Zambian	4	3
	Zimbabwean	4	3
	Batswana	9	7
	Namibian	102	84
Respondent's location of Operation	All over Namibia	48	39
	Cross-border operation	48	39
	Windhoek	23	19
	Walvis Bay	3	3

Source: from the authors' data.

From Table 4.4 above indicates that 70% of the respondents were male while 30% were female. Moreover, majority of respondents were aged 30 to 34 (19%) and 35 to 39 (30%) respectively, while most respondents (26%) indicated that they had been employed at their organisations for about 6 to 7 years. In addition, an overwhelming majority (59%) of respondents were drivers and most respondents (84%) were Namibian nationals. In terms of workstations, 39% of the respondents worked all over Namibia and another 39% worked cross-border operation. 19% of the respondents were based in Windhoek while 3% were based in Walvis Bay. Therefore, it can be generalized that the respondents had adequate knowledge and experience to contribute information which is vital to the study on employee health and wellness programmes in transport sector of Namibia.

3.7 RESEARCH INSTRUMENTS

The study made use of two instruments to collect data, namely: the focus group interview guide to collect qualitative data, and structured questionnaires to gather quantitative data (see Appendix A and B). The interviews were based on predetermined questions to collect qualitative data. To maintain a flexible interactive approach and to obtain as much information from the research participants as possible, an agenda for the interview guide was created. The interview guide consisted of semi structured questions that are linked to each of the research objectives.

Focus group interviews are used as a qualitative approach to gain an in-depth understanding of social issues. They aim to obtain data from a purposely selected group of individuals rather than a statistically sample of a broader sample (Nyumba, et al., 2018). Since focus group interviews combine both the structured and unstructured interview styles, they can offer the advantages of both. Furthermore, the interview guide consisted of planned topics

or themes and questions that were addressed. The interview guide was tailored to each group such as senior managers and general workers and truck drivers to allow for independent responses through probing to obtain the independent thoughts of each participant or groups.

However, due to the outbreak of COVID-19, using face-to-face interviews proved to be a challenge as the COVID-19 restrictions prevented the researcher from conducting most face-to-face interviews. Hence, the researcher had to adhere to health regulations during the group discussions. For example participants were asked to maintain social distance and put on face masks. Prior to the interview the researcher gave participant an interview schedule listing the main interview questions. The researcher then conducted group discussions with six employees at each of the five transport and logistics companies in Walvis Bay and Windhoek. Thus, the researcher acted as the primary research tool and attempted to focus on the subjective experiences of individuals to demonstrate how such experiences are derived and how these experiences feed into larger discourses. (Saunders *et al.*, 2016).

The researcher administered 175 questionnaires to respondents who are mainly employees chosen from the 15 transport and logistics companies. The actual administration of these questionnaires by the researcher, as opposed to simply distributing questionnaires in the hope of getting answers, proved to be especially helpful to the study for this approach and it further provided an opportunity to seek clarity and obtain more details from the respondents in person.

3.8 PROCEDURE

3.8.1 Sampling criteria

The selection of participants for the qualitative part was based on the following criteria:

- ◆ participants were either men/women employed by a particular transport company during the data collection period;
- ◆ aged 18 years and older; because participants younger than 18 years would have required parental consent;

3.8.2 Data collection strategy

The objectives of this study dictated that a combination of qualitative and quantitative methods was required to collect both secondary and primary data as follows:

3.8.2.1 Secondary Data

Document review of the transport and logistics sector including but not limited to projects description, strategic plans, and implementation reports. Relevant literature regarding the effectiveness of wellness programmes and impact of various health conditions including COVID-19 on the health services and transportation sector as well as best practices on the subject matter was also reviewed to contribute to the identification and development of practical strategies to support the transport industry's response on health and wellness issues affecting the sector.

3.8.2.2 Primary Data

Relevant data were collected using focus group interviews, and questionnaires. In this regard, key informant interviews (KIIs) were used to gain insight from the relevant officials. The KII provided policy, program and administrative level information that informed the development of practical strategies to support the transport industry's response on health and wellness issues affecting the sector. Moreover, structured questionnaires were used to collect primary data from transport workers such as long-distance truck drivers, management cadres and general transport workers.

Specific details about data collection methods per study objective are provided under the Assessment Planning Matrix. Data were also collected through focus group interviews with the participating employees. The researcher conducted focus group interviews because it allowed the researcher to gain the data, he required without pigeonholing the responses of the participants (Bryman, 2008). For the participants with email addresses, online link to the questionnaire was sent to them through email for them to undertake self-assessments. Follow ups were then made by telephone calls to ensure completion of the questionnaires. For the participants without emails addresses a telephone survey was undertaken.

The researcher applied several techniques to gain an in-depth understanding of the interviewees. Probing was done to understand the participants' views in detail and to afford them an opportunity to elaborate more on the initial response/s. In addition, the researcher interpreted and sought clarifications when necessary to avoid misinterpretation.

3.8.3 Research instruments

This section is comprised of the list of questions that made up the data collection tools. All data collection instruments consisted of some elements of demographic questions related

to the individuals and institutions participating in the study as this aided the researcher in making necessary inference about the participants. Moreover, study instruments were transformed onto Census and Survey Processing System (CSPro) for Computer Assisted Personal Interviewing (CAPI) to facilitate easy and efficient data collection and entry process.

3.8.4 Preparation of the field

The researcher made appointments with the participants from the workplaces that were sampled before the data collection occurred to explain the nature of the study and to seek permission from the relevant authorities and participants. The data collection process consisted of the following activities:

- ◆ Preparation for the field,
- ◆ Arranging interview appointments with the participants
- ◆ Data collection at the sampled workplaces,
- ◆ Note taking during the interviews,
- ◆ and the voice recording and call recordings of the interviews.

3.8.5 Conducting interviews

The researcher introduced himself to the participants and the purpose of the study was explained to the participants. Written or electronic consent was obtained from the participants before the interviews started and the researcher explained to the participants that they were free to withdraw from the interview at time they deemed fit. Participants were assured that the interviews would not take up much of their time in order facilitate a seamless participation in the study. Participants were also informed that the interviews would be voice recorded and researcher permission was sought from the participants.

3.8.6 Data Trustworthiness (for qualitative data)

Table 3.2 below demonstrates the Lincoln and Guba’s (1985) principles for evaluating trustworthiness in qualitative research and this researcher has adopted these principles for this study.

Table 3.2: Lincoln and Guba’s principles for evaluating trustworthiness in qualitative research

<p>Credibility</p>	<p>How can we be confident about the Internal validity ‘truth’ of the findings?</p>	<p>Credibility is how confident the qualitative researcher is in the truth of the research study’s findings, that is, the certainty that can be set of the research findings. It is also a way of knowing that the researcher’s findings are true and accurate. Credibility establishes whether the research findings conceivable data drawn from participants’ original data and is a correct interpretation of the participants’ original views (Creswell, 2014, p. 141). Qualitative researchers can therefore use triangulation to show the research study’s findings are credible. Triangulation is a technique used to prevent biases arising from the use single methodology (Moser & Korstjens, 2018).</p>
<p>Confirmability</p>	<p>How can we be certain that the findings have</p>	<p>Confirmability is the degree to which the research findings can be confirmed by others.</p>

	<p>been determined by the subjects and contexts of the inquiry, rather than the biases, motivations and perspectives of the investigator?</p>	<p>Triangulation of findings with data from different sources and methods can help confirm the validity of the interpretation (Moser & Korstjens, 2018). Hence, this researcher used different data sources to develop a comprehensive understanding the impact and effectiveness of health and wellness issues within the transport sector.</p>
Dependability	<p>Would the findings be repeated if the inquiry was replicated with the same (or similar) subjects in the same or similar context?</p>	<p>Dependability is practically equivalent to reliability, which is, the consistency of observing the same finding under similar circumstances. As indicated by Merriam (2015) it alludes to the degree to which research findings can be duplicated with comparative participants in a comparative setting. Therefore, to ensure dependability of this study, this researcher has maintained consistency in terms of conceptualizing the study, collecting the data, interpreting the findings, and reporting results.</p>
Transferability	<p>Can we apply these findings to other context or with other groups of people?</p>	<p>Research findings are transferable or generalizable in the event that they fit into new settings outside the actual study context. Transferability is undifferentiated from external validity, that is, the extent to which findings can</p>

		<p>be generalized (Mamba, 2019). The researcher gave, a rich, thick portrayal of the study to such an extent that information and depiction represent themselves to empower readers to assess the importance of the implications attached to the findings; hence making own judgment regarding the transferability of the exploration results. Consequently, the generalizability issue will be resolved by the reader of the research report in view of how close the researcher's and the reader's contexts are. Furthermore, generalizability involves judgment of the context and phenomena found which allows others to assess the transferability of the findings to another setting (Ritchie <i>et al.</i>, 2013).</p>
<p>Authenticity</p>	<p>Have people been changed by the process? To what extent did the investigation prompt action?</p>	<p>The researcher noted that a similar study has not been done before amongst the selected population, hence a gap in knowledge exists. Furthermore, the data collected are representative of the sample selected for this study as well as the study design and methods addressed this research objectives. The fact that this study findings can be replicated in future studies further guarantees the authenticity of this study.</p>

Source: Pretty (1994) and Lincoln and Guba (1985: p.14)

3.8.7 Reliability and Validity for Quantitative Data

Validity and reliability of quantitative research represents the key aspects of the quality of research. When handled meticulously, the reliability and validity parameters help differentiate between good and bad research. They also assure readers that the findings of the study are credible and trustworthy. This aspect becomes particularly vital in case studies involving primary data analysis. Here the researcher's subjectivity can highly influence the interpretation of the data (Thakur & Chetty, 2020). Validity relates to the appropriateness of any research value, tools and techniques, and processes, including data collection and validation (Mohamad *et al.*, 2015). Validity also establishes the soundness of the methodology, sampling process, data analysis process, and the conclusion of the study (Golafshani, 2003). Hence, to ensure the validity of the research findings, this researcher also recruited a moderator to ensure that this researcher does not influence the data findings through his own perceptions only. The researcher further used the respondents' validation strategy to ensure that the respondents agreed with the data that was analyzed. Quantitative research includes reliability measures where the researcher must prove that the process and the results have replicable outcomes. On the other hand, reliability in qualitative research includes very diverse paradigms, where the aspect itself is epistemologically counter-intuitive along with having a very difficult definition (Russell, 2014).

According to (Rhoads, 2016) Cronbach's Alpha test scores range between -1 and 1, with -1 signifying the least measure of reliability and 1 signifying the highest measure of reliability. Table 3.3 below summarizes results for the Cronbach's Alpha test.

Construct scale label	Cronbach Alpha
1. Sleep disorder	0.846
2. Stress and depression	0.894
3. Mental fatigue	0.805
4. Burnout	0.906
5. High blood pressure	0.900
6. Obesity	0.877
7. Drug (alcohol/tobacco) abuse	0.863
8. Musculoskeletal issues	0.905
9. Kidney problems	0.808
10. Heart problems/ heart problems	0.789
11. Eyesight and migraines	0.902
12. Knowledge and awareness of health/awareness programs	0.887

Table 3.3: Cronbach reliability test

Source: Authors' data.

For the current study, all twelve computed Cronbach alpha values are more than the desired threshold of 0.7. Data from the 122 respondents on the 12 variable constructs (sleep disorder; stress and depression; mental fatigue; burnout; high blood pressure; obesity; drug (alcohol/tobacco) abuse; musculoskeletal issues; kidney problems; heart problems/ heart problems; and eyesight and migraines, as well as the knowledge and awareness of health/awareness programs) have adequate variability. Henceforth, it can be generalized that the study respondents responded consistently within or across the items. Henceforth, we can conclude that there is internal consistency of the questionnaire responses, hence the questionnaire was deemed highly reliable.

3.9 DATA ANALYSIS

As was necessary, qualitative data were quantified for the purpose of enrichment with evidence and plausibility. In accordance with the research objectives for this study, the researcher packaged the findings of the study into the attached proposed outline, and it was subjected to a graphic design for eye-catching and easy to understand report. This study followed Tesch's (1990) open coding for data analysis. The eight steps of Tesch's approach of data analysis were used to organize the data systematically.

Phase	Activities related to the phase
1	The researcher read through all the transcripts and made notes when ideas came to mind. That was done to extract the meaning from the interview transcripts.
2	After reading the responses during the interviews repeatedly, the researcher identified main topics and themes that emanated from the interviews.
3	Descriptive wording was used to label the main and subtopics with the aim of identifying and noting those topics in the transcripts. Similar topics were grouped together and labelled under major topics, unique topics, and additional topics.
4	Codes were allocated to the topics, simply by abbreviating them and the researcher was also mindful of new major categories that could emerge. The researcher highlighted the topics by using a different colour for each category.
5	Related topics were grouped together. Data were reduced and organized into meaningful categories by means of a coding system and interpreted in reference to relationships that emerged from data reduction. That was done by creating major themes and subthemes with the purpose of grouping similar topics according to a particular theme.
6	At that stage, the researcher identified names for the categories / themes with the aim of organizing the coded data into meaningful phenomena as per <i>Table 4.2.2.1</i> .
7	The researcher listed the data that belonged to the same category to prepare the data for analysis as illustrated in <i>Table 4.2.2.1</i> .
8	The data were analysed according to the identified themes and subthemes. Recoding of data was done to formulate meaningful concepts within the framework and objectives of this study.

Table 3.4: Tesch's data analysis phases

Source: Author's field data (2021)

As for quantitative data, the Statistical Package for the Social Sciences (SPSS) version 22 was used to analyse the quantitative data regarding descriptive and inferential statistics. Descriptive statistics from the data including means and standard deviations were derived in SPSS. Multivariate analysis of variance (MANOVA) was done to test the nature of strength of association between implementation of employee wellness programs with prevalence of health conditions. Quantitative data were first cleaned, coded, and eventually analyzed. Data analysis refers to a process of working with the data to describe, discuss, interpret, evaluate, and explain the data in terms of research questions or hypotheses of a research project (Matthews & Ross, 2010). Quantitative data involved necessary statistical tests such as frequencies, or counts, percentages, ratio as well as measures of central tendency (means, median and modes). For easy presentation, quantitative data was further summarized into cross tabulation tables, graphs, and charts. Qualitative data followed the systematic approach outlined in the smart art in Figure 3.1 below:

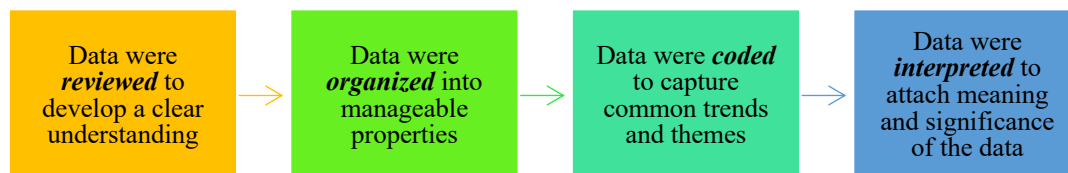


Figure 3.1: Systematic approach to qualitative data analysis (Matthews & Ross, 2010: page??)

3.10 RESEARCH ETHICS

It is a requirement that the researcher receives ethical clearance from the University of Namibia Ethics Research Committee to proceed with the proposed study. An application was filed accordingly. Once ethical permission had been granted the researcher approached the identified participants and obtained their consent to participate in the study (Mertens,

2016). Participation in the study was voluntary, and participants could withdraw whenever they wished to do so (Mertens, 2016). The researcher used pseudonyms to protect the individuals' anonymity (Creswell & Poth, 2017).

The researcher conducted five focus group at the selected companies. At each company six transport and logistic operators were purposively selected to participate in group discussions. This was also done while maintaining social distancing and complying with qualitative research COVID-19 protocols (Greeff, 2020). The relationship that existed between the line managers and the researcher was acknowledged, clarified, and understood by the participants prior to conducting the study. The researcher transcribed the audio recordings himself to ensure participant anonymity and confidentiality. Notes and records were secured in a lockable cabinet at home and electronic copies were password protected. Data will be stored for a period of five years in case the data is required for verification purposes in future. After five years, all hard copies of the data would be shredded, and all electronic copies and files would be permanently deleted from the computer. In addition, the data collected is only accessed by the researcher and his supervisor to guarantee confidentiality.

3.11 DATA PROTECTION

The researcher ensured the safekeeping of the audio recordings and written documents and notes relating to the interviews. The data was only accessible to the researcher. Furthermore, the researcher saved all electronic data on a memory stick that is protected by a password and written interview notes are kept in a lockable cabinet accessible only to the researcher. The researcher anticipates keeping the data for a maximum of five years after the completion of this thesis; after which the data will be destroyed by formatting of the memory stick and shredding of the hard copies.

3.12 CHAPTER SUMMARY

Chapter three focused on the mixed methods (qualitative and quantitative) the exploratory and descriptive nature of the research design and methodology used for the study. The population comprised of transport workers in different employment categories in Windhoek and Walvis Bay, who were able to speak either English as the preferred language or alternatively any of the local vernaculars being Afrikaans, Otjiherero or Oshiwambo. The researcher used a purposive sampling method to select the workplaces for data collection. Focus group interviews were used for data collection, while an interview guide and questionnaires were also used. Following permission from the respondents, the researcher voice recorded the interviews and took field notes. The data were analyzed using Tesch's open coding method of qualitative data analysis and the statistical package for social sciences software to analyse the data.

The researcher used four strategies to ensure trustworthiness, namely: credibility, transferability, dependability, and confirmability. The next chapter presents the data and results regarding the level of awareness of transport employees on the wellness programmes and frameworks, if any, their companies, the various health conditions that employees have, the impact of the COVID-19 pandemic on such health conditions and its livelihood effects on employees, as well as measures that ought to be put in place to address such effects on employees. The next chapter presents the results and discussions for the study.

CHAPTER 4: RESULTS AND DISCUSSIONS

4.1 INTRODUCTION

This chapter presents the data from the study and the interpretation and discussion thereof according to the study objectives. To ensure data saturation, a total of 30 transport workers and operators including long distance truck drivers, short distance drivers and bulk vehicle operators from five transport and logistics companies in Windhoek and Walvis Bay were interviewed. The data presented in this section includes the participants' demographics, findings on transport workers and operators, their level of awareness and knowledge of workplace wellness programmes, most prevalent health and wellness conditions affecting employees, and the impact of COVID-19 on workplace wellness programmes in the transport sector. This study adopted the exploratory sequential research design hence interviews were conducted first while questionnaires were distributed to corroborate the findings. The findings from the five (5) focus group interviews that were conducted with each group having six (6) participants are presented first followed by the presentation of quantitative results. The last section of this study discusses the study results in qualitative and quantitative phase. The findings presented are in line with the following research objectives:

- **Objective 1:** To determine the level of awareness and knowledge of health and wellness programmes amongst transport and logistics workers in Namibia.
- **Objective 2:** To investigate the most prevalent health and wellness conditions affecting employees within the transport and logistics sector.
- **Objective 3:** Evaluate the impact of COVID-19 on workplace wellness programmes on the transport and logistics companies in Namibia.

- **Objective 4:** To identify challenges in terms of respective transport and logistics company response strategies to health and wellness programmes.
- **Objective 5:** To recommend employee workplace wellness strategies that are effective and responsive to the current challenges faced by both transport and logistics companies and their employees.

4.2 QUALITATIVE FINDINGS

This section presents the qualitative results that were obtained from focus group interviews that were conducted with 30 transport workers and operators including long distance truck drivers, short distance drivers and bulk vehicle operators from transport and logistics companies. Focus group interviews were carried out with six employees from each of the five transport and logistics companies. It is from the aforesaid participants that the data collected are presented in the form of themes and sub-themes as identified in Table 4.1.

Table 4.1: Themes and sub-themes

Theme	Sub-themes
Awareness and knowledge of health and wellness programmes	<ul style="list-style-type: none"> • Health awareness and education programs • Medical aid insurance • Support groups for lifestyle adaptations • Health risk assessment and screening • Treatment and care support programmes.
Most prevalent health and wellness conditions affecting employees	<ul style="list-style-type: none"> • Musculoskeletal problems • Stress and depression • Hypertension and heart related problems • Migraine and eyesight related problems
Impact of COVID-19 on workplace wellness programmes	<ul style="list-style-type: none"> • Impacts of COVID-19 on transport workers and operators in Namibia • Increased risk of infection and loss of lives • Reduced operations and loss of income • Emotional stress, stigma, and discrimination • Exhaustion and fatigue • Limited access to proper health and wellness services • Change of social lifestyle • Cost implications
Challenges hampering company response strategies to health and wellness programmes	<ul style="list-style-type: none"> • Absence of a sectoral health and wellness policy framework • Inadequate consultations, collaboration, and coordination among stakeholders • Absence of national and regional coordinating bodies • Inadequate sensitization and awareness efforts about health and wellness programmes • Limited research and development efforts • Ineffective and limited health and wellness monitoring and evaluation systems • Absence of sectoral wellness sustainability fund
Strategies for employee workplace health and wellness.	<ul style="list-style-type: none"> • Health lifestyle • Training and information sharing • Health insurance and regular medical consultation • Emergency kits and training • Support groups • Digital tools

Source: Author's field data

4.2.1 Theme 1: Awareness and knowledge of health and wellness programmes

Research objective 1: To determine the level of awareness and knowledge of health and wellness programmes amongst transport and logistics workers in Namibia.

Participants revealed that health and wellness policies and programmes are indeed available in their companies. The health and wellness policies and programmes that were confirmed as available in the five transport and logistics companies include: health awareness and education programs; medical aid insurance; support groups for lifestyle adaptations; health risk assessment and screening; treatment and care support programmes. However, despite the availability of such policies and programmes, participants claimed that the implementation of such programmes were inhibited by the following challenges:

- Lack of resources, coordination, and cooperation among the stakeholders.
- Lack of information among foreign drivers regarding locations of wellness centres and other services for transport workers.
- Lack of consistency in the implementation of employee wellness activities, as well as lack of transparency and consultations on which and how health and wellness programmes are to be implemented to meet the actual needs of transport workers.
- Rigidity of the health care personnel.
- Limited psychosocial support systems towards transport workers and operators in dealing with psychosocial factors including mental health issues.
- Lack of standardized health and wellness protocols and guidelines regarding cross border operations.
- Lack of information and limited public education – need to be improved for transport workers to be aware of the locations of roadside wellness clinics and services available along the transport roads.

- Non-adherence to Ministry of Health and Social Services health policies and now even the set COVID-19 regulations due to high demand faced by the suppliers to deliver goods and services to the end users.
- Bureaucracy in government systems such as those associated with the clearance of goods which highlighted the urgent need for the electronic filing of goods to avoid the manual handling of documents which can become a health risk for transport workers.
- Delays in approving of health protocols such as rapid testing for both communicable and non-communicable diseases for transport workers to ensure seamless transportation of goods. Participants argued that if rapid testing services were made available and easily accessible by transport workers along the transport corridors, then the health seeking behavior amongst transport workers would improve significantly.

4.2.2 Theme 2: Prevalent health and wellness conditions affecting employees

Research objective 2: To investigate the most prevalent health and wellness conditions affecting employees at five transport and logistics sector.

The findings revealed that the transport workers and operators had varying perceptions with regard to prevalent health and wellness conditions affecting employees within the transport sector. The participants indicated that drivers spend long hours working and as a result, their health and wellness is negatively affected. The transport workers and operators indicated that the health and wellness of drivers is affected in the following ways (Table 4.2):

Table 4.2: Driver's prevalent health and wellness conditions

Emerging subtheme	Verbatim from focus groups
Musculoskeletal problems	<ul style="list-style-type: none"> • Lack of opportunity to exercise leads to back ache (Group 5). • Scarce physical activities resulting in swollen legs (Group 1). • Poor ergonomics reduces driver comfort increases accident rates (Group 2).
Stress and depression	<ul style="list-style-type: none"> • Long distance truck drivers experience lack of sleep due to extended isolation which leads to stress and mental health problems (Group 3). • Job strain owing to spending long shift hours driving resulting in fatigue and anxiety (Group 4). • Use of alcohol and illicit drugs to compensate for boredom results in unsafe behaviour on the road (Group 2).
Hypertension and heart related problems	<ul style="list-style-type: none"> • Lack of healthy food options increases chances of developing obesity, heart diseases and cardiometabolic diseases (Group 2). • Diagnosis of diabetes and cardiovascular disease (Group 3). • Having high cholesterol and high blood pressure (Group 1).
Migraine and eyesight related problems	<ul style="list-style-type: none"> • Paining eyes due to lack of sleep and focusing on the road for long periods (Group 2). • Spending long hours glaring at the road causes fatigue and severe strain to eyesight (Group 4). • Headache and painning eyes from wind blowing from vehicle windows (Group 3).

Source: Author's field data (2022)

From the extractions above it seems that transport workers and operators perceive that drivers are particularly affected by varying health and wellness conditions. The rich data above indicates that short and long-distance truck drivers were experiencing musculoskeletal problems from sitting for long hours. Hence, it was perceived as resulting in driver discomfort and high accident rates. In addition, fatigue, and poor eyesight related problems due to driving for long hours and spending long hours glaring at the road equally contributed to poor health of drivers. Lack of healthy dietary routines seems to be the leading cause of hypertension and heart related problems such as obesity, high blood pressure, high cholesterol, and heart disease, as well as cardiometabolic diseases. The participants also pointed out stress and depression as problems experienced by drivers due to sleep deprivation, boredom and job strain which may be a catalyst for alcohol and illicit drugs abuse.

4.2.3 Theme 3: Impact of COVID-19 on workplace wellness programmes

Research objective 3: Evaluate the impact of COVID-19 on workplace wellness programmes on the transport and logistics companies in Namibia.

Many countries if not the entire world were forced by the COVID-19 situation to introduce precautionary measures such as closing of borders, national lockdowns, isolations for those infected by Covid-19, and quarantines to control the spread of this deadly infectious virus. However, due to the essentiality of services provided by the sector, transport workers and operators, especially long-distance truck drivers have been allowed to some extent to continue providing services and goods by travelling through different towns and countries to ensure the delivery of those goods and services amidst the brutal periods of the pandemic. This section therefore, presents the outcome of the interviews with the transport workers and operators from five transport and logistics companies based in Walvis Bay and

Windhoek, with regards to how the COVID-19 outbreak affected their workplace wellness programmes and operations.

4.2.4.1 Increased risk of infection and loss of lives

The outbreak of COVID-19 increased the risk of infection for the transport workers and operators to the virus as well as the risk of further transmitting the virus to their respective families when they go back home. Transport workers and operators explained that due to the nature of their work, which in itself, is demanding and so essential that it could not be halted, many of them got infected and in turn infected their family members. Most transport workers and operators interviewed indicated that they lost family members, colleagues, supervisors, friends, and or neighbors due to Covid-19. They also explained that their companies were badly affected in term of human and financial resources, while in some cases, members of their management team died due to COVID-19. Additionally, transport workers and operators explained the loss of lives of their family members whom they assume were infected due to the nature of their work, and which eventually resulted in them taking over increasing family responsibilities.

4.2.4.2 Reduced operations and loss of income

The enforcement of measures to combat the spread of COVID-19 resulted in most companies experiencing reduced business operations, which in turn forced companies to reduce working time. To this end, the study revealed that most transport workers and operators working in the private sector are paid per hour and or according to the number of trips or distance covered. Consequently, most transport workers and operators in the private sector indicated that they suffered salary cuts due to reduced working time. Transport workers and operators explained that in some cases, the number of workers had been

reduced while the workload of those who remained on the job increased but without any extra compensation due to reduced financial resources.

Some of the transport workers and operators interviewed also claimed that they were retrenched by their previous employers because companies were unable to pay for their salaries during reduced operations due to the strict measures aimed controlling the spread of COVID-19. They further explained that due to limited operational areas, companies panicked and were forced by the situation to introduce numerous changes, some of which workers deemed it unnecessary as they merely resulted in loss of work.

Another cause of reduced or loss of income as explained was the mandatory isolation of transport workers and operators due to infection or quarantine post infection or exposure to Covid-19. Transport workers and operators explained that in some cases, they had to be in isolation for longer periods of between 15 days and 3 months and during that time they would be without work and an income. They argued that their companies also suffered losses, because once a truck driver tests positive, such driver must be sent back to the depot, and in that way, petrol and other related expenditures is wasted.

The loss of income due to reduced operating time, however seemed different for transport workers and operators employed in the public sector as participants from that sector indicated that they were at least afforded opportunities to work in shifts and have not necessarily experienced reduced salaries. Even when they had to be away from work due to quarantine or isolation, transport workers and operators in the public sector explained that they were not subjected to reduced salary apart from loss of opportunity to work overtime.

4.2.4.3 Emotional stress, stigma, and discrimination

Specifically, for this study, transport workers and operators explained that they experienced too many losses of lives and sickness all over the industry and at family level. They further explained that some of them and or their colleagues were hospitalized for over a month, a situation which traumatized them to the extent that they felt anxious and depressed. Transport workers and operators also explained that the whole situation instilled fear among them due to uncertainty especially in terms of job security as they did not know what the future holds for them, which was further aggravated by uncertainties about when Covid-19 would come to an end. Moreover, transport workers and operators argued that mandatory quarantine which in most cases was done away from their families, caused them and their families stress as they did not know what to expect in terms of their health as well as the future of their employment.

The high number of transport workers and operators working in the private sector, mandatory quarantines, and isolation meant reduced working period and reduced ability to meet own and family needs which emotionally drained them. They claimed that some companies restricted their workers from interacting with community members including their family members due to fears of transmitting the infection among the workforce, and as a result some transport workers and operators ended up not attending important family events such as funerals of their close family members and relatives which caused frustrations and stress.

Additionally, transport workers and operators noted that the nature of their work which is mobile and exposing them to different environments, caused them to be discriminated against. They explained that the society and especially neighbors discriminated them and their families because transport workers, particularly long-distance truck drivers were

deemed to be more prone to getting infected with COVID-19. They claimed that in most situation they were completely isolated and badly treated everywhere we go, even by their colleagues as they were considered as super spreaders of COVID-19.

4.2.4.4 Exhaustion and fatigue

Transport workers and operators explained that they experienced delays when crossing borders, because they had to wait for up to 3-4 hours before they get their COVID-19 test results, and only then where they allowed to proceed to their next destination. This, they explained that it delayed their work and while waiting to get permission to proceed, they suffered exhaustion. In some cases, the delays at the borders forced long distance truck drivers to overnight at roadblocks because by the time they arrived at the border, it was already curfew hours which prevented them from driving any further. Truck drivers also claimed that due to rigidity of some officials manning the roadblocks, they had to be kept at the roadblocks for many hours even when they had permits to travel during curfew hours as essential service providers. In other cases, truck drivers arrived late in a town with no access to public transport to take them home, therefore, most of the time they had to sleep in their trucks, which in some cases is not comfortable especially considering the long distances they have already travelled.

Furthermore, transport workers and operators explained that at the beginning of the implementation of curfew hours, there was not enough time for them to deliver goods and as such, some drivers had to always rush when driving to avoid curfew. The main reason was to ensure that they would cover a certain number of kilometers in order to avoid getting a reduced salary at the end of the month. To this end, transport workers explained that as part of their duties, they were not only exposed to the risk of infection but also to the risk of engaging in road accidents.

4.2.4.5 Limited access to proper health and wellness services

Transport workers and operators expressed that accessing services such as decent accommodation or health services in some towns after curfew was a problem. In their views, accessing services was a challenge because even though they travelled long distances, they were not allowed to proceed towards their destinations but forced to sleep on the side of the road and in some cases, some drivers needed medical services as they themselves also got infected with Covid-19 while on the road. They further, argued that designated rest stops were also closed meaning that transport workers had to spend long hours at border points waiting for curfew hours to end and spending long hours behind the wheel. Even though some participants admitted that there was a need to implement curfew hours claiming that it is actually during such hours that some people engage in activities that lead to infections, such as the use of alcohol. They could however not understand why curfew hours should have been applied to people who were travelling long distances as they presented minimal risk.

4.2.4.6 Change of social lifestyle

In addition to the effects of COVID-19 on business operations, the implementation of associated regulations generally affected the way of life, hence the phrase “*the new normal*”. Transport workers and operators explained that due to curfew hours and lockdown, there was less time to interact with friends, family members and relatives. They also explained that time for entertainment and to release stress from work was forcefully reduced by the implementation of COVID-19 regulations. Moreover, transport workers and operators claimed that the outbreak of COVID-19 has affected their families, especially in terms of education of their children and the ability to provide for their households needs. They claimed that the situation was so bad to the extent that sometimes they find it difficult

to visit their own homes because they had nothing to offer to their family members who in most cases depended on them for sustenance. In isolated cases, transport workers and operators also argued that the situation became worse to the extent that it resulted in family disintegration as family members lost hope on their breadwinners.

4.2.4.7 Cost implications

The implementation of regulations such as wearing of masks, sanitation, mandatory quarantine, and isolation resulted in additional procurement expenditures to the transport workers and operators. Transport workers and operators stated that they had to frequently buy masks as some of their employers did not provide them with enough masks and in some cases no provision of such at all. They further claimed that in some cases they had to pay for COVID-19 tests out of their own pockets in order to allow them to present them at the cross border site and be allowed to cross the border.

Officials from the transport and logistics companies also confirmed that the sector was affected by the implementation of most of the regulations in numerous ways. They claimed that the closing of borders to contain the spread of the virus disrupted services and in turn induced reduced business operations. Officials explained that their companies experienced delays in service delivery because of the delays in testing procedures. They argued that some of the delays were caused by testing equipment failure which takes time to provide results as well as delays of testing kits from other sites. In this regard, officials observed that the implementation of COVID-19 measures interrupted the operations and workflow of many transport and logistics companies.

4.2.4 Theme 4: Challenges hampering company response strategies to health and wellness programmes

Research objective 4: To identify challenges in terms of respective transport and logistics company response strategies to health and wellness programmes.

The significant and destabilizing impact of various health and wellness conditions has and will continue to have on the transport and logistics sector provides a unique opportunity to reconfigure transport wellness policy frameworks and practice. For instance, prior to the COVID-19 pandemic, much of the emphasis was on ‘top-down’ Transport Demand Management, Smart Mobility, Intelligent Transport and Mobility Management approaches to transport policy. Hence this section outlines operational and policy gaps observed in addressing health and wellness challenges in the transport and logistics sector which guides in formulating strategies to be put in place.

4.2.4.1 Absence of a sectoral health and wellness policy framework

Participants noted the absence of a sectoral health and wellness policy framework to guide the health and wellness response within the transport and logistics sector. In the views of the officials and KIs, transport workers and operators are valuable assets for the sector, hence, a sectoral health and wellness policy would be very helpful in guiding the sector in terms of strategies to be implemented to ensure sustainable health outcomes for the transport workers. Moreover, participants argued that when pandemics occur, the transport industry is always the first to be blamed for facilitating such pandemics, especially due to the movement of people.

Therefore, it would be helpful for all transport and logistics companies to have strategies such as disaster risk management plans in place. To effectively respond to the disasters as

they occur, participants proposed that transport and logistics companies should dedicate some financial and human resources to the plan. As part of preparedness, the transport and logistics sector is urged to have medical aid cover for its employees and a human resource plan in place to ensure no shortage or absenteeism of staff due to sick leave. As for the current pandemic, participants were of the view that companies should draw up preparedness and resurgence plans that speak to their operations to mitigate the possible reoccurrence of the same or similar future pandemics and ensure business continuity. In the same vein, participants suggested that transport and logistics companies should focus on resilience strategies and to reshape themselves to enable it to respond better to various sectoral health and wellness conditions.

4.2.4.2 Inadequate consultations, collaboration, and coordination among stakeholders

Participants highlighted the existence poor coordination and collaboration between the government agencies, transport, and logistics sector as well as regional peer institutions such as the SADC Secretariat in dealing with the COVID-19 was adversely impacting the health and wellness of employees. They further noted that there is need for all relevant stakeholders to come on board and deal with social and health issues that are facing the sector. Participants particularly listed MWT, MoHSS, Ministry of Finance (MoF) Ministry of Industrialization and Trade (MIT) as key stakeholders to support and strengthen the transport and logistics sector. Furthermore, participants listed the WBCG, Namibian Employers Federation (NEF) Namibia Chambers of Commerce and Industry (NCCI) as well as trade unions as some of the other important stakeholders which should come together to support the sector.

In addition, participants suggested that customs administrations around the world should play a big role to ensure the preparedness of transport and logistics in addressing the impact of health and wellness on their businesses and the general movement of goods.

Participants stated that more collaborations and evidence-based strategies based on understanding of the transport and logistics operations are needed. For example, MoHSS should collaborate with other government agencies serving at the ports of entry to share any health and wellness related strategies and policy guidelines with relevant employers. In doing that, participants claimed that this would enable transport and logistic sector to ensure that staff are aware of the protocols to be followed in case of potential infection and the support they can expect from the administration.

Furthermore, participants argued that regular information dissemination on health and general wellness is needed to give feedback to stakeholders on the status of health-related matters affecting the sector for them to plan properly. They were however, of the view that better communication and improved engagements can only be secured if all stakeholders are consulted and involved. Participants stressed the need for wider and transparent consultations with key industry stakeholders such as transport and logistics companies, line Ministries, development partners and any other relevant stakeholders. Thus, the MoHSS should find ways to coordinate with various organisations to provide the necessary medical resources needed to develop effective health and wellness programmes within the transport and logistics sector.

Participants also added that, views of key staff such as truck drivers and logistic officers should be accommodated on how to improve the health and wellness issues within the sector. In this regard, participants suggested that employers should work hand in hand with their employees, trade unions and the government to agree to sign agreement that would

ensure that all employees are regularly provided with health and wellness services at their respective workplaces and if possible that participation in these services be made compulsory for all employees.

Participants were also of the suggestion that requirements for COVID-19 PCR negative results should be abolished for fully vaccinated drivers to allow seamless movement across the borders in the SADC region. With that said, participants further suggested that fully vaccinated people should just carry their vaccination cards or certificates to ease access for them when they pass the borders. Participants argued that such a move would motivate many transport workers and frequent travelers to get vaccinated as it would reduce the frequency of them getting tested. In this regard, participants further proposed that these vaccination services be made available at their respective workplaces.

4.2.4.3 Absence of national and regional coordinating bodies

Participants argued that while a national workplace wellness policy is a good idea, individual circumstances of member states should still be considered, and that SADC should play a significant role in harmonizing health and wellness programmes within the region. To this end, participants suggested that a regional health task force of all members states should be established to ensure that all health protocols in the regional are harmonized while at the same time oversee the implementation of such protocols. Participants motivated that the establishment of the protocol and a coordinating mechanism will strengthen the region to create more business and wealth for all member states, with one of the respondents stating that: *“This is a good idea, but my view is that regional protocols of this nature often do not consider the specific circumstances of individual member states”* (Group 3, Participant 2).

Likewise, participants expressed the need for a coordinating body to be established in order to devise a monitoring, evaluation, and reporting mechanism with a capability of disseminating real-time information to relevant stakeholders. Participants claimed that such a mechanism will help member states to improve trade, service delivery to the regional communities and reduce the negative impact the pandemic and other health issues had on the economy.

4.2.4.4 Inadequate sensitization and awareness efforts about health and wellness programmes

Participants noted that more sensitization and awareness raising efforts are needed to make sure people are fully aware of the various health and wellness conditions and their respective implications on individuals and the broader sector. At the same time, all the necessary support should be given to the transport workers and operators to access relevant health and wellness services such as biomedical wellness screening and testing services as well as vaccination for common diseases from the workplace setting and along the transport corridors through roadside wellness clinics. In the same vein, participants were of the views that aggressive dissemination of information in all local languages to educate not only transport workers and operators but also the community they interact with on the danger of deadly conditions such as HIV/AIDS, high blood pressure, cholesterol, diabetes, and COVID-19 is of utmost importance. In their view, such a move will assist in ensuring that health regulations/protocol are adhered to.

Moreover, aggressive campaigns should be carried out to provide factual and real-time information on a continuous basis through different appropriate modes of communication. This campaign should target among others, dismissing misinformation among different target groups and to improve community trust to take up services at all levels. For effective

responses and buy-in from the lay-person where people find themselves, such education should be done through community gatekeepers such as shop stewards, traditional, community, church, and political leaders.

In addition, participants reckoned that the nature of transportation work facilitates the movement of various infections from one place to the other. However, that should not end in discrimination of transport workers and operators, because they are providing essential services amidst difficult conditions such as COVID-19 and HIV/AIDS. Instead, participants suggested that public education is needed about the role of the transport industry in the socioeconomic development of any country and therefore transport workers and operators should not be discriminated or stigmatized by carrying out essential duties. Looking into the future, participants argued that the focus should not only be on educating the sector about the importance of personal hygiene and safety protocols, but also put in place measures to sustainably respond to other emerging medical conditions and ensuring that transport workers and operators are well taken care of both physically and emotionally because they are the key personnel in the industry when it comes to the movement of goods and people.

4.2.4.5 Limited research and development efforts

Participants noted that the pandemic demonstrated that minimal physical inspections, digitalization of the clearance of goods and the expedition of critical goods was required in order to minimize the negative impact of HIV/AIDS, high blood pressure, cholesterol, diabetes and COVID-19 on trade facilitation. The study however noted that despite the accelerated importance of technology in facilitating the way workplace and corridor based health and wellness programmes are implemented, there seem to be a slow implementation of proven and digitalized systems, hence initiatives such as the CTMS and the PanaBIOS

Trusted Travel System set up by Government and multilateral institutions to expedite cross border movement on the corridors without risking the health of transport operators is of utmost importance. Participants further noted limited engagement on research and innovations to find better ways of dealing with the adverse effects of various health and wellness related issues. In this connection, participants also highlighted dependency on outside world on critical health supplies and information which has so far just created misinformation and mistrust. In this regard, participants indicated that embracing technology should help to produce data that can help enhance strategies and respond more efficiently to various health related emergencies.

4.2.4.6 Ineffective and limited health and wellness monitoring and evaluation systems

Participants solidly expressed that as a sector and broader nation, programmes surveillance systems were not effective and robust enough to meet the challenges posed by various health and wellness conditions, which also include but not limited to health facilities and infrastructure as well as human resources capacities in terms of number of personnel with the relevant medical technical expertise. Participants, therefore, urged the Government in partnership with the private sector and development partners to develop strategies that are aligned to the current medical challenges faced by the sector.

Participants further proposed that the establishment of truck ports, and inland hubs should be prioritized and expedited to ensure that transport workers have good facilities where they can obtain medical services and or rest while on the road. Hence, participants urged that such facilities should provide decent stop over facilities to ensure transport workers, especially long-distance truck drivers get rest at dignified rest stops with the necessary health and prevention services available for their access whilst resting. Stakeholders should also take advantage of such truck ports and or resting facilities to provide health and

wellness. This, they claimed, can only take place if stakeholders invest in infrastructure to ensure efficient services are sustainably provided.

4.2.4.7 Absence of sectoral wellness sustainability fund

Considering all the challenges that are experienced by the transport and logistics sector, such as the lack of effective wellness programmes and inadequate investments, reduction in operation which affects revenues, business closure and job losses, participants suggested that a sectoral sustainability fund should be established. According to the participants, such a fund could support and protect transport and logistics businesses from the potential vulnerabilities brought about by various health and wellness conditions and any other pandemic which may emerge as it can be modelled around the concept of a medical aid scheme. Participants further suggested that such a fund can be established and sustained with contributions from transport operators and through statutory revenue collection, such as, the Namibia Transport and Allied Workers Union (NTAWU) Namibian Traffic Information System (NATIS) Road Fund Administration as well as Namibian Revenue Agency (NamRA).

4.2.5 Theme 5: Strategies for employee workplace health and wellness

Objective 5: To recommend employee workplace wellness strategies that are effective and responsive to the current challenges faced by both transport and logistics companies and their employees.

To address the above indicated fifth objective of this study, the following subthemes emerged from the analysis of the verbatim from focus group interview. Table 4.3 summarized the results on the strategies that were recommended by participant as necessary for improving the health and wellness of employees in transport and logistics companies.

Table 4.3: Strategies for improving employee health and wellness

Emerging subtheme	Verbatim from focus groups
Healthy lifestyle	<ul style="list-style-type: none"> • Health coaching drivers to give them knowledge on healthy nutrition, exercises and positive life style (Group 3). • The setting up of fitness clubs and workplace gym to encourage employees to engage in physical exercises (Group 1).
Training and information sharing	<ul style="list-style-type: none"> • Training health and safety officers along with all workers on issues related to health, wellness and safety (Group 4). • Conducting regular health and well meeting to develop and improve ideas (Group 2, Group 4).
Health insurance and regular medical consultation	<ul style="list-style-type: none"> • Regular physical examination of drivers by a physician or doctor (Group 5). • Partnering with health insurance companies to provide employees with affordable medical aid (Group 2).
Emergency kits and training	<ul style="list-style-type: none"> • Providing employees with first aid training and health education programs (Group 1).

	<ul style="list-style-type: none"> • Prioritizing the provision of first aid kit to drivers and training them basic emergency attendance skills (Group 2).
Support groups Digital tools	<ul style="list-style-type: none"> • Establishing support groups for helping employees with chronic disease such as diabetes, obesity or heart disease (Group 4). • Use of online tools to monitor and analyse progress of health and well programs (Group 2).

Source: Author's field data (2022)

From the above summarized verbatim, it is evident that participants perceive that transport and logistic companies can improve the health of employees by encouraging them to live healthy lifestyles through the provision of workplace exercise facilities (gym) and coaching employees on adopting healthy dietary routines. The findings also indicated that employers can also train their workers and conduct regular meetings to provide them with information related to health and wellness and the positive or negative impact thereof. It was also mentioned that companies need to consider collaborations with health insurance companies to provide their staff with affordable medical aid schemes. Furthermore, it was suggested that companies must provide emergency first aid kits and train their employees on how to attend to emergency situations within the workplace. Finally, the study recommends for the establishment of support groups to help employees with chronic diseases such as HIV/AIDS, high blood pressure, diabetes, obesity or heart diseases and others, as well as the use of online tools to monitor their health status and progress, develop and improve ideas.

4.3 QUANTITATIVE DATA FINDINGS

This section presents the quantitative research findings. Data were gathered using a questionnaire that was administered to transport workers and operators from five transport and logistics companies. Pictographs, frequencies, and percentages were used for the analysis presentation descriptive data. Multi-linear regression was used to conduct inferential statistics analysis for testing the association between variables and confirm hypothesis.

4.3.1 Awareness and knowledge of health and wellness programmes

To address the first purpose of this study, the researcher probed for respondents' opinion as their awareness of health and awareness at their respective companies. The results on the level of awareness of health and wellness policies and programmes are summarized in Figure 4.1 below:

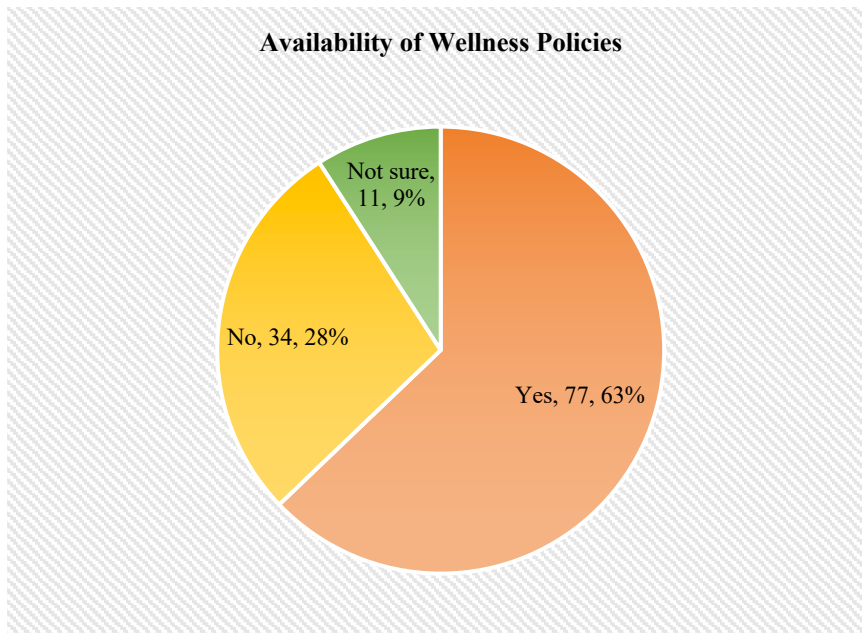


Figure 4.1: Knowledge/awareness available of wellness policies: Author's field data

As indicated in *Figure 4.3.2.1* above, majority (63%) of the transport workers and operators, indicated that their companies have employee wellness policies in place while a paltry (9%) were not sure whether such policies existed. Whereas 28% of the respondents indicated that their companies did not have employee wellness policy in place.

4.3.2 Prevalent health and wellness conditions

This section presents quantitative results which address the second purpose of this study, in particular to determine the most prevalent health and wellness conditions affecting employees at five transport and logistics companies in Windhoek and Walvis Bay. The results emanate from the analysis of the data that were gathered from 122 questionnaire respondents from five transport and logistics companies in Windhoek and Walvis Bay. Figure 4.2 below illustrates the distribution of the 122 respondents’ opinion with regards to the impact of COVID-19 on workplace wellness programmes on the transport sector.

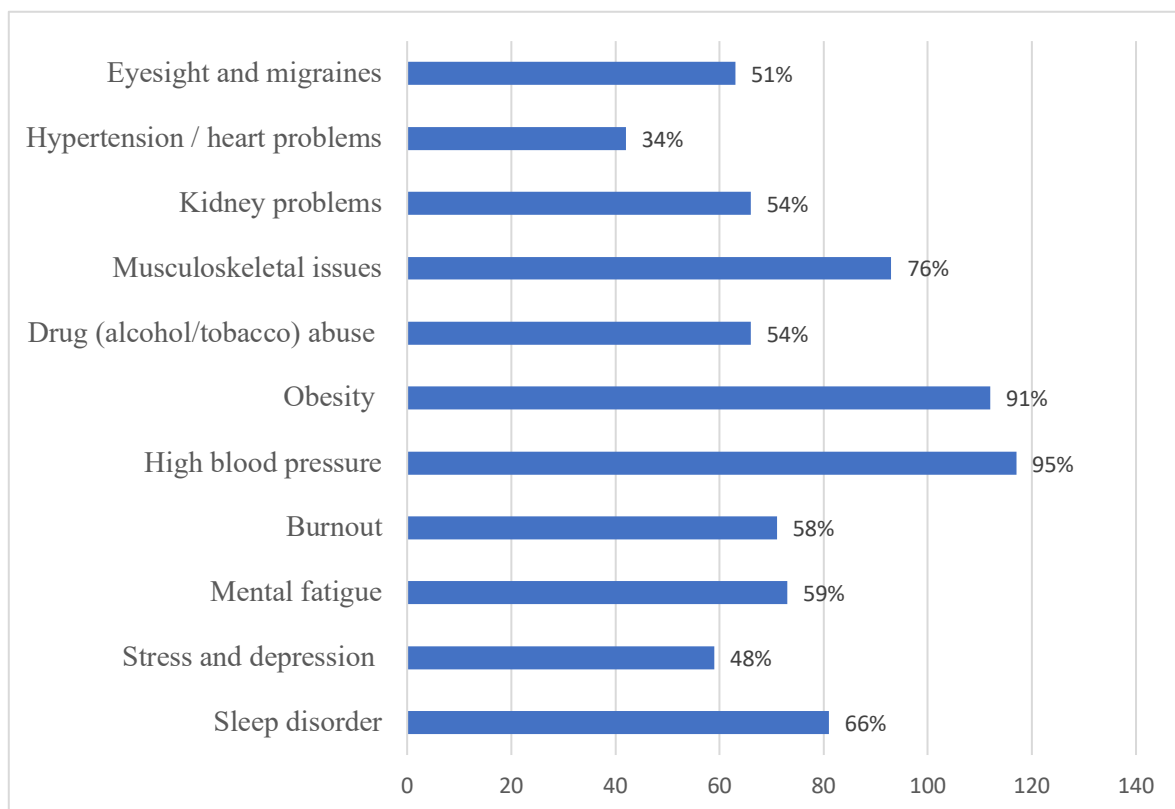


Figure 4.2: Prevalent health and wellness conditions: Author's field data (2022)

With respect to the prevalent health and wellness conditions among transport workers and operators, the study divulged that 51% of the respondents perceive that eyesight and migraines were common problems (see Figure 4.6 above). It was further indicated that 34% of the respondents indicated that they hypertension and heart, while 54% had kidney related problems. Interestingly, a large proportion (76%) of the respondents indicated that they have experienced musculoskeletal issues, obesity (91%), and high blood pressure (95%) as well as sleep disorder (66%). In addition, the study found out that they experienced health and wellness issues related to drug abuse (alcohol or tobacco) (54%), burnout (58%), mental fatigue (59%), stress and depression (48%) owing to their line of work in their respective transport and logistics companies.

4.3.3 Challenges hampering company response strategies to health and wellness programmes

This section addresses the fourth purpose of this study. The study respondents were asked to rank their opinion on a Likert scale with regards to the challenges they perceived as hampering the effective implementation of health and wellness programs in their companies. The responses from the study participants are illustrated in Table 4.4 below:

Table 4.4: Challenges related to company response strategies to health and wellness programmes

Statement	Mean	Std. Deviation
1. The company's health and wellness program is well funded.	1.94	1.076
2. Time constraints/long shift of work makes it difficult to enroll in health and wellness programs.	3.76	1.439
3. I am not interested in health and wellness programs.	1.68	0.879
4. I am aware of health and wellness programs at my company.	2.74	1.647
5. The company has adequate health and wellness programs.	1.71	0.891

N = 122

Source: Author's field data (2022)

From the results presented in Table 4.4 above, it is evident that 122 respondents completely answered the questionnaire part on the challenges related to company's response strategies to health and wellness programmes.

The statements were presented on the questionnaire with five-point Likert answer slots (Strongly disagree = 1, strongly agree = 5). All the statements have standard deviation values which are close to one reflecting that values in the statistical data set are on average close to the mean.

In the first statement, the mean score is ($M = 1.94$, $SD = 1.076$) indicating that the respondents perceive that their company's health and wellness program were not well funded. A high mean score was recorded on the second statement ($M = 3.76$, $SD = 1.439$) indicating that most of the respondents were having the perception that time constraints or long shift of work makes were making it difficult for them to enroll in health and wellness programs. A low mean score was recorded on the third statement ($M = 1.68$, $SD = 0.879$), indicating that the respondents were rather interested in the health and wellness programs that were being implemented at their respective companies.

A low mean score ($M = 2.74$, $SD = 1.647$) was recorded on the statement relating to the respondents' knowledge relating to awareness of health and awareness programs in their respective organisations. Thus, indicating that majority of the respondents were not well informed of the health and wellness programs in their respective companies. The fifth statement had a mean of ($M = 1.71$, $SD = 0.891$), as such reflecting that majority of the respondents were in disagreement that their organisations were having adequate health and wellness programs.

4.3.4 Impact of COVID-19 on workplace wellness programmes

This section addresses the third purpose of the study, which was aimed at evaluating the impact of COVID-19 on workplace wellness programmes on the transport and logistics companies in Windhoek and Walvis Bay. Figure 4.3.5.1 summarizes the questionnaire results on the impact of COVID-19 on health and wellness programs.

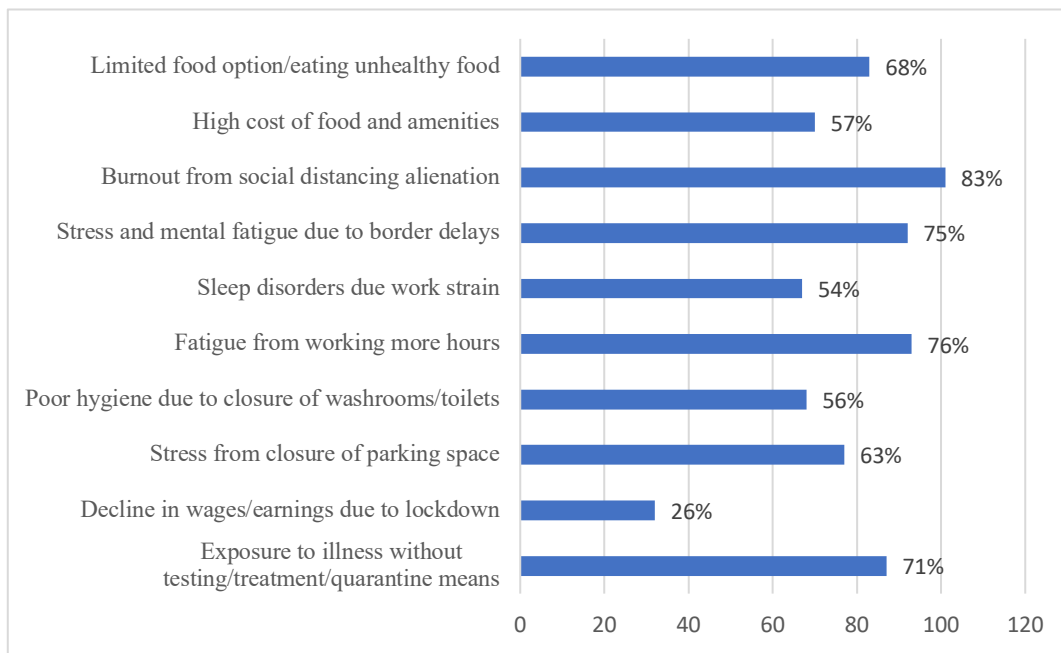


Figure 4.3.5.1: Service providers accessed, Source: Author's field data (2022)

With regard to the distribution of opinion with regard to how the pandemic affected employees in their roles as transport workers and operators. Most of respond respondents (83%) indicated that they experienced work burnout due to social distancing burnout. The second highest prescribed effect of COVID-19 was reported as employee fatigue from working for more hours, with a percentage of 76 percent of the respondents respectively. Majority of the respondents (71%) indicated that COVID-19 exposed them to illness without any means for testing, treatment or quarantine means. The respondents indicated that they experienced problems related to eating unhealthy food (68%), high cost of food and amenities (57%), as well as poor hygiene owing to closure of toilets during the lockdown period (56%). Only a paltry (26%) of the respondents confirmed that they experienced decline in wages or earnings due to lockdown restrictions. Whereas, the majority of the respondents confirmed that they experienced stress owing to closure of parking space (63%) and sleeping disorders due work strain (54%), as well as stress and mental fatigue from border delay (75%).

4.3.5 Strategies for employee workplace health and wellness

The fifth purpose of this study was aimed at evaluating and recommending employee workplace wellness strategies that are effective and responsive to the current challenges faced by both the companies and their employees. In this respect, this section presents quantitative results from the analysis of the questionnaire that was administered to 122 respondents from the respective from five transport and logistics companies in Windhoek and Walvis Bay. Table 4.6 below illustrates the results on the strategies that can be adopted by organisations to ensure employee workplace health and wellness:

Table 4.6: Employee workplace health and wellness strategies

Statement	Mean	Std. Deviation
1. The company should support me to get sufficient rest and sleep.	3.17	0.953
2. The company should set flexible working shift for employees.	3.06	1.019
3. The company should promote health and wellness awareness initiatives.	3.29	0.922
4. The company should set up initiatives to monitor my health and wellness condition.	2.83	1.136
5. The company should provide me with affordable medical aid cover.	3.10	0.905
6. The company should provide me with training health and wellness related issues.	4.06	1.426

N = 122 Source: Author's field data

Table 4.6 shows that in the five transport and logistics companies in Windhoek and Walvis Bay majority of the respondents (transport workers and operators) felt that companies should support drivers to get enough sleep and rest as indicated by a mean of 3.17 respectively. Another portion with mean of 3.06 felt companies should set flexible working shifts for their employees, the promotion of health and wellness awareness initiatives with a mean 3.29 of strongly agreed by the respondents. This is followed by a mean of 2.83 on the statement related to the setting up of employee health and wellness monitoring initiatives. This mean indicates that the respondent was not in favour with the initiative of setting up initiatives to monitor health and wellness conditions of employees. Surprisingly, a most ($M = 3.10$, $SD = 0.905$) of the respondents were in agreement with the fifth statement that their companies must provide transport workers and operators with affordable medical aid cover. The majority of the respondents ($M = 4.06$, $SD = 1.426$) felt that their companies should provide employees with training on health and wellness related issues.

4.3.6 Inferential statistics results

MANOVA was done to test the nature of strength of association between implementation of wellness programs with prevalent of health conditions. MANOVA test is used to test for associations when there are more than one dependent variables, which are related in some way (Pallant, 2016). Correspondingly, in the questionnaire respondents identified multiple prevalent health and wellness condition that were tested for dependence with knowledge and awareness of health and awareness programmes in the respective companies where the respondents are employed. The MANOVA test was computed using statistical analysis software (SPSS 26). The analysis was done taking into account that the prevalence of a health conditions can only take two numerical values that is a 0 if not present and 1 if present. The multivariate results are presented in Table 4.7 below:

Null hypothesis (H₁): *The prevalence of health and wellness condition is associated with knowledge and awareness of available health/awareness programs.*

4.7 Multivariate Tests

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.955	212.157 ^b	11.000	109.000	.000
	Wilks' Lambda	.045	212.157 ^b	11.000	109.000	.000
	Hotelling's Trace	21.410	212.157 ^b	11.000	109.000	.000
	Roy's Largest Root	21.410	212.157 ^b	11.000	109.000	.000
Prevalence of condition* Knowledge of health/awareness program	Pillai's Trace	.233	1.316	22.000	220.000	.005
	Wilks' Lambda	.781	1.304 ^b	22.000	218.000	.004
	Hotelling's Trace	.263	1.292	22.000	216.000	.004
	Roy's Largest Root	.138	1.384 ^c	11.000	110.000	.001

SPSS output data (2022)

As highlighted in Table 4.7 above, the multivariate results for Pillai's Trace, Wilks' Lambda, Hotelling's Trace and Roy's Largest provided a statistical significance value (i.e p-value). The most used and recommended multivariate statistic, Wilk's Lambda (λ) (Hair, Black, Babin, & Anderson, 2019). This statistic is 0.04 (p-value < 0.05) meaning

that there is a statistically significant interaction effect between the dependent and independent variables. The intervention of knowledge and awareness programmes were not the same amongst the respondents. Being as such, one can conclude that the knowledge and awareness of the available health and wellness program at the five companies was having an effect on the prevalence of health and wellness conditions.

Table 4.8: Multiple Comparisons

Dependent Variable	Knowledge/awareness available of wellness policies	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Sleep disorder	Not Sure	.636	.143	.352	.920
	No	.588	.082	.427	.750
	Yes	.701	.054	.594	.809
Stress and depression	Not Sure	.545	.152	.244	.847
	No	.441	.087	.270	.613
	Yes	.494	.058	.380	.607
Mental fatigue	Not Sure	.545	.150	.249	.842
	No	.529	.085	.361	.698
	Yes	.623	.057	.511	.735
Burnout	Not Sure	.636	.144	.350	.922
	No	.794	.082	.631	.957
	Yes	.481	.055	.372	.589
High blood pressure	Not Sure	.909	.066	.779	1.039
	No	.971	.037	.896	1.045
	Yes	.948	.025	.899	.997
Obesity	Not Sure	1.000	.087	.828	1.172
	No	.882	.049	.784	.980
	Yes	.909	.033	.844	.974
Drug (alcohol/tobacco) abuse	Not Sure	.545	.152	.244	.847
	No	.529	.087	.358	.701
	Yes	.545	.057	.432	.659
Musculoskeletal issues	Not Sure	.727	.129	.471	.984
	No	.824	.049	.678	.969
	Yes	.740	.074	.643	.837
Kidney problems	Not Sure	.818	.150	.522	1.115
	No	.500	.085	.331	.669
	Yes	.519	.057	.407	.632
Hypertension/Heart problems	Not Sure	.636	.144	.351	.921
	No	.382	.082	.220	.544
	Yes	.312	.054	.204	.419
Eyesight and migraines	Not Sure	.818	.150	.522	1.114
	No	.500	.085	.331	.669
	Yes	.468	.057	.356	.580

SPSS output data (2022)

A one-way between-groups multivariate analysis of variance was performed to investigate prevalence of health and wellness conditions association with lack of knowledge and awareness of health/awareness programs. Eleven dependent variables were used: mental fatigue; burnout; high blood pressure; obesity; drug (alcohol/tobacco) abuse; musculoskeletal issues; kidney problems; heart problems/ heart problems; and eyesight and migraines. The independent variable was lack of knowledge and awareness of health and awareness of health programs. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance covariance matrices, and multicollinearity, with no serious violations noted. There was statistically significant difference among the combined dependent variable scale (not sure, no and yes), $F(0.233) = 1.32$, $\rho = 0.162$; Wilks' Lambda = 0.004; partial eta squared = 0.0116.

The results for were tested separately in MANOVA through multiple comparisons. This enabled the researcher to determine whether there was association between employees lack of knowledge of health/wellness programs with the prevalence of health and wellness conditions. The respondents without knowledge and awareness of knowledge respondent in the questionnaire by selecting 'no' among the scale values given in the questionnaire. As indicted in Table 4.8 above, respondent without knowledge and awareness of health/well programs were associated with the prevalence of High blood pressure ($\rho = .037$), obesity ($\rho = .049$), and Musculoskeletal issues ($\rho = .049$). These values are less than p- value (< 0.05). Hence this shows that mean differences are present. This shows that transport workers and operators without knowledge and awareness of health/wellness are likely to be at risk of having health problems related to high blood pressure, obesity and

musculoskeletal issues. These results can be used by transport managers to implement health and wellness programs targeted at these health conditions.

4.4 DISCUSSION OF RESULTS

This section presents a discussion of the results of the study. The study was aimed at determining the effectiveness of employee health and wellness programmes in transport and logistics companies in Windhoek and Walvis Bay. The study further employed an exploratory sequential research design hence interviews were conducted first while questionnaires were distributed to corroborate the findings. A total of 30 transport workers and operators including long distance truck drivers, short distance drivers and bulk vehicle operators from five transport and logistics companies in Windhoek and Walvis Bay were interviewed. Whereas, the questionnaire was administered to 122 respondents who included transport workers and operators from five transport and logistics companies in Windhoek and Walvis Bay.

4.4.1 Qualitative phase

The findings suggest that the five transport and logistics companies that were sampled for this study were having health and wellness policies and programs. The participants identified health and wellness programs which include health awareness and education programs; medical aid insurance; support groups for lifestyle adaptations; health risk assessment and screening; treatment and care support programmes. However, the implementation of these initiatives was being impeded by lack of resources, information, standard protocols and psychosocial support. These findings are in line with literature. Maletzky (2017) reported that health and wellness programs were not being offered on a regular basis, employees were not interested and there was limited time and resources to ensure their effective implementation. Further, the wellness and transport policies and

programmes were being affected by non-adherence to Ministry of Health and Social Services policies and as well as demand pressures which arose from the COVID-19 pandemic.

The study probed for participants' opinions with reference to being affected by varying health and wellness conditions most prevalent health and wellness conditions affecting employees within their companies. The participants reported that truck drivers were experiencing musculoskeletal problems from sitting for long hours. This was perceived to be resulting in driver discomfort and high accident rates. According to Joseph *et al.* (2020) drivers are likely to experience musculoskeletal such as back, neck, knee, shoulder, wrist, ankle and elbow pain as these disorders related to their work activities. As such, policy makers and transport managers need to implement appropriate healthcare programs to prevent and treat these conditions effectively. Additionally, the study revealed that drivers experienced health and wellness problems related to fatigue, migraines and eyesight related issues due to driving for long hours and spending long hours glaring at the road.

Similarly, Lemke and Apostolopoulos (2015) point out that drivers; truck drivers, in an occupational context experience physical, psychological workload and fatigue due to pressure of tight schedules and exposure to physical and chemical hazards leading to chronic sleep deprivation, low job-control and satisfaction, extended social isolation and work-life conflicts. They suggest the need for a paradigm shift towards driver health interventions that could see comprehensive health and wellness efforts that could generate significant, sustainable impacts on driver health.

The study also established that drivers were experiencing health complications related to hypertension and heart related problems such as obesity, high blood pressure, high cholesterol, and heart disease, as well as cardiometabolic diseases due to lack of a healthy

dietary routines. Furthermore, drivers were reported as having mental health problems such as depression, owing to sleep deprivation and boredom during long working hours, as well as job strains which prompted them to engage in alcohol and illicit drugs abuse. The prevalence of these health and wellness conditions were well documented by Garbarino *et al.* (2018) who argued that alcohol and prescribed or illicit drugs are often misused to compensate for depression, anxiety, job strains, fatigue and social isolation. In this regard, government, industry and healthcare providers need to implement primary prevention and education programs through large-scale action with ad hoc programs, online support and tele-health assessment to identify, monitor and treat health conditions.

This study also probed participants' perceptions with regards to how the COVID-19 pandemic affected their companies' workplace wellness programmes. The study results revealed that the majority of transport workers and operators got infected due to the nature of their work, which resulted in them taking over increasing family responsibilities, as well as risking infecting their family members with COVID-19. Furthermore, most of the companies have been experiencing reduced business operations, which in turn forced companies to reduce working time. As such they reduced the number of workers, resulting in loss of income for some employees. On the other hand, employees falling ill were put in isolation for longer periods resulting in further loss of income. The findings also revealed that employees who fell sick were hospitalized for longer periods, a situation which traumatized them to the extent that they felt anxious and depressed. Further, transport workers and operators reported that they experienced exhaustive delays when crossing borders, as it took them long to be tested for COVID-19, and to be allowed to proceed to their destinations.

The transport workers and operators also confirmed that they faced challenges in accessing services such as decent accommodation or health services in some towns owing to lockdown curfews. Additionally, they had less time to interact with friends, family members and relatives as movement was restricted. It was also reported that transport workers had to incur costs in procuring face masks as their employers did not provide them with enough masks and in some cases, there was no provision of such at all. Transport and logistics companies experienced interruptions in their operations and workflow due to lockdown restrictions. The findings in this section are justified by NSA (2020); UNECE (2021); ATUC (2020) arguing that the transport sector was the most vulnerable and affected industry during the pandemic since truck drivers, customs and border officers often got stuck for days in long queues at border clearance posts, further exposing them to possible COVID-19 contagion. Therefore, there is need for policy response strategies to the COVID-19 pandemic, targeted specifically at the transport sector.

The findings indicates that there is still no sectoral health and wellness policy framework to guide the wellness response within the Namibian transport and logistics sector. Furthermore, the inadequacy of sensitization and awareness efforts and health monitoring efforts as well as limited research and development efforts at company, national and regional level were pointed out as some of the challenges that were facing companies in their response strategies to health and wellness programmes. As such, a sectoral health and wellness policy would be very helpful in guiding the sector in terms of what strategies to develop and implement and what to do to sustain the well being of its human capital.

Furthermore, the findings are in line with Daab Consulting (2018) who confirmed that there were very partial wellness programme promotional and awareness efforts within the Namibian transport and logistics sector, even though there were sporadic efforts in terms

of sectoral health and wellness interventions. The transport and logistics sector needs to have a dedicated medical aid scheme for its employees and a human resource plan in place to ensure no shortage or absenteeism of staff due to sick leave.

The study also revealed that poor coordination and collaboration between the government agencies, the transport and logistics sector as well as regional peer institutions in dealing with the COVID-19 pandemic were adversely impacting the health and wellness of employees. In this respect, partnership and evidence-based strategies based on understanding of the transport and logistics operations are needed. The participants raised concern over the absence of national and regional health coordination bodies. In this regard, they suggested for the SADC to have a regional health task force of all its member states that is established to ensure the effective and efficient implementation of health and wellness protocols and coordinating mechanisms.

The results of the study suggest for transport and logistic companies need to continuously encourage their employees to adopt healthy lifestyles, to provide workplace exercise facilities (gym) where possible or alternatively encourage employees to adopt incentivized exercise routines, and to set up coaching initiatives for their employees on having a healthy diets. This finding agrees with that of other researchers such as Houghtaling *et al.* (2022) who in their study found poor diet quality, sedentary practices, and a high prevalence of smoking as common health issues in trucking environments. The same authors suggested for environmental changes for truck drivers through improving drivers' food, tobacco patterns and physical activity by providing gym facilities.

Additionally, it was revealed that setting up a health education and awareness campaign, for example conducting regular meetings to provide employees with information related to health and wellness would be important. Sinha and Sinha (2019) argued that education and

awareness programs can give individuals knowledge to maintain a healthy lifestyle while undertaking other preventive measures and accessing healthcare for screening, monitoring, and treatment of health conditions. The study also recommends for transport companies' need to partner with health insurance companies to provide employees with affordable medical aid schemes. The participants mentioned that companies must provide emergency first aid kits and train their employees on how to use them when attending to emergencies.

Finally, the study recommends for the establishment of support groups for helping employees with chronic diseases such as HIV/AIDS, diabetes, obesity or heart disease, as well as the use of online tools to monitor health and wellness statuses and progress, develop and improve health and wellness related strategies. Nevertheless, the literature confirms the importance of social support groups for transport operators. Shattell *et al.* (2012) report that the work environment in the transport sector produces high occupational stress, limited access to health care and isolation, henceforth support groups and online support for drivers through telehealth and treatment efforts can help close the gap in the health access, particularly for long distance truckers.

4.4.2 Quantitative phase

In this study the prevalence of health and wellness conditions was directly inferred because of the percentage score returned on each health condition selected by respondents in the questionnaire. The hypothesis of the study was statistically significant, in particular the multivariate statistic (Wilks' Lambda) is 0.04 (p-value < 0.05) meaning that there is a statistically significant interaction effect between the dependent and independent variables. The intervention of knowledge and awareness programmes were not the same amongst the respondents. Being as such we can conclude that the knowledge and awareness of the available health and wellness program at the five transport and logistics companies was

having an effect on the prevalence of health and wellness conditions. The multiple comparisons revealed that respondents' lack of knowledge and awareness of health/well programs was associated with the high prevalence blood pressure ($\rho = .037$), obesity ($\rho = .049$), and Musculoskeletal issues ($\rho = .049$). These values are less than p-value (< 0.05). This finding can be explained by Houghtaling *et al.* (2022) that transport operators work in a high-risk occupation, as they are deprived of sleep, exposed to vehicle vibrations of the entire body, and are exposed to loud engine noises and toxic exhaust fumes.

Transport workers and operators, in particular long distance truck drivers who work in environments where there are very limited opportunities of leading healthy lifestyles. They work in conditions with poor air quality, limited food choice, and scarce room for physical activity. As such they are at risk of mental and physical health conditions (Nga, *et al.*, 2015). These findings add credence to the results of this study which reflected a similar pattern in some cases. The results indicated mostly prevalent health and wellness conditions among were musculoskeletal issues (76%), obesity (91%), and high blood pressure (95%) as well as sleep disorder (66%). With approximately 51% reporting eyesight and migraines were common problems and the remaining 34% of the respondents confirming that they had hypertension and heart disease, while 54% had kidney related problems. Furthermore, 54% of the respondents indicated they experienced issues related to drug abuse (alcohol or tobacco), while a further 58% experience burnout, mental fatigue (59%), stress and depression (48%) owing to their line of work in their respective transport and logistics companies.

The findings show that the five transport and logistics companies in Windhoek and Walvis Bay participated in the study, as this was confirmed by the majority of the respondents (63%). Furthermore, the transport workers and operators in the five transport and logistics companies in Windhoek and Walvis Bay were negatively affected by the COVID-19

pandemic. For example, the majority of respondents (83%) indicated that they experienced work burnout due to social distancing burnout, which meant they had to spend long hours in isolation and away from their families. It was reported by most respondents that they experienced fatigue from working for more hours (76%). Additionally, the findings show that employees in the transport and logistics companies were exposed to illness without any means for testing, treatment or quarantine facilities, as confirmed by 71 percent of the respondents.

The study revealed that during the COVID-19 lockdown restrictions, employees experienced problems relating to eating unhealthy food (68%), high cost of food and amenities (57%), as well as poor hygiene owing to closure of wash rooms and toilets along the corridor routes during the lockdown period (56%). The findings show that employees did not experience decline in wages or earnings due to lockdown restrictions, as only 26 percent of the respondents prescribed to this reason. However, the majority of the respondents confirmed that they experienced stress owing to closure of parking spaces (63%), sleeping disorders due to work strain (54%), as well as stress and mental fatigue from border delays (75%).

The results present evidence that the respondents were of the perception that health and wellness programs at the five transport and logistics companies in Windhoek and Walvis Bay were not well funded or resourced, as indicated by the mean score of 1.94. The results also indicate that time constraints or long shift of work ($M= 3.76$) were considered as making it difficult for employees to enroll in health and wellness programs. However, the transport workers and operators indicated that they were interested in the health and wellness programs that were being implemented at their respective companies, as shown by a mean of $M=1.68$. The study findings confirmed that the majority of the respondents

were not well informed of the health and wellness programs in their respective companies, as represented by a mean score of 2.74. Additionally, the transport workers and operators who participated in this study were adamant their companies were having adequate health and wellness programs (M = 1.71).

This study provides evidence that transport and logistics companies can strive to ensure health and wellness in their workplaces by ensuring that their drivers get enough sleep and rest, as indicated by a mean of 3.17. The findings confirm literature, where Gron (2008) found that long driving hours are associated with tiredness, fatigue and traffic accidents. Henceforth, regulators should enact laws to limit driving hours of truck drivers without compromising their remunerations, whereas employers should set flexible working schedules to give their employees time to rest. The majority (M =3.06) of the transport workers and operators felt that companies should implement health and wellness awareness initiatives (M=3.29) as well as set flexible working shifts for their employees. As shown by the data, only a few respondents (M= 2.83) supported the idea of setting up initiatives to monitor employee health and wellness conditions of employees. However, the findings indicate that the majority (M = 3.10) of the respondents agreed that their companies should provide transport workers and operators with affordable medical aid cover. Interestingly, the results confirm that most of the respondents (M = 4.06) felt that their companies should provide employees with training on health and wellness related issues.

4.5 CHAPTER SUMMARY

This chapter highlighted the findings of the study in relation to the research objectives. The data presented, represents views from both transport workers and operators. As this was a mixed method study utilizing both the focus group interviews and questionnaires to gather data. The exploratory sequential research design was applied to gather, analyse and present

qualitative results, before the quantitative results. Correspondingly, the results were discussed in the same sequence. Tesch's method was used to conduct qualitative data analysis, whereas quantitative data was analyzed using SPSS 26 statistics software. In this instance, descriptive data was analyzed using pictographs, frequency, percentages, and standard deviation and mean scores of Likert items. Multiple regression was used for conducting inferential analysis to test the significance of the study hypothesis.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

The study focused on evaluating the effectiveness of health and wellness programmes within the Namibian transport sector. The objectives of the study were to firstly determine the level of awareness and knowledge of employees regarding the company's health and wellness programmes in the transport sector companies in Namibia. Secondly, to investigate the most prevalent health and wellness conditions affecting employees within the transport sector, thirdly to evaluate the impact of COVID-19 on workplace wellness programmes in the transport sector, specifically as an emerging public health concern. Fourthly, the study aims to identify challenges in terms of respective company response strategies to health and wellness programmes in the transport sector companies in Namibia and lastly to evaluate and recommend employee workplace wellness strategies that are effective and responsive to the current challenges faced by both the companies and their employees.

5.2 SUMMARY OF FINDINGS

The study results confirmed that the five transport and logistics companies that took part in this study were having some basic health and wellness policies which include: health awareness and education programs; medical aid insurance; support groups for lifestyle adaptations; health risk assessment and screening; treatment and care support programmes. However, their implementation was being impeded by lack of resources, information, standard protocols and psychosocial support as well as non-adherence to national policies. Furthermore, the wellness and transport policies and programmes were being affected by a lack of compliance issues, in addition to the effects of COVID-19 on business operations, the implementation associated regulations generally affected the way of life, hence the phrase *“the new normal”*. Transport workers and operators explained that due to curfew hours and lockdown, there was less time to interact with friends, family members and relatives.

Transport workers and operators confirmed that their companies were affected by the implementation of most of the health regulations in numerous ways. They claimed that the closing of borders to contain the spread of the virus disrupted services and in turn induced reduced business operations. For example most operator had to work for fewer hours, queue for longer periods at border checking points, and in worst scenarios forced to stay home when their companies were closed.

Additionally, transport workers and operators explained that their drivers were also affected and or delayed by the change of protocols for COVID-19 at the borders. They argued that in most cases the change and or variation in COVID-19 protocol regimes from one state to another state were usually just discovered when drivers arrived at the border which caused travelling nightmares and bottlenecks. In this connection, participants lamented that the

closure of borders between countries resulted in reduction of revenue that is usually generated from the travel and hospitality industry. The study revealed that the most prevalent health and wellness conditions that were affecting employees from the five transport and logistics companies were related to mental health (sleep disorder, boredom, stress and depression), musculoskeletal issues, hypertension or high blood pressure, obesity and heart related problems, as well as migraine and eyesight related problems. Furthermore, the results point out that transport workers and operators are at risk of kidney and drug abuse problems.

The results further revealed that the implementation of health and wellness responses strategies was being impeded by the absence of a sectoral health and wellness policy framework. Furthermore, inadequate sensitization and awareness efforts and health monitoring efforts as well limited research and development efforts at company, national and regional level was pointed out as some of the challenges that were facing companies in their response strategies to health and wellness programmes. As such the findings suggest for health education and awareness campaign programmes, such as conducting regular awareness and sensitization meetings to provide employees with information related to health and wellness issues.

The study further suggests for transport and logistics companies to design flexible working hours to allow drivers to have time for resting, to set up education awareness programmes to train employees on health and wellness related issues, to provide workplace exercise facilities (gym) where possible and to set up coaching initiatives for their employees on adopting healthy diets. The study also recommends for transport companies to partner with medical health insurance companies and advocate for them to provide employees with affordable medical aid schemes and the establishment of support groups to help employees

with chronic diseases such as diabetes, obesity, or heart disease, as well as the use of online tools to monitor progress, develop and improve ideas.

5.3 CONCLUSIONS

The study, therefore, concludes that health and wellness services are established across the sector, however poor coordination and collaboration seemed to be the order of the day and as a result, it adversely impacts on its effectiveness. The lack of coordinated approaches and strategies does not create an enabling environment for transport companies to get involved, share best practices, and learn from one another, as well as to come up with a unified approach on how to deal with the adverse impacts of health and wellness issues on the sector. Hence, despite the existence of health and wellness policies and programmes, the sector is negatively impacted in numerous ways. The outbreak of COVID-19, and the implementation of measures aimed at controlling the pandemic exposed the sector even more in terms its effectiveness regarding the implementation of health and wellness programmes or the readiness thereof.

The study further revealed the negative impact felt by the sector in terms of increased risk of infections, illness, and loss of lives, reduced business operations, loss of income, emotional stress, stigma and discrimination, exhaustion and fatigue, limited access to proper and effective health services. The hypothesis of the study was statistically significant. Multiple comparisons in MANOVA test revealed that respondent lack of knowledge and awareness of health/well programs was associated with the high prevalence of blood pressure rates ($p = .037$), obesity ($p = .049$), and musculoskeletal issues ($p = .049$).

The study suggests for collaborative efforts among various companies, government ministries, and trucking governing bodies and associations as they are deemed essential to

the design of effective health and wellness programmes and effective strategies within the transport and logistics sector. Given the mobility associated with this population's occupation, inter-governmental collaboration is imperative to facilitate service delivery along the trucking corridors and ensure continuity of care. The interconnected nature of the transportation network further provides a unique opportunity that should be taken advantage of to establish stronger linkages to healthcare programmes and provision of services for this important population. Without this, vulnerable sector employees such as truck drivers will be left behind in the move to achieve the universal health targets for access and linkage to health care services in sub-Saharan Africa.

5.4 RECOMMENDATIONS

To this end, it is recommended that the proposed strategic actions be presented to the stakeholders of technocrats to refine such strategies and mainstream them into their core operations.

5.3.1 Proposed sustainable strategic actions and recommendations

5.3.1.1 Strengthen and improve stakeholder coordination and collaborations

The current disease burdens on the transport and logistics sectors are pushing the sector and national Governments to be better prepared for emerging pandemics and it provides an opportunity to design a better (resilient, sustainable, and socially equitable) transportation response system. There is a need for a broad and strategic look at the lessons learned from outbreaks such as COVID-19 and develop appropriate strategies to effectively respond through a comprehensive health and wellness approach. This should occur in close collaboration between the public and private sectors as well as universities and research institutes and preferably developing evidence-based models such as the public private

partnerships. It will further, require out-of-the-box and innovative thinking through scenario planning and other techniques to develop new approaches to the planning, delivery, and operation of the transportation system. We all need to re-imagine a future transportation system that will serve us, with or without a pandemic, by focusing on the needs of the people and not only the business operations, hence the innovative approaches should be people centered as much as possible.

5.3.1.2 Address the current and future sectoral health and wellness challenges

In view of the challenges experienced, study participants proposed several actions which they deemed necessary to address the current and future sectoral health and wellness challenges. KIs were therefore of the view that measures should be put in place for the transport and logistics sector to be able to respond to an outbreak of any kind and to ensure that internal health and wellness policies are responsive to various health conditions within the company and sector. The sector and its stakeholders should devise ways to act when faced with similar challenges. They argued that swift action should be implemented in a collaborative and well-coordinated manner. Transport operators and stakeholders are required to adapt to emerging situations and to review and revise current response strategies.

5.3.2 Further recommendations for the sector and its stakeholders

Table 2: Further recommendations for the sector and its stakeholders

Gaps in employee health and wellbeing measures	Details	Proposed Strategies and Recommendations	Responsible
<p>Poor participation in sectoral or company specific health and wellness programmes</p>	<p>The study participants indicated that routine and lack of innovations through company and sectoral based health and wellness programmes demotivates them and reduce their participation.</p>	<ul style="list-style-type: none"> ◆ Transport companies to consider becoming a member of the WBCG Wellness Service Initiative to benefit from expert technical support through the WBCG network of stakeholders within the public health sector. ◆ Companies to integrate health and wellness interventions into the 	<p>Walvis Bay Corridor Group, Transport and Logistics Companies and Ministry of Works and Transport</p>

		<p>core operations and allocate adequate human and financial resources to their health and wellness programmes.</p> <ul style="list-style-type: none">◆ Reinforce awareness campaign to include multiple platforms such as media, community gatekeepers such as shop stewards, traditional, community, church, and political leaders.◆ Disseminate correct and attractive information in all relevant languages to educate not only transport workers and operators but also their families and communities they interact with.	
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		<ul style="list-style-type: none"> ◆ Introduce incentives and reward employees who participates in health and wellness programmes. 	
<p>Non-adherence to the existing COVID-19 regulations and mitigating strategies</p>	<p>The study participants argued that it is everyone’s duty to take charge of the situation, however noted that adherence to COVID-19 regulations was still a challenge. Participants attributed non-adherence to insufficient sensitization and misinformation going on especially in the social media about the origin of the disease and purpose of its vaccination.</p>	<ul style="list-style-type: none"> ◆ Reinforce health and wellness awareness campaigns within the sector to include multiple platforms such as media, community gatekeepers such as shop stewards, traditional, community, church, and political leaders. ◆ Disseminate correct health and wellness related information in all languages to educate not only 	<p>Walvis Bay Corridor Group, Transport and Logistics Companies and Ministry of Works and Transport</p>

		<p>transport workers and operators but also the community on the danger of COVID-19 and other diseases affecting the sector.</p> <ul style="list-style-type: none"> ◆ Conduct health and wellness awareness sessions at company level amongst all employees. 	
<p>Absence or inadequacies of a sectoral health and wellness legal policy framework</p>	<p>The study participants argued that transport workers and operators are valuable assets not only for the sector but also for the entire economy. Participants however noted with concern the absence of a sectoral health and wellness policy framework</p>	<ul style="list-style-type: none"> ◆ Develop and strengthen comprehensive sectoral and internal health and wellness policy framework to provide a minimum package of health and wellness programmes for the transport and logistics sector to secure the wellbeing of its employees. 	<p>Ministry of Works and Transport and Walvis Bay Corridor Group, Transport and Logistics Companies</p>

	to guide the wellness response within the transport and logistics sector.	<ul style="list-style-type: none"> ◆ It is further, recommended that sectoral leaders and policy makers develop structures in the workplace that makes provision for a separate wellness unit or division and thereby mainstream employee wellness in their core operations. 	
Absence of a sectoral wellness sustainability fund.	The study participants note that often some companies do not make budgetary provisions for health and wellness programmes as they view health as an individual responsibility.	<ul style="list-style-type: none"> ◆ Develop a sectoral wellness sustainability strategy with a dedicated resources mobilization plan to effectively respond to health and wellness related disasters as they occur. 	Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders

		<ul style="list-style-type: none">◆ As part of the wellness sustainability plan, the transport and logistics sector should consider having a mandatory medical aid plan for its employees as well a human resource plan to ensure no shortage or absenteeism of staff due to sick leave especially during the pandemics or other health and wellness disasters. ◆ As for the current pandemic, each transport and logistics company should draw up resurgence plan that speak to their operations to mitigate the possible reoccurrence	
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		and ensure business continuity. In the same vein, participants suggested that transport and logistics companies should focus on resilience strategies and to reshape themselves for post COVID-19.	
Absence of a sectoral disaster risk management plan	The study participants argued that when pandemics occur, the transport industry is always the first to be blamed for facilitating such pandemics, especially due to the movement of people. Literature such as those of the World Health Organization (2021) also suggest that long distance truck drivers travel with	<ul style="list-style-type: none"> ◆ Develop a sectoral disaster risk management strategy with a dedicated resources mobilization plan to effectively respond to the disasters as they occur. ◆ As part of the disaster risk management plan, the transport and logistics sector should 	Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders

	<p>the assistants for long hours and have close interaction with other people during pick-up and delivery of cargo in country of departure and therefore presenting a risk of exposure to contaminated items and risks of COVID-19 infections in addition to pose an additional threat for the spread of the epidemic within countries. Despite the observation, the study did not document any existence of a preparedness plan for such disaster.</p>	<p>consider having a mandatory medical aid plan for its employees as well a human resource plan to ensure no shortage or absenteeism of staff due to sick leave especially during the pandemics or disasters.</p> <p>◆ As for the current pandemic, each transport and logistics company should draw up resurgence plan that speak to their operations to mitigate the possible reoccurrence and ensure business continuity. In the same vein, participants suggested that transport and logistics companies should focus</p>	
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		on resilience strategies and to reshape themselves for post COVID-19.	
Inadequate consultation and collaboration among stakeholders	<p>The study noted the negative the impact of measures introduced to curb the spread of COVID-19 on the economic, particularly as it relates to lockdowns and limitations in movement of cargo and people, border closing, curfews and COVID-19 testing and vaccination requirements. In this regard, study participants attributed the impact to lack of consultations and poor coordination among the transport and logistics stakeholders.</p>	<p>◆ Strengthen the existing transport and logistic networks, e.g., Namibia Logistics Association, Trans-Kalahari Secretariat and COVID-19 Point of Entry Pillar Tasks Force as well as Walvis Bay Corridor Group to serve as points of contact and coordination of all health and wellness matters. This would help to ensure that all stakeholders are informed on time about any changes that would affect their sectors.</p>	<p>Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders</p>

	<p>Participants felt that there are no transparent consultation processes with the industry stakeholders such transport and logistics companies, corridor management institutions in trade facilitation, transportation of essential goods on what need to be put in place to facilitate easy movement of trade. Participants also added that, views of key staff such as truck drivers and logistic officers should be accommodated on how to improve the situation. In this regard, participants suggested that employers should work hand in hand with their employees,</p>	<ul style="list-style-type: none"> ◆ Devise coordination mechanisms that would allow collaborations between the transport and logistic sector and customs administration to coordinate and facilitate easy movement of goods and travellers through the ports of entry. ◆ Provide ports of entry with necessary resources needed to establish the effective response for COVID-19 and other health conditions. 	
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	trade unions and the government to agree to sign agreement that would make screening and vaccination for COVID-19 compulsory for all employees.		
Lack of mechanism to monitor the implementation of harmonized health and wellness protocols	An analysis of the implementation of the SADC Guidelines on the harmonization of cross border treatment protocols and the facilitation of cross-border operations across the region revealed that Member States were not implementing cross border health and wellness protocols in harmony as each member state basically develop and	◆ Strengthen existing coordination bodies or establish country level coordinating bodies to monitor and report the implementation of harmonized health and wellness cross border protocols to the SADC Secretariat on regular basis. This will help in ensuring consistent implementation of protocols to achieve the intended regional effects.	Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders

	<p>implement their own response strategies.</p> <p>Congestions at border posts were the result of lack of harmonization of public health measures at border posts, such as testing and quarantine policies (Southern Africa Development Community, 2020).</p> <p>Furthermore, lack of harmonized policies, laws and standards for cross border road transport and lack of harmonized vehicle load management strategy, policies, laws, and standards have been recognized at SADC level even before the onset of COVID-19</p>	<p>◆ Effective monitoring, evaluation, and reporting of the implementation of health and wellness protocols at national and regional level will help in identifying and addressing challenges on time and thereby improving the flow of trade among the member states.</p>	
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	<p>(Southern Africa Development Community, 2020).</p> <p>To that effect, the SADC Secretariat developed the Revised Guidelines and Regional Standard Operating Procedures (SOPs) for Management and Monitoring of Cross Border Road Transport at Designated Points of Entry and COVID-19 Checkpoint including the recommended testing protocol, mutual recognition of test results and recommended test validity period (Southern Africa Development Community, 2020).</p>		
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	<p>Despite the fact, the study revealed that most of the challenges experienced by the transport and logistics sector in Namibia, particularly those related to testing results requirements, quarantine and isolation are attributed to unharmonized health protocols across the SADC region. The study further revealed that different protocols and operating procedures in different countries such as those related to the relay driver system, quarantine, isolation regimes, as well as poor facilities and increased risks of</p>		
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	contagion had a negative impact on the sector.		
Limited investment on local research, innovation, and technology	<p>The study revealed that the health and wellness issues affecting the sector are not documented and researched enough, hence there is a lack of a body of knowledge in how to effectively address health and wellness matters in the sector.</p> <p>Moreover, the study revealed that there has been limited engagement on research and innovations to find better ways of dealing with various health</p>	<p>◆ Enact the deadline for the implementation of PanaBIOS Trusted Travel System and or the Corridor Trip Monitoring System to help reduce manual inspection of travel documents such as the digital COVID-19 PCR results and COVID-19 digital certificates, thus to speed up the clearance of goods and travellers at the borders. In addition, a monitoring mechanism accompanied by</p>	<p>Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders</p>

	<p>and wellness conditions affecting the sector such as COVID-19. In this connection, study participants highlighted dependency on outside world for response strategies and information which has so far just created misinformation and mistrust.</p> <p>Effective implementation and monitoring of the digital systems will help in limiting human to human interaction e.g., pre-clearance, vehicle virtual queuing systems, open borders or come up with self-services for stamping passports.</p>	<p>penalty for non-compliance should be embedded.</p> <p>Promote action-oriented research initiatives to help creating a local based understanding of the pandemics and devise targeted evidence-based policies and programmes. Such a strategy would require stakeholders' investment in local trials for COVID-19 vaccines. The ultimate goals of this strategy are to attract public trust and encourage everyone to be vaccinated while at the same time learning and adopting mechanisms used in other pandemics.</p>	
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<p>Ineffective and limited health and wellness systems</p>	<p>Study participants solidly expressed that as a sectoral response system was not ready to meet the challenges posed by health and wellness conditions, in particular the advent of HIV/AIDS and COVID-19 as well as including but not limited to health facilities and infrastructure as well as human resources capacities in terms of number of personnel and technical expertise. The study revealed that transport workers particularly long-distance drivers are vulnerable to communicable and non-communicable diseases and therefore categorized as one of the most-at-risk</p>	<ul style="list-style-type: none"> ◆ Strengthen and or forge to formalize public-private partnership for health to ensure adequate and equipped health infrastructure to deal with emerging health issues country wide. ◆ Establishment of truck ports, and inland hubs with defined minimum package of health and wellness services and infrastructure should be expedited to provide decent stop over facilities to ensure transport workers, especially long-distance 	<p>Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders</p>
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	<p>populations at developing chronic diseases as they are exposed to various adverse health conditions while on the road due to the nature of their work. At the same time, the study revealed that long working hours present limited opportunities for truck drivers to access healthcare facilities with limited opening hours and make them vulnerable to unfavorable clinical outcomes.</p>	<p>truck drivers get rest at designated rest stops. Such facilities can also be utilized to provide health and wellness to the long-distance drivers to which long distance truck drivers would have not access to while on the road.</p>	
<p>Lack of safe working environment in both the physical, mental,</p>	<p>A safe and an enabling working environment is vital to ensure a satisfied employee and foster efficiency and effectiveness, enabling a company or an institution to grow,</p>	<p>◆ There is a need to develop training and development policies under the Occupational Health and Wellness Act and through the</p>	<p>Ministry of Works and Transport in collaboration with the WBCG and Industry Stakeholders</p>

<p>and emotional sense for the employees</p>	<p>reflecting a positive image of the employer.</p>	<p>Namibia Training Authority to further strengthen employee and employer relationships.</p> <ul style="list-style-type: none"> ◆ It is also vital to establish platforms within the workplace where employees can be informed and educated on various health and wellness conditions, their impact on the world of work and how employees can work with dignity and being respected for the work done. 	
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5.5 Suggested Areas for further studies

The current study focused on the effectiveness of employee health and wellness programmes in transport and logistics companies in Windhoek and Walvis Bay. However, the study only involved transport workers and operators, a more comprehensive study could have been done involving management of transport and logistics companies. Therefore, other studies could be conducted in the future involving transport managers to obtain more comprehensive results. Future studies should also extend the study population to include transport companies in other regions of Namibia to gain more insight into their health and wellness programs and establish whether the trends correlate with the findings of this study. In addition, similar studies could be carried out in other African countries or across the globe to find out if there could be variability in the results, regarding the effectiveness of employee health and wellness programmes in transport and logistics companies.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN NAMIBIA

(This questionnaire will be administered to truck drivers and logistics companies' workers)

1. Demographic Details

1.1. Vehicle Registration (this will serve as ID number)

1.2. What is the name of the company?

1.3. Gender

- Female
- Male
- Other

1.4. Age group

- 18-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 55-60
- 61 and above

1.5. Marital status

- Single
- Married

1.6. Company's Head Office Based

- Walvis Bay
- Windhoek
- Walvis Bay and Windhoek
- Other...Indicate country

1.7. Employee town/s of operation

- Walvis Bay
- Windhoek
- Long distance operation (throughout Namibia)
- Cross-border operation

1.8. Employee's position

- Free Text

1.9. Duration Employment

- Less than a year
- 01 year
- 2-3 years
- 4-5 years
- 6-7 years
- 8 years and above

2. Employees' perceptions and experience about obtaining services provided by their company or other Health Service Providers in Namibia as well as their own experiences regarding health and wellness services and regulations

2.1. Have you ever made use of health and wellness services offered by your company?

- Yes
- No

2.1.1. When last did you access health and wellness services offered by your company? (This is a follow up question to 2.1)

- Free text

2.1.2. Where exactly have you accessed such services? (This is a follow up question to 2.1)

- At my workplace

- Roadside Wellness Clinics or Mobile Clinics
- Public Health Facilities
- Along the transport corridors
- Other (please specify)
- I have never accessed such services

2.2. How frequent do you access or seek health and wellness services? (This is also a follow up question to 2.1)

- Never
- Seldom
- Sometimes
- Often
- Always
- I have never accessed such services

2.3. Which health and wellness conditions have affected/ are still affecting you in relation to your work as a transport worker or operator?

- Sleep disorder
- Stress and depression
- Mental fatigue
- Burnout
- High blood pressure
- Obesity
- Drug (alcohol/tobacco) abuse
- Musculoskeletal issues
- Kidney problems
- Heart problems/ heart problems
- Eyesight and migraines

3. Employees' experience and impact regarding COVID-19 outbreak, services and regulations

3.1. Did Covid-19 have any impact on you, your employment with your company or your family?

- Yes? Please explain
- No? Please explain
- Somewhat? Please explain

3.2. Which of the COVID-19 regulations negatively affected you? (Select all that is applicable)

- Exposure to illness without testing/treatment/quarantine means
- Decline in wages/earnings due to lockdown
- Stress from closure of parking space

- Poor hygiene due to closure of washrooms/toilets
- Fatigue from working more hours
- Sleep disorders due work strain
- Stress and mental fatigue due to border delays
- Burnout from social distancing alienation
- High cost of food and amenities
- Limited food option/eating unhealthy food

3.3. What other measures do you think should be put in place to better deal with COVID-19 among the transport and logistics workers?

(Please tick one box per statement, the raking scale is: Strongly Disagree = 1; Disagree 2; Not Sure = 3; Agree = 4; and Strongly Agree = 5)

Statement	1	2	3	4	5
a) The company should support me to get sufficient rest and sleep.					
b) The company should set flexible working shift for employees.					
c) The company should promote health and wellness awareness initiatives.					
d) The company should set up initiatives to monitor my health and wellness condition.					
e) The company should provide me with affordable medical aid cover.					
f) The company should provide me with training health and wellness related issues.					

4. Employees' awareness and knowledge regarding company's health and wellness programmes provided by their companies

4.1. Does your company have an employee wellness programme in place?

- Yes
- No

4.1.1. If yes, what services are offered by such programme?

- Screening/testing for COVID-19

- COVID-19 vaccination
- HIV Counselling and Testing (HCT)
- HIV Treatment and Care services (ARV)
- CD4 Count Measurements/Tests
- STI screening and Treatment
- Risk Reduction Counselling
- Social Behaviour Change and Communication Tools
- Basic Primary Health Care
- Hypertension/Blood Pressure Testing
- Glucose (Sugar/Diabetes) Rapid Testing
- Cholesterol Rapid Testing
- Haemoglobin Rapid Testing
- Body Mass Index (BMI)
- TB Screening
- Prostate (PSA) Antigen Rapid Test
- Condom distribution
- Pulse Rate
- Entry and Exit Medical Examinations

4.2. Have you ever used any of the services from the wellness programme within your company?

- Yes
- No

4.3. Would you rather continue to use the wellness services provided within your company?

- Yes
- No

4.4. If no to the above, why? (This is a follow up question to 4.3)

- Free text

4.5 Does your company offer medical aid to its staff?

- Yes
- No
- No sure

4.6 Does your company have an employee health and wellness policy in place?

- Yes
- No

- Not sure

5. Employees' responsiveness and perceptions towards COVID-19 measures and wellness programme that are put in place by the transport companies

5.1. Have you ever accessed COVID-19 health services since the outbreak in 2020?

- Yes
- No

5.2. If yes, what type of services have you accessed? *Select all that is applicable*

- Basic Information on Prevention and Treatment
- Promotion of personal protection equipment
- Screening and testing for Covid-19
- Vaccination for Covid-19
- Mandator isolation
- Quarantine
- Provision of immune boosters

5.3. Where have you accessed the services? (Name of site, location, service provider)

6. Free text

6.1. Indicate your opinion below with regard to how effective your company provides health and wellness programmes to employees.

(Please tick one box per statement, the raking scale is: Strongly Disagree = 1; Disagree 2; Not Sure = 3; Agree = 4; and Strongly Agree = 5)

Statement	1	2	3	4	5
a) The company's health and wellness program is well funded.					
b) Time constraints/long shift of work makes it difficult to enroll in health and wellness programs.					
c) I am not interested in health and wellness programs.					
d) I am aware of health and wellness programs at my company.					
e) The company has adequate health and wellness programs.					

APPENDIX II: INTERVIEW GUIDE

AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN NAMIBIA

Identification and development of well-defined and sustainable strategies required to support and strengthen the transport and logistics industry's response on health and wellness issues affecting the sector with a particular focus but not limited to COVID-19 and other Wellness Conditions

(This interview guide will be used for KIIs with key stakeholders)

1. Demographic Details

1.1. Stakeholder's Name/Company Name

- Free Text

1.2. Type of involvement

- Service provider
- Transport Industry Stakeholder

1.3. Location

- Walvis Bay
- Windhoek
- Other

1.4. KI's level of authority

- Senior management
- Middle management
- Other

2. Introduction

- Your name
- Background of the study
- Purpose of the interview
- Next step
- Thank you

3. Questions

- 3.1 Are you aware of the health and wellness programs that are available in your company?
If so, kindly share with me such health and wellness programmes.
- 3.2 Do transport workers such as long-distance truck drivers access your services more at the fixed clinic or through company outreach programmes, such as those in the community or those at the workplace? (*Probe: Ask about the benefits of Wellness Programmes and Roadside Wellness Clinics.*)
- 3.3 How would you describe your work environment in terms of it being conducive to the implementation of the health and wellness programmes of the company?
- 3.4 Does your company have training programmes which are meant to increase the knowledge of employees on health and wellness programmes available in the company? If so kindly share with me examples of such programmes.
- 3.5 In view of the current company employee health and wellness programmes in place, do you think they are working? Are they effective?
- 3.6 What are the most prevalent health and wellness conditions that affect you as an employee within the transport sector? (*Probe: Ask for specific diseases and other health related conditions.*)
- 3.7 Do you think there is a need for a standardized Government policy framework on health and wellness matters for the transport sector? If so, explain why. (**Probe: Ask for specific examples.**)

- 3.8 The Covid-19 pandemic seems to have affected the health and wellness conditions of employees in the Namibian transport sector. Do you agree with this view? If you agree with this view, how were you affected by the Covid-19 pandemic in the sector? (**Probe: Ask for examples.**)
- 3.9 How has the Covid-19 pandemic disrupted national and global supply-chains and cross border trade in general along the Walvis Bay corridors and at Walvis Bay port? (**Probe: Ask for examples.**)
- 3.10 Can you share with me what your company has done to address the challenges relating to employee and wellness issues?
- 3.11 If you were to make recommendations to your company regarding employee health and wellness issues, what would you suggest? (**Probe: Ask for specific, feasible recommendations.**)
- 3.12 Do you have anything else that you want to share with me, that you feel is important to employee health and wellness in your company?

Thank you for your time in participating in this research.

APPENDIX III: RESEARCH PERMISSION LETTER: CENTRE FOR RESEARCH SERVICES



20th November 2020

TO WHOM IT MAY CONCERN

Re: MBAE – Mr. Edward Mwafa shivute, Student No: 201211540

As part of our Master of Business Administration Programme, students are expected to submit a research report after completion of their course-work. They need to explore in detail, some concepts and issues pertaining Business Administration. To do that effectively, they need to conduct research and obtain practical examples.

Mr. Shivute as chosen your organisation to approach for information. It is against this background that I wish to kindly request you to assist **Mr. Shivute** with the information he requires. Accept our assurance that the data will be used for academic purposes only. A copy of the completed document will be available at the Namibia Business School for perusal. His research synopsis indicates that his topic touches on “**An evaluation of the effectiveness of employee health and wellness programmes in the transport sector companies in Namibia**”.

Your kind assistance is highly appreciated

Yours sincerely

Dr Greenfield Mwakipesile
Head of Research
Namibia Business School
University of Namibia
Tel: +246 61 413 500
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APPENDIX IV: LANGUAGE EDITING CERTIFICATE



Mr. Shonhiwa Bakare

MBA, BSc Hons Soc | shonhiwabakare@gmail.com

CONTACT

PO Box 4244,
Vinetta, Swakopmund
Namibia

LANGUAGE & COPY-EDITING CERTIFICATE

22nd July 2022

RE: LANGUAGE, COPYEDITING AND PROOFREADING OF EDWARD SHIVUTE'S THESIS FOR THE MASTER OF BUSINESS ADMINISTRATION DEGREE OF THE NAMIBIA BUSINESS SCHOOL OF THE UNIVERSITY OF NAMIBIA

This certificate serves to confirm that I copyedited and proofread **EDWARD SHIVUTE'S** Thesis for the **MASTER OF BUSINESS ADMINISTRATION DEGREE** entitled: **AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN NAMIBIA**

I declare that I professionally copyedited and proofread the thesis and removed mistakes and errors in spelling, grammar, and punctuation. In some cases, I improved sentence construction without changing the content provided by the student. I also removed some typographical errors from the thesis and formatted the thesis so that it complies with the University of Namibia's guidelines.

I have edited many Postgraduate Diploma, and Masters' Thesis, Dissertations for students studying with universities in Namibia and elsewhere. I have also copy-edited company documents and publications for Non-Governmental Organisations (NGOs) around the Southern African region.

Please feel free to contact me should the need arise.

Yours Sincerely,

Mr. Shonhiwa Bakare



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APPENDIX V: CONFIRMATION OF SIMILARITY CHECK



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Entire Document

AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN NAMIBIA

60%

MATCHING BLOCK 1/17

SA L M Haufiku Final Thesis, 16 May 2022.docx (D136947687)

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE MASTER OF BUSINESS ADMINISTRATION ENTREPRENEURSHIP DEGREE OF THE UNIVERSITY OF NAMIBIA BY EDWARD SHIVUTE 201211540 SEPTEMBER 2022 MAIN SUPERVISOR: DR TENDAI DOUGLAS SVOTWA (BOTHO UNIVERSITY)

APPENDIX VI: CONSENT FORM



Faculty of Economics and Management Sciences

Namibia Business School

University of Namibia (Main Campus)

Private Bag 16004

340 Mandume Ndemufayo

Pionerspark, Windhoek, Namibia

CONSENT FORM

TITLE OF RESEARCH: AN EVALUATION OF THE EFFECTIVENESS OF EMPLOYEE HEALTH AND WELLNESS PROGRAMMES IN THE TRANSPORT SECTOR COMPANIES IN NAMIBIA

STUDENT NAME: EDWARD M. SHIVUTE +264 81 2568068

SUPERVISOR: DR. TENDAI D. SVOTWA +267 74 382 256

Invitation to Participate and Study Description

As one of the health and wellness project beneficiaries in your company or the transport and logistics industry you are invited to participate in a research study to **evaluate of the effectiveness of employee health and wellness programmes in the transport sector companies in Namibia**. This study will help me better understand how the effectiveness or the lack thereof of health and wellness programme impacts on the transport and logistics sector. By agreeing to participate in this study, you are agreeing to be interviewed only

once and at a later stage you will be invited to complete a self-administered questionnaire. The interview will take about 30-45 minutes to complete and will be recorded. Information about you will be maintained by the researcher for study purposes only.

Risks and Benefits

This study does not involve any type of physical risk; you will be asked to answer questions on your awareness and knowledge, most prevalent health and wellness conditions, the impact of Covid-19 on your company and sector, challenges you are facing as wellness strategies the company and the broader sector can implement to ensure the effectiveness of health and wellness programmes in the transport and logistics sector.

This study is designed to help enhance transport and logistics sector effectiveness in the way they conduct their health and wellness operations as well as aid Government in coming up with policies which capacitate individual companies. The results of this research will enable the researcher to come up with a strategy that can be used by individual transport and logistics companies and the broader sector in order for them to be effective in their approach. The results of this study will also be made available to interested research participants after the publication of the thesis sometime in 2022. Respondents are welcome to contact the student and or the supervisor.

Confidentiality

The information you provide will be kept strictly confidential. To protect your privacy, your responses to the interview questions will only be identified with a code number and will be kept by the student and the research supervisor. Your name will not be associated with the research findings. The information obtained in this study may be published in

scientific journals and presented at conference proceedings, but only group patterns will be described and your identity will not be revealed.

Your Right to Refuse or Withdraw

The decision to participate in this research project is entirely up to you. You may refuse to take part in the study without affecting your relationship with anyone or any office at the Namibia Business School (Windhoek UNAM Campus), Namibia. You may also choose not to answer any question posed.

Your Right to Ask Questions

You have the right to ask questions about this study and to have those questions answered by the student before, during or after the research. If you have any other concerns about your rights as a research participant that have not been answered by the student, you may contact Dr. Tendai Sivotwa on 267 74 382 256 or email tdsvotwa@gmail.com

Consent

Your signature below indicates that you have decided to participate voluntarily in this study and that you have read and understood the information provided above. You will be given a copy of this form to keep.

Signature of Participant: _____ Date: _____

Name of Participant (PLEASE PRINT): _____

Thank you for your valuable time in participating in this research.