



Determining factors for utilisation of employee wellness programme by healthcare workers in Limpopo Province, South Africa

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ABSTRACT

Background

The health and well-being of healthcare workers have broader implications for public health. The utilization of employee wellness programs (EWP) among healthcare workers poses a significant challenge, as there is a growing concern regarding the limited engagement and participation in these programs. Despite the well-established benefits of such initiatives in promoting the well-being of healthcare professionals, a notable gap exists in understanding the factors influencing their utilization within the healthcare sector. Therefore, this study aimed to determine factors for utilisation of EWP by healthcare workers (HCWs) in the Limpopo Province of South Africa.

Methods

This was a cross-sectional quantitative study conducted among 325 HCWs who were selected using random sampling techniques. Data were collected using self-administered questionnaires. Logistic regression analysis was performed to identify factors for utilisation of EWP among HCWs.

Results

Almost all (96%) had an adequate level of awareness of EWP in their workplace. Participants who were responsible for their own wellbeing were ten times more likely to participate in an EWP than those who were not responsible (OR=10.6, $p<0.05$). Participants who talk to their friends about issues related to healthy eating were 11 times more likely to participate in an EWP than those who did not talk about healthy eating (OR=10.9, $p<0.05$). Stressed/burned out employees were 3.7 times more likely to participate in an EWP than those who did not have these conditions (OR=3.7, $p=0.036$).

Conclusion

HCWs are willing to utilise EWP if offered. There is a need for initiating EWP in the study setting. The EWP programme should be developed and implanted in the health sectors considering the factors found to be significant.

Keywords: Adherence; Hypertension; Socio-demographic; Lifestyle

GJMEDPH 2024; Vol. 13, issue 6 | OPEN ACCESS

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Conflict of Interest—none | Funding—none

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INTRODUCTION

The presence of physically and mentally fit employees is vital for the effective operation of any organisation within the context of the global business landscape. Hence, the implementation of employee wellness programmes (EWP) is considered a crucial strategy for enhancing the well-being and engagement of employees, alongside improving the overall working environment. The aforementioned phenomenon has been found to have a positive impact on both the current state of energy and commitment towards work, and also has promise for extending one's career span (1-3). EWP are essential for both employees and employers, as they offer numerous advantages to firms. These advantages include enhanced work performance, increased work engagement, greater work capacity, higher job retention rates, and less financial load resulting from decreased sick leave (4-6). Healthcare professionals frequently work extended periods in environments that are mentally and physically demanding, characterised by high levels of stimulation, noise, and emotional intensity. These individuals are exposed to a continuous stream of stressors, both physical and psychological (7). When combined with financial stress, overscheduled lifestyles, a lack of genuine personal connections, limited time for rest and rejuvenation, healthcare providers experience a continuous state of fight or flight response. When a series of external stressors occur frequently and repeatedly, without providing sufficient opportunities for the necessary parasympathetic de-escalation, it can have long-term effects on the body. These effects may include emotional dysregulation, anxiety, changes in cardiovascular functioning, alterations in cognitive processes, sleep disturbances, fatigue, and even immune suppression, which can result in permanent physiological changes. The presence of acute or chronic stress frequently leads to a decline in sleep quality, which in turn gives rise to other complications (8). Sleep disruptions are commonly reported by healthcare shift workers and individuals under repeated psychological stress. These disturbances have been associated with an increased risk of memory loss, reduced reactivity, diminished quality of care provided to patients, and even suicidal tendencies (9). Long-term physical or psychological stress or trauma can have wide-

ranging negative effects on various physiological systems, including the limbic system, cardiopulmonary system, and neurophysiology. These effects can ultimately lead to an increased risk of developing cardiac disease, stroke, obesity, anxiety, depression, and other related illnesses (8, 10, 11). EWPs have been found to enhance operational efficiency, facilitate the provision of preventive healthcare services, alleviate stress, and ultimately enhance productivity (12). The primary objective of an EWP is to enhance the provision of healthcare services by promoting the overall welfare of healthcare personnel within their work environment. For instance, the implementation of EWP has been found to have a positive impact on reducing absenteeism rates and simultaneously enhancing staff morale (13-15). The implementation of EWP has been found to contribute to a reduction in the occurrence of health risk behaviours among employees. For instance, promoting engagement in physical exercise has been shown to reduce the incidence of non-communicable diseases, such as cardiovascular disease. According to a study, a majority of employees in South Africa fail to meet the recommended levels of physical exercise as outlined in the recommendations (15). The study conducted by the authors revealed that a majority of employees in South Africa have an elevated risk of cardiovascular diseases as a result of insufficient physical exercise (16). Insufficient data exists about the efficacy of intervention programmes designed to enhance physical activity and reduce the risk profile of the South African workforce in relation to cardiovascular disease (17).

In the context of South Africa, EWPs are widely recognised as influential catalysts for addressing and improving social issues inside the workplace. In order to mitigate low productivity and enhance employee well-being, it is imperative for large organisations to establish and integrate EWPs into their institutional framework (18). Employees who willingly seek assistance through referrals demonstrate a favourable rate of recovery when utilising EWPs. Employers perceive that providing assistance to employees can lead to cost savings, thereby fostering a sense of trust among employees who recognise the employer's concern for their welfare (19). It is evident that despite the presence of



legislative and administrative frameworks in South Africa, there remains a notable deficiency in knowledge pertaining to EWP and the perceptions of employees towards them (17). The Department of Public Administration is responsible for distributing policies to various government agencies with the aim of promoting organisational well-being and enhancing overall performance. Nevertheless, limited research has been conducted regarding the extent of awareness and the execution of policies (17). It has been hypothesised that a deficiency in information and a limited impression of EWP may potentially have an impact. However, none of these aspects have been thoroughly examined. Consequently, the objective of this study was to examine the level of employee wellness programme use among healthcare professionals in hospitals affiliated with Makhuduthamaga Municipality. This study has the potential to contribute to the development of strategies aimed at enhancing the effectiveness of EWPs in South Africa.

METHODOLOGY

The present study was a quantitative cross-sectional investigation carried out at the hospitals located within Makhuduthamaga Municipality in the province of Limpopo, specifically encompassing Jane Furse and St Rita's hospitals. Every hospital is equipped with an occupational health clinic that is located within the hospital premises. The clinic is operational during standard office hours, specifically from 07:00 to 16:30 on weekdays exclusively. Primary health care services are provided throughout the day, while wellness programmes are only offered through a referral system and by appointment.

The population consisted of all personnel who were appointed to Jane Furse and St Rita's hospitals inside the Makhuduthamaga Municipality. According to the Department's records, the estimated size of the sampling frame was 1293. Based on a population size of 1293, a confidence interval of 95%, a response distribution of 50%, and a margin of error of 5%, it was determined that a minimum sample size of 297 was necessary for the study. A supplementary 10% sample was employed to account for non-response and missing data, resulting in a total sample size of 325 individuals. The researchers employed the stratified random sampling technique to select

participants from both hospitals. The population of employees at Jane Furse Hospital consisted of 576 individuals, from which a sample of 150 participants was selected. In contrast, St. Rita's Hospital had a workforce of 727 individuals, out of which 175 individuals were selected to participate in the study.

The study population consisted of healthcare workers (including doctors, nurses, and pharmacists), office administrators (such as clerks, human resources personnel, and accountants), as well as subordinates (including support staff, cleaners, laundry personnel, and drivers). Participants were carefully sampled from each of the three strata by picking every third case from the respective stratum list.

The researchers utilised a validated questionnaire that was derived from a prior study (20). The researcher and research assistants were responsible for administering the questionnaire to the personnel. The questionnaire was personally provided by the researcher to the participants in their relevant department.

Each structured questionnaire was accompanied by a covering letter and an informed consent form. These documents were included to introduce and provide an explanation of the study's goal to the participants. The questionnaire was administered to participants who provided their agreement to participate. The data collection technique employed in this study involved the use of a self-administered questionnaire to get responses from the participants. Questionnaires were gathered from the participants' head of section.

The tool was initially subjected to a pre-test by the researcher, who administered the questionnaire to a select group of respondents. This was done to assess whether the participants were able to answer the questions at the desired level of expertise and demonstrate comprehension of the perception concerns. In order to ensure uniformity in the implementation of the tool, the research assistants underwent comprehensive training. The reliability of the gathered data was ensured through a process of double-checking, which involved the involvement of two research assistants who had received prior training in data capture techniques.



The researcher gained ethical clearance from the Sefako Makgatho Health Sciences University of Ethics and Research Committee. The researchers sought permission to perform the study from the research unit of the Limpopo Provincial Health Department. Furthermore, authorization was provided by the Chief Executive Officer of the aforementioned hospitals. The participants were provided with information regarding the voluntary nature of their involvement in the study and were duly advised of their right to withdraw from the study at any point, should they choose to use that option. The participants engaged in the study by providing their informed consent through the

process of signing and submitting it. To maintain anonymity, all data was handled using strict confidentiality measures, and the identities of participants were not disclosed in any manner.

RESULTS

A total of 325 participants participated in the study. Thus, the response rate was 100%. Table 1 below presents the socio demographics of the participants. The mean age was 42 years (SD=10 years). Majority (78%) of them were female. Half of them were single (50%). About three-quarters of them had less than 15 years of working experience (74%). More than half were professional healthcare workers (60%).

Table 1: Socio-demographic status of the participants (n=325)

Variables	Categories	Frequency	Percentages
Age	<30	50	15
	30-39	100	31
	40-49	99	31
	≥50	76	23
Gender	Female	254	78
	Male	71	22
Marital status	Single	162	50
	Married	138	42
	Divorced/Widowed	25	8
Education	Primary school	22	7
	Secondary school	58	18
	Tertiary	245	75
No. of years working	<5	63	19
	6-10	125	39
	11-15	52	16
	≥15	85	26
Job- title	HCW	195	60
	Office admins	49	15
	Subordinates	81	25

Table 2 presents participants’ knowledge of employee wellness programmes. The majority of participants (89%) reported that it was possible to have a healthy living in the workplace. Similarly, 86% indicated that employees were responsible for

their well-being. Most of the participants (91%) knew that social responsibilities should come from both employees and employers. Most of the participants (88%) did talk to their friends about issues related to healthy eating. About two-thirds



(65%) thought that there is a correlation between personal problems and work performance. More than half of the participants (52%) revealed that

stress/burnout is the highest problem that influences work performance.

Table 2: Participants’ knowledge of Employee Wellness Programmes

Variables	Yes	No
It is possible to have healthy living in a workplace	89	11
Employees are responsible for their own wellbeing	89	11
Social responsibilities should come from both employees and the employer	90	10
Do you ever talk to your friends about issues related to healthy eating?	88	12
Do you think there is a correlation between personal problems and work performance?	65	35
Do any of the following problems have an influence on your work performance?		
Marital/relationship problems	33	67
Finances	45	55
Sexual harassment	34	66
Stress/burnout	52	48
Depression	45	55
Alcohol and drug related problems	38	62

Table 3 below presents the perceptions on EWPs by healthcare workers. Almost all the participants (91%) perceive that health-related activities at work make them feel more appreciated. Only 10% prefer to keep work and home life problems separate. Half of the participants reported that they would discuss their personal problems with their line/HR manager (50%). Furthermore, more than half of participants

(54%) like to deal with their problems alone. About two-thirds (66%) indicated that confidential information and knowledge would be used against them in the workplace. Almost all of them (96%) mentioned that any workplace should take part in promoting healthy living, and 95% agreed that all organisations should have social responsibility towards its employees.

Table 3: Participants’ perceptions of employee wellness programmes

Variables	Yes	No
Health related activities at work make me feel more appreciated	91	9
I prefer to keep work and home life problems separate	90	10
I would discuss my personal problems with my line/HR manager	50	50
I like to deal with my problems alone	54	46



Confidential information and knowledge would be used against me in the workplace	66	34
Any workplace should take part in promoting healthy living	96	4
All organisations should have social responsibility towards their employees	95	5
In which of the following categories would you place yourself?		
I have been thinking of changing some of my health behaviours	88	12
I am planning on making a health behaviour change within the next 30 days	76	24
I have made some health behaviour changes but I still have trouble following through	38	62
I have had a healthy lifestyle for years	67	33
I feel that I am well rewarded for the effort I put at work	61	39
I am happy with the balance between my work and my leisure time	72	28
Which of the following could discourage implementation of an employee wellness programme in a worksite?		
Employers are unsympathetic to staff problems	67	33
Confidentiality is not upheld if you share personal problems	69	31
There is no forum to handle personal problems in our organisation	68	32
There is never a call for a wellness campaign in our worksite	66	34
There is lack of interest from staff in our organisation	58	42
There is a staff support system in place in our worksite but it is not regulated	51	49
It is too expensive to maintain staff support system programmes	49	51
There is no need for staff support system programmes	32	68
The employer does not deal with employees who have personal problems	56	44
Our organisation is too small to implement a wellness programme	34	66

Table 4 shows that majority participants (90%) would participate in a wellness programme if offered. Almost all participants (97%) indicated that they were interested in pursuing a healthy lifestyle. The results of the study show that about two-thirds (66%) had participated in an EWP in their workplace. Additionally, Table 4 illustrates EWP activities that

were listed to evaluate which one the participants would like to participate in. The majority of the participants indicated that they would participate in a nutrition (healthy eating) programme (94%), followed by a weight management programme (91%).

Table 4: Participation in employee wellness programmes

Variables	Yes	No
I would participate in a wellness programme if offered	90	10
I am interested in pursuing a healthy lifestyle	97	3
Have you ever participated in an EWP in your workplace?	35	65

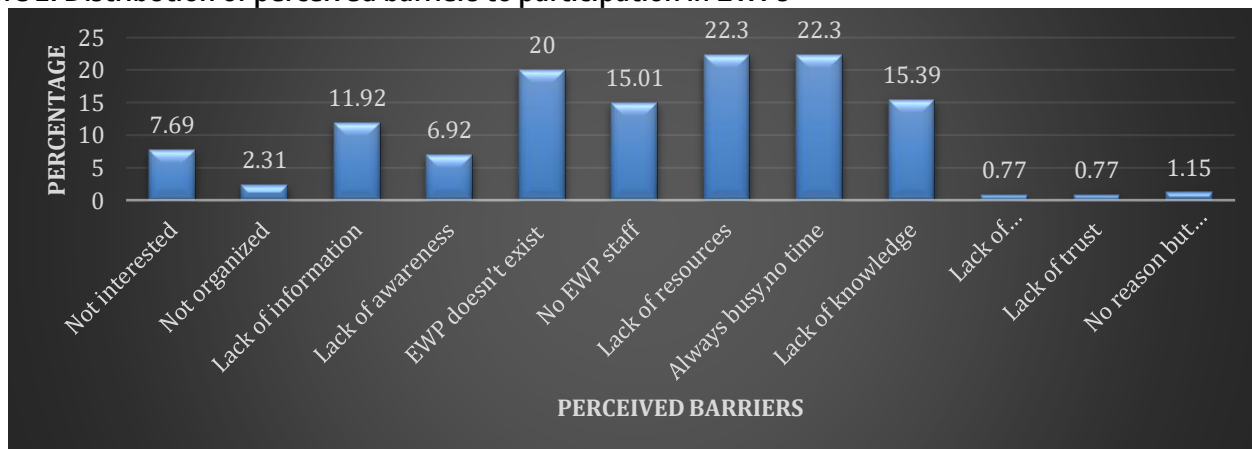


Do you currently participate in an EWP in your workplace?	27	73
Which of the following activities would you prefer to participate in?		
Nutrition	94	6
Weight management	91	9
Blood pressure	88	12
Smoking	62	38
Stress management	85	15
Time management	90	10
Balancing family and work	89	11
Wellness coaching	88	12
Blood glucose	87	13
Exercise	85	15

Figure 1 below shows the barriers to EWP participation. The results revealed that lack of resources (22%) and lack of time (22) as the main reasons for not participating in employee wellness

programmes. The least reasons for not participating are lack of management support (1%) and lack of trust in the programme.

Figure 1: Distribution of perceived barriers to participation in EWPs



Logistic regression analysis was conducted to determine the significant predictor for utilisation of the EWP programme. It was found that age, gender, marital status and education level significantly influence participation in EWP ($p < 0.05$). Participants who were responsible for their own wellbeing were ten times more likely to participate in an EWP than those who were not responsible

($OR = 10.6, p < 0.05$). Participants who talk to their friends about issues related to healthy eating were 11 times more likely to participate in an EWP than those who did not talk about healthy eating ($OR = 10.9, p < 0.05$). Stressed/burned out employees were 3.7 times more likely to participate in an EWP than those who did not have these conditions ($OR = 3.7, p = 0.036$).

Table 5: Factors influencing participation in EWP

Variable	Details	Crude OR 95% CI	P-value	Adjusted OR 95% CI	P-value
Age (Years)	<35	-		-	
	≥35	2.2(1.92-2.57) *	0.000	1.1(0.4-2.9)	0.905
Gender	Male	-		-	
	Female	10(6.51-15.35) *	0.000	1.5(0.6-3.7)	0.375
Marital status	Single	-		-	
	Married	9.19(5.48-15.39) *	0.000	1.4(0.6-3.3)	0.459
Education category	Basic	-		-	
	Higher	9.1(6.24-13.27)	0.000	1.1(0.3-4.1)	0.912
Employees are responsible for their own well being	No	-		-	
	Yes	10.6(7.0-16.1) *	0.000	4.4(1.7-11.1) *	0.002
Social responsibilities are for employee and employer	No	-		-	
	Yes	8.5(5.8-12.3) *	0.000	0.2(0.04-1.1)	0.061
Ever talked to my friends about issues on healthy eating	No	-		-	
	Yes	10.9(7.2-16.6) *	0.000	4.3(1.6-11.4) *	0.004
Correlation between personal and work performance	No	-		-	
	Yes	12.2(7.3-20.3) *	0.000	2.9(1.2-7.0)	0.019
Marital problems	No	-		-	
	Yes	9.2(5.5-15.4) *	0.000	0.1(0.003-0.4) *	0.000
Finance	No	-		-	
	Yes	9.4(5.4-16.3) *	0.000	0.9(0.3-2.6)	0.839
Sexual harassment	No	-		-	
	Yes	14.7(6.8-31.6) *	0.000	1.1(0.3-4.8)	0.830
Stress/burnout	No	-		-	
	Yes	14.3(7.7-26.3) *	0.000	3.7(1.1-12.7) *	0.036
Depression	No	-		-	
	Yes	12.4(6.7-22.8) *	0.000	0.5(0.1-2.0)	0.360
Alcohol/drug problem	No	-		-	
	Yes	19.3(8.5-43.9) *	0.000	5.8(1.3-22.0) *	0.009

* = a significant association

DISCUSSION



The objective of this study was to examine the knowledge, perception, and use of electronic health records among healthcare professionals. In order to evaluate the perspective of Employee Wellness Programmes (EWP), participants were queried regarding their willingness to engage in a wellness programme if it were made available to them. According to the findings of the study, it can be inferred that a total of 89 individuals, accounting for 9% of the sample population, would be inclined to engage in a wellness programme if it were made available to them. The data indicates a high level of employee engagement and willingness to actively partake in the activities. Additionally, the results indicated that a significant majority of 91% of participants reported seeing a heightened sense of appreciation while engaging in health-related activities at the workplace, since these activities underscore the significance placed on their well-being. When employees possess knowledge regarding the available services and have a need for them, it is expected that they will opt to make use of those services (21). Individuals who possessed knowledge regarding the functioning of the EWP exhibited a higher propensity to utilise it, in contrast to those who had a limited understanding of its operational mechanisms (12). Therefore, a viable strategy for enhancing engagement in a workplace wellness initiative involves implementing effective marketing techniques. In order to assess participants' degree of awareness, an evaluation was conducted to measure their comprehension of the manner in which they perceive EWPs. A substantial proportion of respondents (96%) expressed the belief that it is imperative for all workplaces to actively engage in the promotion of healthy lifestyles. This implies that individuals inside the organisation have knowledge regarding the existence of an EWP within their professional environment. The results align with those of a previous study, when it was stated that a significant proportion of participants demonstrated awareness of an EWP (12). The study revealed that the programme effectively achieved visibility and recognition. Furthermore, a significant majority of participants (65%) held the belief that a positive relationship exists between personal issues and job performance. Furthermore, it has been proposed that employees' attitudes towards EWPs may be enhanced if they possessed knowledge and

familiarity with the concept of EWP (22).

The study's results indicated that a majority of participants, namely over 60%, held the belief that their sensitive information could potentially be utilised in a detrimental manner within the context of their professional environment. This finding aligns with prior research, indicating that employees who perceive the services provided as trustworthy and confidential may not fully engage, resulting in suboptimal outcomes (23). The results align with a previous study conducted in South Africa, which also found that a significant number of participants expressed doubts regarding the confidentiality of services provided by wellness programmes (12). EWPs have the objective of generating consciousness regarding diverse health concerns inside the workplace and subsequently taking measures to tackle them. The recognition of employees' health status will enable them to proactively implement necessary preventive actions (24). The findings of the study indicate that a significant majority of the participants expressed their willingness to engage in a wellness programme, should one be made available to them. In a similar vein, the results of the study revealed that a significant proportion of participants expressed a keen interest in adopting a lifestyle that promotes good health. Therefore, the implementation of an EWP would greatly facilitate individuals in maintaining good health. The findings of the study shown a notable enhancement compared to prior research, indicating a 29% rate of employee engagement (25). Organisations encounter difficulties in promoting employee engagement in their wellness programmes, despite the significant imperative to enhance and sustain the well-being of their workforce (24).

The findings of the present study indicate a significant disparity in programme participation rates between females and males, with females exhibiting a likelihood that is ten times higher than that of boys. The current study observed that the majority of participants were female. This can be mostly attributed to the fact that healthcare services are predominantly occupied by women. The present conclusion aligns with the results published in a prior study conducted in South Africa, wherein it was shown that women exhibited a nearly twofold higher



likelihood of utilising the EWP services compared to men (12). According to scholarly research, women are commonly known as being proactive in seeking various forms of assistance, such as attending clinics, utilising counselling services, and accessing other health-related resources (12). In contrast, a separate study conducted in South Africa found that there is a higher likelihood of men utilising an EWP compared to women. This discrepancy can be attributed to the fact that the mining industry is predominantly male-dominated, whilst the health professions are predominantly female-dominated (20).

The results of the present study indicate that there is a strong relationship between age, marital status, and education level and the extent of involvement in EWPs. There was a higher likelihood of use of an EWP among employees who were married (12). Marriage is widely seen as a source of challenges for individuals. Employees perceive the implementation of an EWP as a manifestation of their employers' endorsement and encouragement of their well-being both within and beyond the workplace. In contrast, a separate study discovered a lack of statistical significance in the association between married status and the utilisation of EWP (26). The level of employee engagement in worksite health programmes has exhibited a rather modest trend over the course of the last three decades (27). The identification of motivational factors and barriers that influence employees' participation in workplace wellness programmes can provide valuable insights for businesses seeking to develop policies and interventions aimed at enhancing employee engagement in such programmes (24). Despite the availability of free EWP services, there exists a disparity in the utilisation of these services among employees, with some choosing to take use of them while others elect not to do so. There are several elements that can potentially affect and motivate employees to make use of EWP services. These factors include participation incentives, programme awareness, and the assurance of confidentiality (28).

In the present investigation, participants who did not employ the EWP were requested to offer justifications for their decision through open-ended inquiries. The primary factors contributing to non-participation were time constraints and limited

resources. The results were consistent with a previous study that identified a lack of time as the primary obstacle to fully engaging in the training (16). The findings indicated that a portion of the participants held the belief that the programme was non-existent, while others cited a lack of understanding or information as the reason for their perception. Additionally, some participants highlighted the absence of staff dedicated to the project as a contributing factor, while others expressed disinterest in the course as a primary motive. The findings of the present study diverge from other research, which posited that concerns over confidentiality and the trustworthiness of personnel were factors contributing to non-participation. However, the primary reason cited for non-participation in this study was the inconvenience of the timing (29). A separate study corroborated the notion that time restrictions were the primary obstacles hindering individuals from engaging in workplace wellness programmes (30). There is a prevailing belief that wellness activities, such as sports, are often scheduled during working hours, posing a challenge for certain employees who are unable to be absent from the office due to staffing shortages. For example, certain amenities such as gym facilities and yoga sessions were provided during regular work hours. However, certain employees were unable to take advantage of these services due to their work obligations (31).

The role of managers, supervisors, and leaders within an organisation is of utmost significance in terms of motivating employees to actively participate in activities that result in increased production (32). The findings of the study indicated that a significant proportion of participants, specifically 56%, had the belief that companies do not provide adequate help when individuals encounter personal difficulties. The supervisor plays a pivotal role in the effectiveness of the EWP, serving as a vital intermediary between employees and the programme (33). Insufficient levels of engagement are anticipated, as indicated by recent research findings wherein 66% reported a lack of demand for wellness campaigns at their respective workplaces. Consequently, it was their contention that the employer's endeavours to enhance the efficacy of the plan were inadequate. It has been proposed that businesses interested in enhancing employee



participation rates in EWPs should begin by addressing the elements that drive participation (24).

Limitations of the study

The research has some limitations. The results are contingent upon data that is self-reported. An additional limitation of our work is its cross-sectional design, which hinders the establishment of causal links. The study was conducted in a hospital setting; therefore, the findings may differ from other institutions like mining and construction.

Recommendations

In order to generate momentum, it is recommended that the Department enhance its efforts in promoting awareness of the programme. Policies pertaining to the EWP be established in order to facilitate the process of revision and serve as a reliable point of reference for future use. There is a need for enhanced communication with respect to the EWP programme. The staff of the EWP should consider implementing further measures to enhance

confidentiality, as it has been identified as a matter of concern among certain personnel. The activities of the EWP programme should possess a degree of flexibility in order to accommodate the needs of all employees, particularly those who are engaged in shift work. It is imperative for all sectional managers to demonstrate their support for the EWP by actively participating in and encouraging engagement in EWP activities.

Conclusion

The findings of the study indicate that a significant proportion of the participants expressed their willingness to engage in a wellness programme, should it be made available to them. The participants possess knowledge on the existence of EWPs inside their respective workplaces. Nevertheless, it is argued that the employer's commitment towards ensuring the program's effectiveness is insufficient. There is a strong likelihood of employee engagement in the study setting when efforts are made to enhance the EWP.

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