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EMPLOYEE WELLNESS PROGRAMS IN GHANA AN ANALYSIS OF INDIVIDUAL AND ORGANIZATIONAL FACTORS

Martin Gyambrah, *Ph.D.*
University of Applied Management,
Germany (Ghana Campus)
Accra, Ghana.

Tetteh Odidja,
University of Applied Management,
Germany (Ghana Campus)
Accra, Ghana.

ABSTRACT

The study sought to identify the state of wellness programs in selected firms in Ghana. Descriptive survey research design was employed in the study. The target population was corporate organizations in Ghana who are members of the Employee Wellbeing Program Alliance. In all, 445 respondents were randomly selected for the study. The study employed structured questionnaires to obtain information on available wellness programs and factors that influenced their patronage. Three management members were also interviewed to obtain information on features of their wellness programs, their challenges and structures. The study used descriptive and thematic analysis to examine the data collected from the respondents. Results indicated that the main employee wellness programs identified were stress management, alcohol and drugs, worksite eating, diet policy, health screening, tobacco cessation, and back pain prevention, health screening, and weight management programs. Lack of time, too much stress at work, and lack of knowledge on available wellness programs affected individual participation in wellness programs. Financial constraints, inefficiency on the part of wellness committees, lack of strong corporate policies on health and wellness, were among organizational factors that affected wellness programs.

Keywords: Wellness program, Hindrances, Individual, Organization.

INTRODUCTION:

Global health trends for the past couple of decades have consistently shown a rise in morbidity and mortality from chronic non-communicable diseases despite the fact that these are easily preventable conditions when the right measures are put in place. For instance of 56.4 million global deaths in 2015, 39.5 million (70%) were due to non-communicable diseases (NCDs) (WHO, 2010). Non-communicable diseases (NCDs) are the leading causes of death globally, killing more people each year than all other causes combined. In spite of their rapid growth and unbalanced distribution, much of the human and social impact caused each year by Non-Communicable Disease-related deaths could be prevented through well-understood, economical and achievable interventions, (WHO, 2010). This situation has subsequently led to a significant rise in healthcare costs both at the national and local level. However in the case of Ghana, malaria remain the leading cause of mortality and morbidity (Ghana News Agency, 2016). Chronic health conditions are on the rise across all age groups, and these conditions create a substantial financial burden, costing employers severely as they provide medical benefits for employees and bear the costs of sickness absence and long- and short-term disability claims, (Thorpe, 2006). The dire effects of these alarming health trends have led the management of some organisations to think through and implement measures to get employees involved in preventive health activities such as Employee Wellness Programs (EWPs) as a means of health promotion.

Workplace health programs are well-structured and an all-inclusive set of health promotion and protection strategies executed at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees. There are workplace health promotion activities or organizational policies designed to support healthy behaviour in the workplace and to improve health outcomes. These programs consist of a variety of activities such as health fairs, health education, medical screenings, health coaching, weight management programs, wellness newsletters, on-site or off-site fitness programs and/or facilities and educational programs. Out of concern about the effect of chronic disease on employee health and well-being, the cost of health care coverage, and effectiveness, employers are adopting health promotion and disease prevention measures, commonly referred to as 'workplace wellness programs' (Mattke & Schnyer, 2013).

With healthcare expenditures rising, there is a growing interest in workplace-based disease prevention and health promotion as a means of improving health while lowering costs (Baicker & Cutler, 2010). In an environment in which health costs are rising steeply, health promotion measures aimed at the nation's workforce could have major long-term effects, possibly saving billions in costs. Furthermore, the productive impact of reaching large populations through workplace spreads beyond those currently employed. Families of the employed, retirees and other recipients could also benefit from combined health and productivity strategies implemented by the nation's employers (Loeppke, Taitel, & Haufle, 2009).

The workplace is increasingly being used as a site for health promotion and preventive health activities – not only to prevent work-related injury, but to assess and improve people's overall health (WHO, 2010). Employee wellness programs do not only improve health outcomes among employees but also improve overall productivity in organisations and subsequently the Return On Investment (ROI) which is a key priority of all shareholders. Medical expenditure dropped by about $3.27 for every dollar spent on wellness programs, and absentee day costs dropped by about $2.73 for every dollar spent. This average yield on investment indicates that the broader acceptance of such programs could prove beneficial for budgets and productivity as well as health outcomes, (Baicker & Cutler, 2010). Companies whose employees partake in health management programs report lesser overall health expenditure trends across nearly all health-related activities, Goetzel, Shechter, 2007)When businesses execute employee wellness programs they take a positive step towards employee health and it is a win-win situation. The business wins with decreased tangible expenses in the areas of healthcare, disability, absenteeism, worker's compensation and disability management, but the worker wins by learning how to maintain a healthy lifestyle and how to be safe on the job, (Arturo, 2000). Despite the numerous benefits of Employee Wellness Programs, their implementation and sustainability, it has not been without challenges. These challenges ranging from limitation spectra of activities offered, poor employee patronage of the programs, limited financial and human resources to support these programs, and lack of organizational and management commitment to the sustainability of wellness programs.

According to Arturo (2000), an effective wellness program will have a number of constituents that have at their centre the health and well-being of all organisation members. He went on further to propose physical fitness, stress management, psychological and mental health issues, nutrition and dietary related needs, alcohol and chemical dependency programs as components that should be basic to such wellness programs. A similar observation is made by Berry, Rock and Tucker (2013) who noted that effective employee wellness programs

offered health risk assessments, smoking cessation programs, nutrition and dietary management, and employee exercise programs. This is corroborated to a greater extent by Lightfoot and Maar (2011) who observed health screenings, lifestyle change classes, weight reduction programs, exercise and nutrition classes, monetary incentives, fitness assessments, and wellness fairs as major components of wellness programs.

CHARACTERISTICS OF EMPLOYEE WELLNESS PROGRAMS:

According to Baicker and Cutler (2010), employee wellness programs can be categorised along two main scopes; the mode of delivery and the emphasis of the intervention. The mode of delivery typifies how the intervention was carried out. The most frequently used delivery modality they observed is the health risk assessment, followed by the supply of self-help education materials, personal counselling with health care experts, and on-site workout activities. With respect to the focus they observed in their study that interventions were commonly focused on obesity and smoking.

Drennan, Ramsay, and Richey (2006) argue that successful employee wellness programs go beyond handing out health pamphlets, sponsoring health fairs, or sponsoring gym membership, but they involve the dynamic and continual involvement of both management and individuals at the workplace in activities that will generate lasting lifestyle changes and will keep employees healthy and productive all through their working lives.

Olson and Chaney (2009) opined that wellness programs should evolve around activities dedicated to decreasing inactivity due to sedentary lifestyles and injuries at the workplace in addition to helping employees adopt healthy food choices and smoking cessation behaviours.

A well-designed wellness program is one that prepares business owners and employees alike to recognise that their health is directly linked to their costs and targets and encourages that change to prevent adverse health effects. It further promotes a top-down support for the programs, builds trust between employees and management and ensures continuous use of data to improve upon the program (Nyce, 2010).

According to Berry, Rock and Tucker (2013) wellness is not merely a mission but also a form of communication; hence the way wellness programs are organised makes a big difference. They must be characterized by sensitivity (since health issues are very sensitive), creativity (to boost interest and make them sustainable), and media diversity (to create the needed awareness and ensure no one is left out). They must also come with no or very low cost to the individual. Also they must be preferably integrated on-site and be easily accessible since these are major determinants of patronage.

INDIVIDUAL EMPLOYEE FACTORS INFLUENCING WELLNESS PROGRAMS:

According to Tarride, Hopkins, and Blackhouse (2010), workplace health programs are feasible, sustainable and valued by employees. He further stated that such programs require a collaborative effort of all parties (employer, insurer, and healthcare providers) in ensuring a comprehensive program. Hence, the success of such programs is not only dependent on the employer but the employee still has an important role to play. With respect to increasing employees' interest and participation, Olson and Chaney (2009) suggested activities that devote an hour of each work week for exercising, "health day" screenings, prizes for employees who show most commitment in improving their personal health , and a cut in the employees' share of premiums for employees who live healthier lifestyles. Selecky (2007) suggested that employee participation in workplace wellness programs can be boosted by offering them incentives aimed at motivating them to better manage their health and take more responsibility for it. Such incentives could include discounts on the portion of health insurance premiums paid by the employee. In a related development Mattke (2012) noted that two-thirds of employers include financial incentives in their wellness programs. According to Olson and Chaney (2009) to encourage employee participation, a successfull and cost-effective program must fit the needs of the employee. They went on further to recommend performing frequent needs assessments with continual reevaluation. Renton, Lightfoot and Maar (2011) stated that the formation of workplace wellness committees that will engage employees in participatory planning, securing support from senior leadership, and the allocation of financial and human resources were prerequisites for effective workplace wellness programs.

ROLE OF ORGANISATIONS IN EFFECTIVE WELLNESS PROGRAMS:

Goetzel (2007) opined that effective health and productivity management programs hinges on integrating these program s into the organisation 's operations, simultaneously addressing individual, environmental, policy, and cultural factors affecting health and productivity, tailoring programs to address specific needs , and a rigorous evaluating programs among others. Nyce (2010) noted that a focus on a health culture by the

management was found to increase participation in health-related screenings by almost 18%. Still in support of this assertion Arturo (2000) opined that leaders and managers can lend verbal and written support for developing and communicating workplace environment policies that will reinforce wellness initiatives and support healthy personal behaviours at work. Hence, management's role both in terms of policy and participation is very necessary for effective workplace wellness programs. Selecky (2007) opined that once a health improvement program is in place, an organization still needs to persuade employees to use it since some employees will be resistant or defensive or simply in denial that they need help managing their health. He further noticed that the organisation's budgetary constraints and difficulty in time allocation for various wellness programmes were considerable barriers to implementing effective wellness programs. In a similar vein Hopkins, Glenn, and Cole (2012) reiterated that efforts to engage and retain organisations in wellness activities were complicated by worksite funding shortfalls, staff reductions and concerns about introducing new activities into an already strained work environment. Bopp and Fallon (2011) further corroborate this in their study on faith-based organisations that barriers to offering health and wellness programming at these organisations included lack of financial resources, lack of interest and support by leadership, and competition for time and space with other institutional activities.

Supervisors and managers at all levels should be involved in promoting health-supportive programs since they are the direct links between the workers and upper management and will determine if the program succeeds or fails Arturo (2000). This is corroborated by Hopkins (2012) when he concluded that the extent to which leadership was involved in the process of implementation was also related to the success of workplace wellness programs.

PROBLEM STATEMENT:

Numerous studies have indicated that Employee Wellness Programs have a significant positive effect on the direct costs like healthcare and indirect benefits such as lower absenteeism and turnover, and increased productivity and employee morale, (Musich, Adams, & Edington, 2000; Serxner, 2004; Ozminkowski, Ling, & Goetzel, 2002; Aldana & Burnett, 2005).

Notwithstanding the numerous benefits such as decreasing absenteeism, improving productivity, and increasing overall Return on Investment (ROI), these employee wellness programs have not been successful and/or sustainable in all instances. There are numerous individual and organizational factors that militate against the smooth running of these programs. Lack of employee interest and low rate of participation were two of the top barriers to success of wellness programs, (Linnan, Bowling, & Lindsay, 2008).

According to the 2011, Buffett National Wellness Survey in Canada, a significant majority of the organizations surveyed said they offered wellness programs to their staff. But less than a quarter of the employees in the very same survey mentioned not knowing anything about wellness programs being offered or available at work. To promote participation, an effective program must fit the needs of the employee. Olson and Chaney (2009) advised conducting frequent needs assessments with continual re-evaluation.

The above findings in this view may not be very different from what pertains in Ghana though this assertion may need to be empirically verified. This study consequently sought to unravel some of the challenges confronting both employees and their employers in the successful implementation of these wellness programs in Ghana. The study therefore sought to identify concretely the various forms or types of employee wellness programs applicable to organizations in Ghana.

RESEARCH OBJECTIVES:

1. To identify the types of Employee Wellness Programs available.
2. To ascertain the characteristics of the Employee Wellness Programs.
3. To determine which individual factors affect the effective running of Employee Wellness Programs.
4. To find out how organizations promote the running of Employee Wellness Programs.
5. To analyze the key strategies needed to deal with those individual and organizational factors that limit the successful implementation of Employee Wellness Programs.

METHODOLOGY:

Research Design:

A descriptive survey study design was employed in this research. The study used questionnaire as the main research instrument to collect data for the study. A mixture of open-ended and closed-ended questions was used to measure perception of the respondents. The study also involved both qualitative *(it focuses on subjective*

information, sure as feeling, experiences or opinions; data that cannot be scientifically quantified) and quantitative techniques *(it focuses on statistics and quantifiable information)* to achieve the above-mentioned aim.

Population, Sample and Sampling Procedure:

The research population was all employers and employees of corporate organizations in Ghana who are members of the Employee Wellbeing Program Alliance. The total population involved in this study was 4080. In all a sample size of 445 was used for the purpose of this study. This was obtained from the population under study Krejcie and Morgan (1970) sample size estimating formula. Sample for the study was selected using convenient and simple random sampling technique.

Instrument:

The study utilized structured questionnaires as well as interview guides as the main data collection instrument. Two sets of questionnaires were developed. Thus, one type purposely designed for employees which was mainly close-ended to capture quantitative data. The second set of questionnaires was developed for management which contained mainly open ended items. Each questionnaire was made up of three parts. The first part captured demographic data, the second part captured types and characteristics of available wellness programs, and the final part captured the challenges associated with employee wellness programs and proposed solutions. The questionnaires made use of both Likert and dichotomous type of questions.

Data Collection Procedure:

Data collected were primary data both quantitative and qualitative in nature and the variables were a mixture of nominal and ordinal variables. Data was collected from primary sources using structured questionnaires which were both self-administered and/or interviewee assisted in cases where the interviewees were not conversant with administration of the questionnaires solely by themselves. Also key informant interviews were granted to three management members from each organisation using an interview guide approach. A voice recorder was also used for this purpose.

DATA ANALYSIS:

Summary and analysis of the quantitative data was carried out with the aid of Microsoft Excel. All the research questions were analysed using descriptive statistics. Frequencies, means, median and percentages, were used to analyse demographic characteristics of the respondents. Percentages, frequencies, and pie charts were used to analyse the types of wellness programs available and their characteristics. Percentages, pie charts and bar graphs were used to analyse individual factors that affected the running of wellness programs. Percentages, pie charts and bar graphs were used to analyse the role organisations played in effective running of wellness programs.

RESULTS AND DISCUSSION:

From table 1 below, in all a total of 445 respondents comprising 334 males and 111 females participated in the study. There were 115 respondents from Ghacem Ltd., 110 from Pioneer Food Cannery (PFC), 100 from Ghana Revenue Authority (GRA) and 120 from AngloGold Tarkwa. In each of the four organisations, a significant preponderance of male respondents (75%) was observed. Majority of respondents were within the age range of 31-40 years. Relatively very few respondents (2%-12%) were within the age range of 51-60 years, though Ghacem had no respondent within this age range. None of the respondents in this study was less than 21 years or above 60 years of age. It was further observed that none of the respondent had an educational qualification lower than Junior high school certificate. Relatively higher educational levels were observed among the respondents from AngloGold and GRA. Majority of respondents from GRA (66%) and AngloGold (65%) had educational qualification of a first degree or higher. On the other hand majority of respondents from Ghacem (81%) and PFC (64%) were secondary school certificate holders or diplomats. Respondents were observed to be of diverse backgrounds in terms of their job descriptions. This spanned from less skilled workers like cleaners and security men to highly skilled workers like engineers and accountants.

Table 1.Basic demographic characteristics of respondents

DEMOGRAPHIC CHARACTERISTICS	Number of respondents (%)			
	GHACEM	PFC	ORA	ANGLOGOLD
Age (Years)				
21 - 30	35 (30.4)	38 (34.5)	18 (18)	25 (20.8%)
31 -40	47(40.9)	36 (32.7)	32 (32)	46 (38.3%)
41 – 50	33 (28.7)	34 (30.9)	38 (38)	43 (35.8)
51 – 60		2(1.8)	12(12)	6(5)
Median age	34.5	36	37	36
Mean age	34.1	35.4	37.8	36.9
SD	5.8	5.6	8.5	6.9
Sex				
Male	103 (89.6)	68	71	92
Female	12 (10.4)	42 (38.2)	29	28

Source: Field Survey, 2017

ANALYSIS OF RESEARCH QUESTIONS:

Research Question 1: .*What are the types of Employee Wellness Programs available?*

Table 1.1: Respondents' knowledge on types of wellness programmes available

Type of wellness programme	Frequency of respondents (%)			
	GHACEM	**PFC**	**GRA**	**AngloGold**
Stress management	31 (27.0)	5 (4.5)	45 (45)	75 (62.5)
Walking programmes	-			
Onsite Fitness/Gym	-	-	-	62 (51.7)
Worksite eating/Diet Policy	102 (88.7)	98 (89.1)	18 (18)	115 (95.8)
Offsite fitness/gym	-	-	-	-
Weight Management	25 (21.7)	20 (18.2)	41 (41)	46 (38.3)
Tobacco Cessation	82 (71.3)	18(16.4)	70 (70)	104 (86.7)
Health/Medical Screening	115 (100)	110 (100)	100 (100)	120 (100)
Back pain prevention	32 (27.8)	78 (70.9)	15 (15)	68 (56.7)
Keep fit club	-	-	-	-
Alcohol and drugs programmes	98 (85.2)	34 (30.9)	55 (55)	98 (81.7)
Onsite clinic	115 (100)	110 (100)	-	120 (100)

Source: Field Survey, 2016

With respect to the types of wellness programs being organised at their respective organisations all the respondents in each of the four organisations cited the availability of health screening programs. All apart from GRA respondents admitted to availability of onsite clinic services. Also apart from the respondents from GRA, a significant majority of the other respondents admitted to the availability of worksite eating services or dietary policies (Table 1). Apart from AngloGold respondents less than half of the respondents (45%) from the other organisations admitted to the availability of a stress management program. A significant majority of respondents (81% – 85%) from Ghacem and AngloGold admitted to the availability of alcohol and drugs

programs. Less than half of the number of respondents (18% – 41%) in all the organisations admitted to the availability of a weight management program. A significant majority of (71%) of respondents from PFC admitted to the availability of the back of prevention programs, but this was not observed among respondents from the other organisations. Apart from AngloGold, none of the other organisations had an onsite fitness facility. None of four studied organisations had an off-site gym/fitness program or keep fit club.
With respect to wellness programs that were not being offered but respondents would wish to be offered, 22% of the PFC respondents and 24.3% of the Ghacem respondents said they would want a general pain management program to be offered. Also 33% of the PFC and 41.8% of the Ghacem respondents said they would want a stress management program to be offered.

Research Question 2: *What are the characteristics of the available Employee Wellness Programs?*

Table 2: Respondents' knowledge on health screening options available

Health Screening Option	Number of respondents (%)			
	GHACEM	PFC	GRA	AngloGold
BP Monitoring	88 (76.5)	95 (86.4)	75 (75)	114 (95)
Blood Sugar Monitoring	35 (30.4)	48 (43.6)	68 (68)	102 (85)
Hepatitis B tests	8 (7.0)	46 (41.8)	58 (58)	82 (68.3)
HIV tests	6 (5.2)	22 (20)	76 (76)	108 (90)
Body Mass Index (BMI)	12 (10.4)	18 (16.4)	42 (42)	80 (66.7)
Others				
Chest X-ray	88 (76.5)	4 (3.6)	18 (18)	120 (100)
Spirometry	88 (76.5)	-	-	112 (93.3)
Liver functions tests	68 (59.1)	4 (3.6)	10 (10)	88 (73.3)
Kidney function tests	62 (53.9)	8 (7.3)	12 (12)	86 (71.7)
ECG	5 (4.3)	2 (1.8)	6 (6)	78 (65)
Audiometry	2 (1.7)	-	-	58 (48.3)

The most prevalent health screening option available to employees was blood pressure monitoring. Seventy-seven per cent (77%) to 95% of respondents admitted to the availability of blood pressure monitoring (Table 2). The availability of blood sugar monitoring was stated by majority (68-85%) of the respondents from AngloGold and GRA, with less than half of the respondents (30-44%) from PFC and Ghacem admitting its availability. A pattern of response similar to this was observed with respect availability of Hep B test and HIV test. Respondents from AngloGold demonstrated the highest level of knowledge on availability of a wide range of health screening options. A significant majority of respondents (77-100%) from AngloGold and Ghacem stated the availability of Chest x-ray and Spirometry, though it was not the picture at PFC and GRA. Table 2 shows the knowledge of health screening options among respondents in the studied organisations.
With respect to the frequency of health screenings organised, majority of respondents (52%-89%) stated that they were organised once every year, 23% of AngloGold respondents, however stated that these were organised twice a year. However, 16% of PFC respondents and 30% of GRA respondents stated that these were organised once in two years. No respondent stated that health screening was never done, though 18% of GRA respondents said they were organised only once in their working history.
With respect to the frequency of organisation of health talks majority of AngloGold (68%) and PFC (69%) respondents stated that they were often organised. Also majority (64%) of GRA respondents said they were organised once a while. Apart from 26% of AngloGold respondents who said that health talks were organised very often, no respondent from any of the other organisations stated that they were very often organised. Also no respondent stated that health talks were never organized.
With respect to the amount of health information received at the workplace, no respondent rated this as excellent. Most of the respondents rated the amount of health information they received at their workplaces as either good (45%) or average (36%), with few respondents (7%) rating the amount of information received as poor. However no respondent rated the amount of health information received as poor. Overall AngloGold respondents had the best rating for the amount of health information received at the workplace.
Based on the objectives of the study, it can be stated that BP monitoring is a very common characteristic among

employee wellbeing programs in selected organizations. This is in line with the findings of Nyce (2010) who revealed that blood pressure accounts for a majority of morbidity in corporate organizations due to the pressure in work processes. This was also corroborated in a study by Preko (2012) who identified that mostly Ghanaian organizations operate using transactional relationship style and hence there is the tendency for employees to experience some mentally inflicting pressure and this could affect their overall wellbeing.

Research Question 3: *What are the individual employee factors that mitigate against the successful implementation of Employee Wellness Programs?*

Figure 1: Individual Factors that mitigate against successful Implementation of employee wellness programs

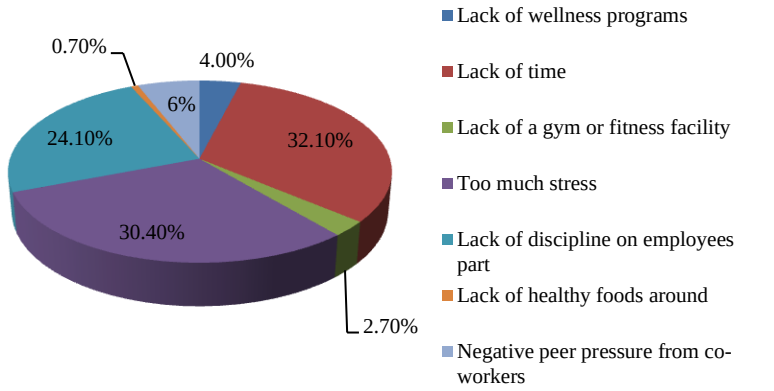


Figure 2: Pie chart showing hindering factors to the maintenance of healthy life styles at work cited by respondents at Ghacem.

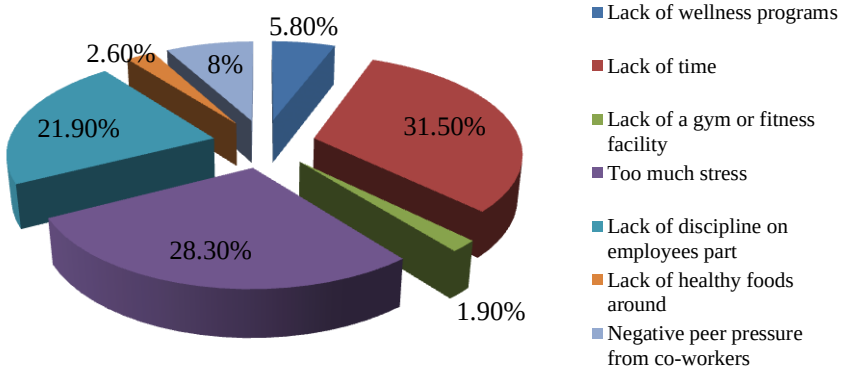


Figure 3: Pie chart showing hindering factors to the maintenance of healthy life styles at work cited by respondents at PFC

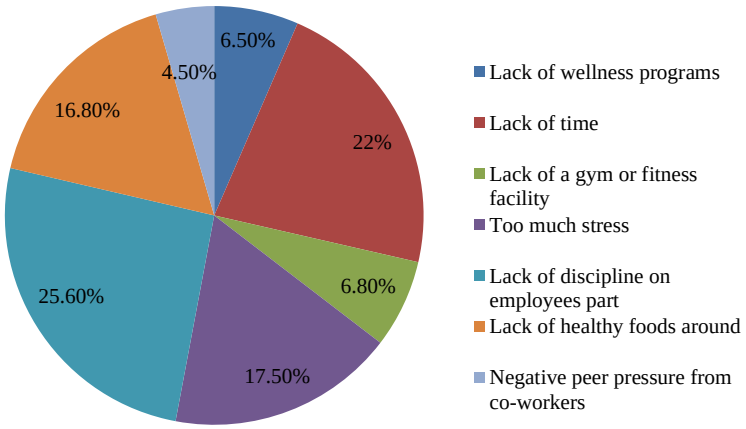
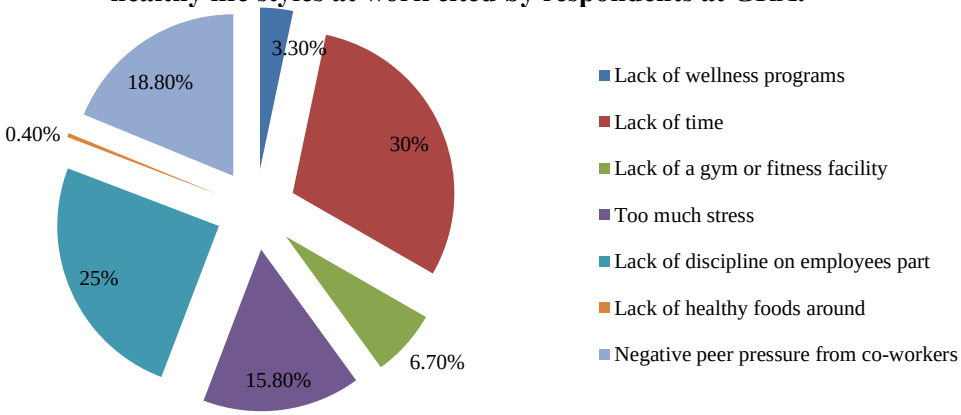


Figure 4: Pie chart showing hindering factors to the maintenance of healthy life styles at work cited by respondents at GRA.



The most frequently cited hindrance by the respondents to the maintenance of healthy lifestyles at work was lack of time; this was cited by 75% of respondents. Lack of discipline on the part of employee was cited by 63%, and too much stress by 61% of respondents. A significant majority of Ghacem respondents (79%) and PFC respondents (80%) cited stress as a hindrance to maintenance of healthy lifestyles at work. The least cited hindrances were lack of wellness programs (13% of the respondents), and lack of a gym or onsite fitness facility (12% of respondents). Apart from GRA respondents, lack of healthy foods at the workplace was only cited by very few (less than 8%) of the other respondents.

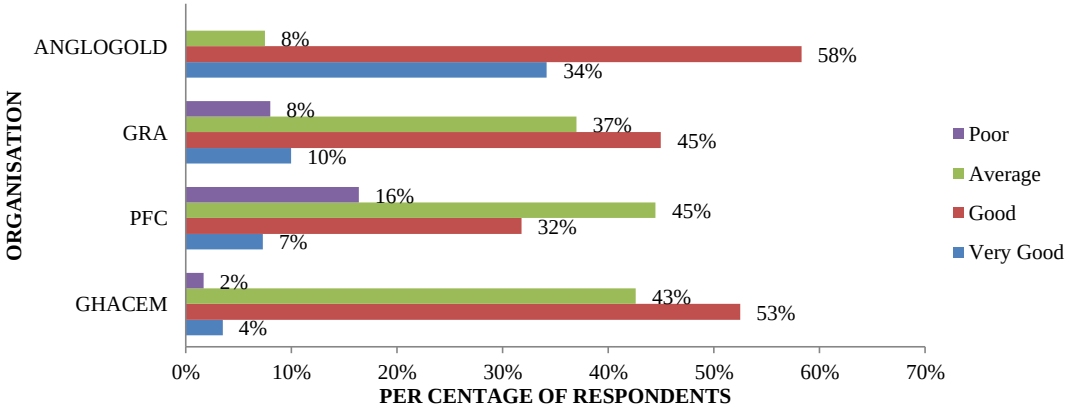
With respect to the commitment of respondents in taking part in available wellness programs, overall 20% of the total respondents said they were very committed, and 50% said they were moderately committed to participating in available wellness programs. Twenty per cent said they not really committed, with 1% stating they were not committed at all. The highest level of commitment was among AngloGold respondents.

With respect to the factors that hinder maximum participation of respondents in health screening programs almost 50% of respondents cited lack of time. About 23% of respondents stated that they did not want others to know about their health status. Only 3% of respondents felt that health screening programs were not important. Ten per cent of respondents were also hindered by the fact that they were scared to know about their health status. About 7% of respondents stated that they did not have enough information on organised health screening programs. With reference to the objectives of the study, it can be observed that, in terms of the factors limiting adherence to employee wellbeing practices, it could be concluded that averagely time played a very critical factor. Abhor (2011) explained that organizational structures are made in such a way that time does not permit for other activities that do not bring direct income to firms, as such it becomes very difficult to inculcate programs and activities that enhance employee overall wellbeing not understanding the fact that these programs tend to indirectly improve employee productivity.

Research Question 4: *What are the organizational level factors that promote the successful implementation of Employee Wellness Programs?*

The influence of organizations and employers in wellness programs

Figure 6: Respondents' rating of management's support for wellness programs



With respect to respondents' (employees') rating of management's support for wellness programs, overall 47% of respondents rated management's support as good. Fourteen per cent rated management's support as very good, and 32% as average. Six per cent however rated management's support as poor. No respondent rated management's support as excellent or very poor.

All the three management respondents for each of the four study organisations admitted that they had a committee mandated with the planning and implementation of employee wellness activities within their respective organisations. With respect to the rating of the information given to employees on health and wellness two of the management respondents for Ghacem said very good, whereas the third management respondent rated them as simply good. A similar pattern of responses were observed for PFC and GRA. With respect to AngloGold all three management respondents rated the amount of health information given to employees as very good.

With respect to the challenges against effective running of wellness programs, almost all the management respondents (10 out of 12) lamented that employees did not show very keen interest in the programs organised. Six out of twelve management respondents cited financial constraints as a challenge to effective organisation of wellness programs. None of the management respondents from Anglo Gold, however, cited financial constraints as a challenge to the organisation of effective wellness programs. The large employee numbers and the associated difficulty with coordinating wellness programs for all of them was also cited as a challenge by 5 out of 12 management respondents. The significant numbers of shift workers and the fact that it was almost impossible to get all of them to benefit from organised wellness programs was citeD as a hindrance by 6 out 12 of the management respondents.

Four out of the 12 management respondents stated that difficulty in getting experts to regularly run wellness programs was a challenge to effective implementation of wellness programs. Similarly 4 out of 12 management respondents stated that getting total commitment from the wellness team members was a challenge to effective organisation of wellness programs. All the management respondents admitted there was no strict system put in place for continuous review of wellness programs in order to continuously improve these programs and tailor them to best suit employee needs. Also only 4 out of 12 management respondents were aware mechanisms for soliciting employee feedback on the organised wellness programs. No management respondent stated that management did not consider wellness programs as important. Also no management respondent stated that health issues were not a problem to their organisation.

With regard to the organisation of health screening all respondents stated that they were done once a year. But the health and safety manager from AngloGold stated that it may be done more than once a year for workers they feel might have been over exposed to workplace hazards. Regarding how often health and wellness talks are organised, two of the management respondents from (Human resource and Health and Safety) from Ghacem stated that they were often done, but the third respondent (from finance) said it was organised once a while. A similar pattern of responses were observed for PFC and GRA. All the three respondents from Anglo Gold however stated that these talks were often organised. Only 2 out the 12 management respondents stated that they consulted employees before designing or implementing new wellness programs. The rest either responded in the negative or did not know of any consultations. Among all the organisations it was only AngloGold that had a distinctive corporate policy that supported employee wellness. Health and safety of their employees is their first corporate core value. The other organisations did not have employee wellness programs distinctly spelt out in organisational culture or goals, but they had some workplace policies that sought to support employee wellness programs.

With respect to structures or arrangements in the work environment that sought to promote employee wellness all four organisations but GRA had an onsite clinic for workers. Also apart from GRA, all the other three organisations had an onsite canteen which sought to promote healthy eating habits. All four organisations had rest rooms for employees to relax. None of the organisations made available fresh foods for workers. All four organisations admitted having clean water with dispensers at vantage points. Anglo Gold had a recreational and fitness facility onsite for workers for relieving stress, though the other organisations did not. Management respondents for Anglo Gold, Ghacem and GRA stated that they had ergonomically friendly chairs for those whose work involved prolonged sitting.

CONCLUSION:

The main Employee Wellness Programs identified are stress management, alcohol and drugs, worksite eating, diet policy, health screening, tobacco cessation, and back pain prevention, health screening, and weight management programs. Participation rates in these programs varied significantly across

organisations, and even within the same organisation there were major variations in terms of participation in the different programs among the different personnel. Health screenings were generally organised once a year for employees.

The main individual employee factors that militated against effective implementation of Employee Wellness Programs were lack of time, too much stress at work, lack of knowledge on available wellness programs, and fear of leakage of confidential health information to others. Main organisational factors identified to affect effective implementation of Employee Wellness Programs were failure to tailor programs towards individual health needs, financial constraints, inefficiency on the part of wellness committees, lack of strong corporate policies on health and wellness, and lack of strong support from management for employee wellness programs.

Key strategies suggested to deal with factors militating against effective implementation of wellness program s include incorporating their running into organisational policies in order to receive the full backing of top management. Also active engagement of employees in every aspect of planning and implementation of wellness programs, and continuous monitoring g and collation of data on on-going employee wellness programs and using it improve upon the programs.

RECOMMENDATIONS:

Based on the findings of this study, the researchers wish to recommend that employers offering employee wellness programs must put in more effort to get all employees well informed about available wellness programs to increase participation.

1. Employers must also go beyond just creating awareness on the importance of wellness programs, but move a step further to ensure that conditions at the workplace favour the active participation of employees in wellness programs.
2. Employers must do more to allay the anxiety of workers that health screening results will be used against them. They must instead ensure that employee health data are treated with all the confidentiality and privacy that it deserves.
3. Employers must ensure that employees are involved in every stage of the planning and implementation of employee wellness programs. They must also ensure that feedback on the progress of these wellness programs is solicited from employees for continuous improvement of these programs.
4. Employers must ensure that wellness committees within organisations are adequately motivated and given the necessary encouragement by management to effectively fulfil their mandate.
5. Employers must ensure that employee wellness programs are strongly backed by corporate policy and must also be strongly endorsed by management in order to make them more effective and sustainable.
6. Healthcare workers running onsite clinics and health screening must take keen interest in educating employees on the indications of the different health screening options and stirring up their interest in patronising them
7. Further research will need to be done to determine the role of demographic characteristics such as sex, age and educational background on the participation of employees in wellness programs. This help to better tailor existing programs to be more suitable to participants. A very important area for future studies is to perform a cost-benefit analysis on these programs to ascertain whether the investments done so far by organisations in Employee Wellness Programs are yielding the desired return on investment. Another area is to compare the health outcomes of those actively participating in employee wellness programs and those that are not to determine whether there are any significant differences in the health outcomes.

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