

THE RELATIONSHIP BETWEEN EMPLOYEES' PERCEPTIONS OF HIV/AIDS PREVENTION, CARE AND SUPPORT PROGRAMMES AND EMPLOYEE ENGAGEMENT: THE CASE OF SOUTH AFRICAN TERTIARY INSTITUTIONS IN THE EASTERN CAPE PROVINCE.

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Together in Excellence

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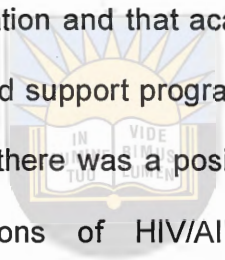
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ABSTRACT

HIV/AIDS and employee engagement has become the greatest fear of most organisations in the 21st century resulting in the failure of many organisations. HIV/AIDS affects all organisations, whether profit-making or non-profit making, such as tertiary institutions. Organisations have devised HIV/AIDS prevention, care and support programmes in order to reduce discrimination against and stigmatisation of infected employees, thereby providing a favourable working environment which results in employees becoming engaged with their organisations. In this regard, this study focused on the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement. The study focused only on academic staff at the two selected tertiary institutions in the Eastern Cape Province in South Africa. Results indicated that academic staff in tertiary institutions are engaged with their work and the organisation and that academic staff have positive perceptions of HIV/AIDS prevention, care and support programmes provided by their organisations. The findings also revealed that there was a positive statistically significant relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement.


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DECLARATION

I, the undersigned Julia Tanyaradzwa Buwu hereby declare that this dissertation is my own original work and that it has not been submitted, and will not be presented at any other University for a similar or any other degree award. It is submitted in the fulfillment of the requirements for the degree of Master of Commerce in Industrial Psychology at the University of Fort Hare, Alice.

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DEDICATION

To God be the glory, for he has always been my strength and guidance during my entire life and education.

This also goes out to my family and friends for their moral support and being there for me in my times of trials and need.



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CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

HIV/AIDS has become the greatest fear of all organisations in this competitive world due to its devastating effects on many employees and organisations at large (Pieter, 2006). Acquired Immune Deficiency Syndrome means AIDS which is a state resulting from a virus called the Human Immune Virus (HIV) which destroys the immune system that fights against infections (Pieter, 2006). According to the Asian Business Coalition on AIDS (2002) the fear of discrimination and stigmatisation prevents infected employees from disclosing their status, thus making the infection a secret. In addition, the lack of understanding of HIV/AIDS at organisational level results in unnecessary disruptions and conflicts, from inappropriate business responses. A case in point is Thailand, where there was a production line stoppage due to employees' fear of the transmission of HIV/AIDS (Asian Business Coalition on AIDS, 2002).

South Africa has introduced legislation to protect employees' rights on HIV/AIDS related issues within the workplace. The employees' rights on HIV/AIDS are stated in most organisational policy documents. According to Saint (2004) staff rights in the HIV/AIDS policy for the University of the Witwatersrand are in accordance with the South African Constitution, the Employment Equity Act No 55 of 1998, the Labour Relations Act No 66 of 1995, the Medical Schemes Act No 131 of 1998. The following are included in the government's draft Code of Good Practice on Key Aspects of HIV/AIDS and Employment, employee rights:

- 1) No employee or applicant for employment may be required by the university to undergo an HIV/AIDS test or disclose their status
- 2) If a person's HIV status becomes known to the university, it shall not be the basis for a refusal to enter into or renew an employment contract
- 3) HIV/AIDS status shall not be a criterion for refusing, to promote, train, and develop a staff member
- 4) An employee may not be dismissed simply because he/she is living with HIV/AIDS
- 5) No employee may have his/her employment terminated on the basis of HIV/AIDS status alone, nor shall HIV status alone influence decisions on retrenchment or retirement on the grounds of ill-health.
- 6) An employee's HIV/AIDS status will not be reflected in any personnel files, and no employee's HIV status may be disclosed by another member of staff without the informed consent of the employee
- 7) The university requires that the trustees and administrators of retirement, provident and medical scheme funds not disclose the identity of employees living with HIV/AIDS to the university without the members' written permission
- 8) The university believes that it is the interests of all parties to prevent unfair discrimination against employees with HIV/AIDS with regard to access to employment benefits such as medical scheme, provident and pension funds

- 9) The university endeavors to provide a working environment in which employees with HIV/AIDS are accepted and are free from prejudice and stigma
- 10) Staff have a right to know of possible risks of occupational exposure to HIV in their working environment
- 11) The university endeavors to provide a working environment in which occupational exposure to HIV is minimized and will provide the necessary protection equipment and arrange access to Post Exposure Prophylaxis (PEP).

In addition, the policy of the University of Port Elizabeth on HIV/AIDS (2005) requires that HIV/AIDS prevention, care and support programmes focus mainly on prevention, care and support, student support counseling, voluntary counseling and testing and wellness programmes. The policy further made provision for the management of infections that are transmitted through sex, fertility wellbeing, peer educators, monitoring and assessment of offered programmes and sponsorship. According to Salemo and Mitten (2008) HIV/AIDS has had devastating effect on many organisations. For example, in Microfinance institutions HIV/AIDS has caused effects such as an increase in health and life indemnity costs, medical aid costs, human resource costs, loss of life and memorial service costs, absenteeism, high staff turnover, and finally training costs of new staff due to loss of technological skills and empirical knowledge.

The Association of Commonwealth Universities (ACU) (2001) mentioned that a Southern African University is reported to pay out 10 percent of its normal financial plan on AIDS-associated expenditure such as bereavement benefits, interment and fitness care. The Associations of Commonwealth Universities (2001) further stated that

institutional indirect costs include productivity loss as a result of personnel infirmity, loss of personnel resources as a result of death, loss of institutional professionals, enrollment and substitution of staff costs, the expenditure of education to take responsibility of AIDS-induced absenteeism, increased indemnity payment, increased bereavement benefits and interment expense for employees.

According to Terhemba (2007) the Nigerian Government has been bound to focus more intensely on HIV/AIDS prevention strategies due to a rapid spread of HIV/AIDS rate from 1.8 percent to 5.8 percent in 1998 and 2001 respectively with the aim to reduce the effects of HIV/AIDS infection and to provide care and support to infected employees in the educational sector.



Nevertheless, the lack of and inappropriate implementation of HIV/AIDS prevention, care and support programmes have had catastrophic effects on many organisations thus contributing to their collapse and also the dissatisfaction to employees resulting in disengagement. Van Wyk, Strebel, Peltzer and Skinner (2006) point out that the social and economic development of the African continent can be retarded by the overwhelming impact of HIV/AIDS.

According to Towers Perrin (2005) employee engagement has generated many benefits for many organisations such as better cost control, higher product quality and better customer service. Tanova and Holtom (2008) highlight that employee engagement contributes to high team performance, an increase in employee involvement, low absenteeism, high income rate to the organisation, reduction in labour turnover and lastly low recruitment and training costs. Buhler (2006) points out that employee


engagement increases efficiency, contributing to high productivity and retention of a talented workforce in an organisation.

On the other hand, low engagement produces serious problems for organisations thereby contributing to most organisations becoming less successful in comparison to those with engaged employees. For instance, findings from A United States specialty mortgage banking company called New Century Financial Corporation prove that actively disengaged employees in the wholesale division produced 28 percent less revenue than those actively engaged (BlessingWhite, 2008). In addition, BlessingWhite (2008) approximates that unengaged personnel in the United Kingdom cost their organisations about \$64.8 billion (U.S) dollars annually, \$232 billion cost on low productivity each year.

Phaswana-Mafuya and Peltzer (2005) indicate that the education sector is one sector that has been crippled by HIV/AIDS and this has been evident in illness which has resulted in loss of staff and students, absenteeism which compromises productivity levels and loss of skills and knowledge that maintain institutional operations. In addition, HIV-positive lecturers' ability to work, quality of service and duties at work have been hindered because institutions neglect the professional development of infected lecturers (Phaswana-Mafuya & Peltzer, 2005). Moreover, absenteeism caused by HIV/AIDS has triggered an increase in the workload of uninfected employees in organisations by 58.6 percent (Chetty & Michel, 2005). Badcock-Walters, Desmond and Heard (2003) discovered that problems of fitness and increased absenteeism of personnel impact on teaching capacity which compromises the quality of education offered.

In conclusion, the negative consequences of HIV/AIDS in higher education as indicated above are the result of the organisational reaction to HIV/AIDS among tertiary institutions. They have been inclined to focus more on HIV/AIDS prevention and management among students whilst compromising employees. Yet, in fact all stakeholders at institutions, including students and all staff members, academic, clerical, support and administrative, are affected by HIV/AIDS.

1.2 Problem Statement



The above literature shows that HIV/AIDS prevention, care and support programmes and employee engagement are critical issues affecting organisations. The non and improper implementation of HIV/AIDS prevention, care and support programmes has led to devastating effects such as an increase in health and life indemnity costs, medical aid costs, human resource costs, high staff turnover as well as recruitment and selection cost (Salemo & Mitten, 2008). On the other hand, lack of employee engagement has led to organisational outlay and loss of productivity each year (BlessingWhite, 2008). Therefore, this research focuses on the relationship between employees' perception of HIV/AIDS prevention, care and support programmes and employee engagement in tertiary institutions in the Eastern Cape Province.

1.3 Objectives of the Study

- 1) To measure employee engagement at selected institutions of higher education.
- 2) To measure employees' perceptions of HIV/AIDS prevention, care and support programmes at selected institutions of higher education.

- 3) To determine the level of correlations between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement.

1.4 Hypotheses

- 1) H_0 : Employees are not engaged in their work and organisation

H_1 : Employees are engaged in their work and organisation

- 2) H_0 : Employees are not aware of HIV/AIDS prevention, care and support programmes

H_1 : Employees are aware of HIV/AIDS prevention, care and support programmes

- 3) H_0 : Employees have negative perceptions of HIV/AIDS prevention, care and support programmes

H_1 : Employees have positive perceptions of HIV/AIDS prevention, care and support programmes

- 4) H_0 : There is no significant correlation between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement

H_1 : There is a significant correlation between employees' perception of HIV/AIDS prevention, care and support programmes and employee engagement

1.5 Significance of the Study

The research will be of significance to the management of higher educational institutions such as universities. The research will be very essential to even other

organisations in the development and enforcement of HIV/AIDS policies in order to provide a favourable working environment for both infected and affected employees. HIV/AIDS prevention, care and support programmes can be a useful tool or strategy to improve the levels of employee engagement if well formulated and implemented within an organisation. This research will also be a stepping stone to other researchers who might be interested in further pursuing the issue of HIV/AIDS prevention, care and support programmes and employee engagement.

1.6 Definition of Concepts



1.6.1 HIV/AIDS

According to Experts in Responsible Investment Solutions (EIRIS) (2008) AIDS stands for Acquired Immune Deficiency Syndrome which consequently results in the depreciation of the victim's immune system leaving the victim prone to contracting other diseases. This research will be guided by this definition of AIDS.

1.6.2 HIV/AIDS Workplace Support Programmes

Workplace programmes are an intervention introduced in a workplace to address a specific issue such as the introducing of HIV voluntary counseling and testing to staff (Grant, Strode & Smart, 2002). The definition of workplace support programmes above agrees with Clarke and Strachan (2000) who point out that workplace support programmes are all organisational activities, practices and policies implemented to cope with HIV and AIDS in organisations thereby ensuring optimal utilization and support of

infected employees. This research is guided by Grant *et al.* (2002) definition of HIV/AIDS workplace programmes.

1.6.3 Employee Engagement

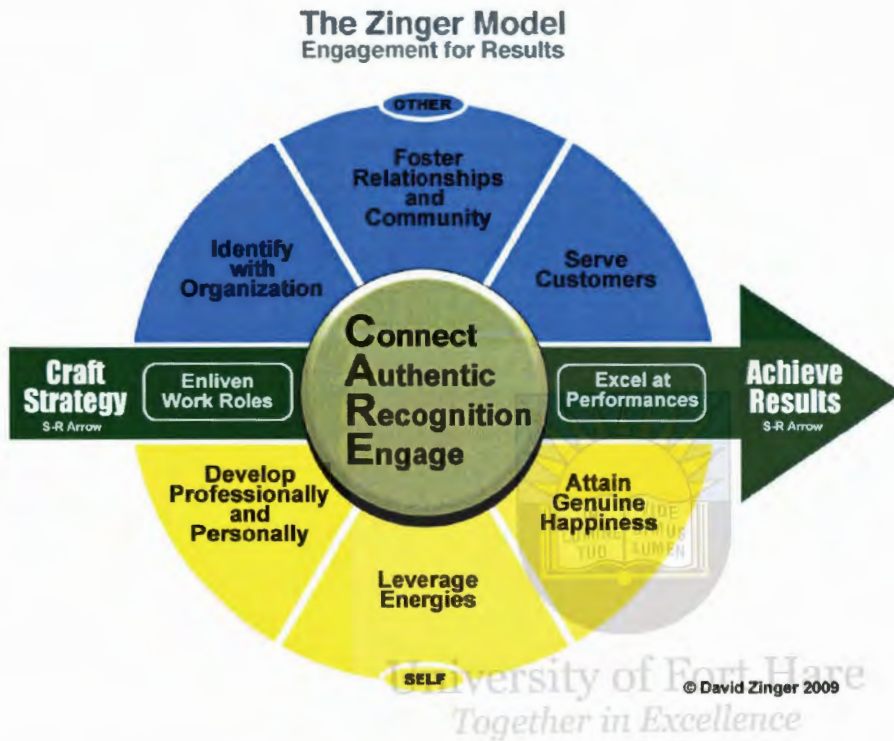
According to Development Dimensions International (DDI) (2005) employee engagement refers to the extent to which people enjoy a sense of satisfaction when doing their job or when their roles match their interest and skills. Harter, Schmidt and Hayes (2002) further state that engagement may possibly be a mixture of cognitive and sentiment, antecedents' inconsistency in the workplace which produce an increased rate of constructive effects that is loyalty, job satisfaction and accomplishment. This research will be guided by Development Dimensions International (2005) definition of employee engagement.

1.7 Theoretical Framework

1.7.1 Employee Engagement Model

This study is guided by the employee engagement models of Zinger (2009) and Robinson, Perryman and Hayday (2004).

Figure 1.1: Model of employee engagement



Source: Adapted from Zinger, D. (2009). *The Zinger Employee Engagement Model*. Canada: Wordpress.

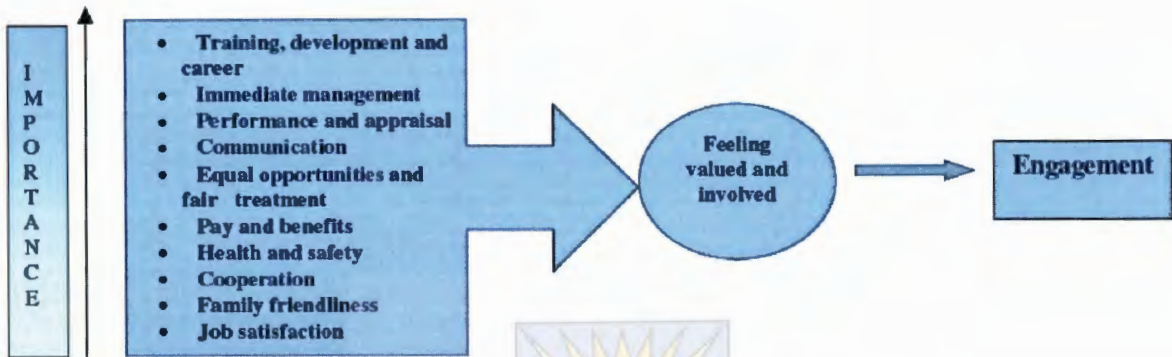
Figure 1.1 indicates David Zinger's 14 employee engagement elements and symbols. These elements include achievement of results ,craft strategy, connection, authentic, recognition, engagement, enlive responsibilities, excel at job performance, identification with the organisation, foster relationship and the public, helping consumers, personal and professional development, leverage energies, attainment of genuine happiness respectively. The model involves the determination of what has to be done and how, as well as how well can it be planned to achieve targeted results. Connection of employees to other elements of the organisation is very essential,

followed by effective recognition and acknowledgement of employees so that engagement can be achieved. Proper job-person fit is very important for a greater satisfaction of employees.

In the context of this research, Zinger's model refers to the achievement of employee engagement through the use of HIV/AIDS prevention, care and support programmes which were implemented to try and accommodate both the infected and affected employees. Apart from HIV/AIDS prevention, care and support programmes there are other elements that lead to engagement hence organisations have to consider them for full engagement of employees. To achieve reliability of engagement, there has to be the elimination of discrimination against infected employees that inhibits engagement. A proper job-person match has to be considered for the infected employees as well as favourable working conditions for greater satisfaction and engagement. The above drivers of employee engagement result in employees identifying with the organisation resulting in increased customer service (performance). Recognition and accommodation are the most important aspects of engagement hence they have to be continuously enforced. Engagement is not stable therefore it has to be cultivated at an early stage for organisational success. Proper implementation of this model will result in greater employee satisfaction resulting in employees taking organisational goals as personal goals, hence engagement is achieved.

1.7.2 Model of the Drivers of Employee Engagement

Figure 1.2: Model of the drivers of employee engagement



Source: Adapted from Robinson, D., Perryman, S., & Hayday, S. (2004). *The drivers of employee engagement*. Brighton: Institute for Employment Studies.

Figure 1.2 indicates the essential components of engagement which include training, development, immediate management, performance and appraisal, communication, equal opportunities, fair treatment, pay and benefits, health and safety, co-operation, family friendliness and job satisfaction (Robinson *et al.*, 2004).

The above factors give employees a sense of being valued and involved, resulting in greater employee engagement in an organisation. What is evident from the model above is that some of the employee engagement factors are elementary necessities for the organization also known as the hygiene factors, such as pay and remuneration and health and safety, while others are aspects that require the organisation to go beyond expectations to guarantee effectual communication, management and support.

In the context of this research, the Robinson *et al.* (2004) model refers to the achievement of employee engagement through the use of HIV/AIDS prevention, care and support programmes, since health and safety are drivers of employee engagement. Family friendliness is also a driver of employee engagement which can be achieved through the use of HIV/AIDS support programmes in the form of psychological support programmes. Training and development and career, communication, performance and appraisal, immediate management is also drivers used in the study to achieve employee engagement of academic staff in tertiary institutions.



1.8 Delimitation of the Study

The study focuses on the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement in tertiary institutions.

1.8.1 Type of Organisation

The respondents will be drawn from the academic staff of selected tertiary institutions in the higher education sector. The organisations are tertiary institutions that provide educational facilities to students.

1.8.2 Size of Organisation

The inclusive total of the tertiary institutions from which the respondents will be drawn are two.

1.8.3 Geographic Demarcation

The study will be conducted in the Nkonkobe Municipality and Buffalo City Municipality which are located in the Eastern Cape Province of South Africa.

1.8.4 Units of Analysis

The units of analysis include all academic staff in the selected institutions regardless of the title or level. This means that all academic staff at all levels of the institutional hierarchy will be included.



1.8.5 Subject of Evaluation

The present study is designed to explore the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement. The aim of the study is to establish whether or not the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement is stronger for academic staff.

1.9 Proposed Outline of the Study

Chapter 1: Introduction and Background of the Study

This chapter provides the background of the study in relation to the local and other literature and also highlights the problem that led to the research. Chapter one will therefore include, the problem statement of the research problem, objectives and hypotheses then, the significance of the study, theoretical framework and definition of key concepts.

Chapter 2: Literature Review

Chapter two provides a detailed literature review of different types of HIV/AIDS prevention, care and support programmes and effects of these programmes on the tertiary institutions, the concept of employee engagement, the different types and levels of employee engagement and drivers of employee engagement.

Chapter 3: Research Methodology

This chapter describes the research methodology applied in the study. The research methods, techniques and sampling procedures followed are discussed in this chapter.

Chapter 4: Results and Discussion

This chapter focuses on the comprehensive interpretation and analysis of the research results, using quantitative analysis. Tables and graphs shall be used to illustrate the results.

Chapter 5: Conclusions and Recommendations

Chapter 5 provides conclusions and recommendations for future studies drawn from the research results. The limitations of the study are also provided in this chapter.

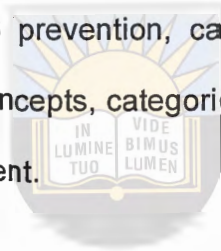
1.10 Conclusion

The chapter introduced and outlined the background of the study. The chapter also articulated the problem statement and significance of the study. The hypotheses of the study were formulated and details concerning location, type and units of analysis have been described.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The previous chapter focused on the introduction, setting and problem statement of the study. This chapter provides an outline of the HIV/AIDS prevention, care and support programmes in tertiary institutions, different types of HIV/AIDS prevention, care and support programmes, the consequences of HIV/AIDS programmes in the workplace and employees' perceptions of HIV/AIDS prevention, care and support programmes. In addition, chapter two will focus on: concepts, categories, expressions, antecedents and consequences of employee engagement.



2.2 HIV/AIDS in Tertiary Institutions

According to Pinder (2006) the education sector is one sector that is proficient at providing a social vaccine but it has been crippled by the HIV/AIDS pandemic which has affected all the stakeholders of the education sector, namely; academic, support and ancillary staff as well as students at large. The Association of African Universities (AAU) (2007) mentions that the continuing functioning of schools and tertiary institutions in Africa is determined by its effectiveness and efficiency in recuperating from HIV/AIDS. In addition, the higher education sector has been made aware of the negative consequences of HIV/AIDS on all aspects of the institution and the community at large due to the fact that the higher education sector is mainly constituted of sexually active groups who are at risk of HIV/AIDS (Association of African Universities, 2007).

Bennell, Hyde and Swainson (2002) point out that HIV/AIDS affects education sector by reducing the morale and motivation of staff, increase morbidity and mortality which affects staff overall performance thereby weakening the quality of education. Lim and Loo (2000) indicate that the quality of education has been compromised due to the traumatic death rates of HIV/AIDS in the higher education sector and also the fear and powerlessness induced in lectures by the devastating effects of the pandemic.

Kelly (2001) states that research on understanding and expanding the response to HIV/AIDS of African Universities indicates that the higher education sector is comprised mainly of sexually active groups, which has paved way for practices such as prostitution on campus, sugar daddies and mommies, unsafe sex, sexual experimentation, multiple partners and gender violence. Marcus (2001) concurs with the above universities' sexual culture points out that the above factors makes it probable that lecturers and support staff can also become accustomed to the roles of sugar daddies since they are also vulnerable to such students. However, Van Wyk *et al.* (2006) point out that HIV/AIDS does not only affect the education sector but has also unconstructively impacted on social and economic growth, predominantly on the African continent.

In conclusion, the consequences of HIV/AIDS impact greatly on the foundation and pillars of social and economic development which is the education sector; hence, this research will focus on the impact of HIV/AIDS in educational sector. This research focuses on the implementation of HIV/AIDS prevention, care and support programmes to help both the affected and infected employees in an effort to eliminate discrimination and stigmatisation and provide a favourable working environment.

2.3 HIV/AIDS Interventions in Tertiary Institutions

According to Hall (2006) the main objectives of the Southern African Regional Universities Association's (SARUA) HIV/AIDS project include:

- 1) To strengthen and expand comprehensive responses to HIV and AIDS in higher education and the education sector more generally
- 2) To ensure that HIV and AIDS is mainstreamed into teaching, research and the outreach roles of universities
- 3) To increase the range and quality of programmes providing prevention (education information, condom distribution, contraception), treatment, care and support (wellness programmes, nutrition support, psycho-social support, family support) to staff and students.
- 4) To ensure that HIV and AIDS continues to be treated as a long term institutional priority by institutional managers
- 5) To prevent new infections and to ensure that affected and infected people are supported in an institutional environment that is free of stigma and discrimination.



The Higher Education Against AIDS cited by Hall (2006) has identified six areas of main concern that higher education institutions should be concentrating on in order to develop an institutional response to HIV and AIDS, namely; effective policy, leadership and management, effective HIV/AIDS prevention, care and support, relevant HIV/AIDS teaching, proper study and public outreach.

Chetty and Michel (2005) point out that according to the HEAIDS programme report in South African Higher Education for 2002-2004, it is evident that, in most institutions of South Africa, maximum effort has been made in the provision and management of HIV/AIDS prevention, care and support programmes and services. Marwitz and Were-Okello (2010) concur with Chetty and Michel (2005) and emphasize that many higher educational institutions are presently guided by the National HIV and AIDS policy framework in developing HIV/AIDS policies and also have managed to successfully implement HIV/AIDS wellness programmes. However, Namusisi, Owor, Begumisa and Turinde (2007) point out that in the education sector too much emphasis has been put on HIV/AIDS prevention programmes at the expense of HIV/AIDS care and support programmes.

In summary, it can be deduced that HIV/AIDS prevention, care and support programmes have been progressing well in the education sector even though much emphasis is being given to HIV/AIDS prevention programmes at the expense of HIV/AIDS care and support programmes.

2.4 Acts Governing the Provision of HIV/AIDS Intervention Programmes in South Africa

The provision and implementation of HIV/AIDS prevention, care and support programmes in most organisations in South Africa is in accordance with the Employment Equity Act No 55 of 1998 which prevents and protects employees or applicants from being discriminated against for employment opportunities. The Occupational Health and Safety Act No 85 of 1993 of South Africa, makes provision for

the creation of a healthy and safe working environment for employees in the workplace. The Labor Relations Act No 66 of 1995 of South Africa also provides for the prohibition of unfair labour practices such as dismissal related to the HIV/AIDS status of employees.

The International Labour Organisation (ILO) (2001) introduced programmes related to HIV/AIDS and produced A Code of Practice in the World of Work. The International Labour Organisation (2001) introduced 10 principles and guidelines for workplace programmes dealing with AIDS. The above 10 principles concur with the International Labour Organisation's Code of Practice on HIV/AIDS and the World of Work (International Labour Organisation, 2004) and the South African Code of Good Practice (2001). The Medical Schemes Act No 131 of 1998 prohibits medical schemes from offering differential benefits based on HIV status. The Prescribed Minimum Benefit Amendment of 2005 indicates that all medical aid scheme benefits must include HIV testing, care and treatment including antiretroviral therapy.

The Department of Labour HIV/AIDS Technical Assistance Guidelines (TAG) (1999) develop on the legal background to the code such as the International Law which is the Southern African Development Countries (SADC) Code of Good Practice on HIV/AIDS and Employment (1997), HIV/AIDS and Human Rights: International Guidelines (United Nations, 1998) and the ILO Code of Practice on HIV/AIDS and the World of Work (2001). The South African Laws used by the Department of labour HIV/AIDS Technical Assistance Guidelines (1999) include the Constitution, Labour Legislations, The Common law and related legislations. The Code on Good Practice on Key Aspects of HIV/AIDS and Employment is issued in terms of the provisions of the Employment

Equity and Labour Relations Acts and the Code on Good Practice on Key Aspects of HIV/AIDS and Employment, and is therefore used as a standard against which the actions of employers, employees and trade unions may be measured in the management of HIV/AIDS in the workplace.

Specific objectives of the HIV/AIDS Technical Assistance Guidelines (1999) are to help employers and trade unions to implement the Code on Good Practice on Key Aspects of HIV/AIDS and Employment, provide detailed guidelines and information on the process in which the principles in the Code on Good Practice on Key Aspects of HIV/AIDS and Employment can translate into a day to day practice and to identify best practices to respond to the impact of HIV/AIDS in the workplace. The key legal and policy components of the Code on Good Practice on Key Aspects of HIV/AIDS and Employment are;

- 1) Eliminating unfair discrimination and promoting a non-discriminatory workplace
- 2) Testing, confidentiality and disclosure
- 3) Promoting a safe working environment
- 4) Compensation for occupational infection with HIV
- 5) Employee benefits
- 6) Dismissals and grievances

According to the University of Port Elizabeth's policy other legislations which under-pin the policy apart from the above mentioned are the Bill of Human Rights, Promotion of Equality and Prevention of Unfair Discrimination Act No 4 of 2000, Freedom and

security of the person, privacy, Access to Health care, Compensation for Occupational Injuries and Diseases Act No 130 of 1993, Basic Conditions of Employment Act No 75 of 1997 and the Criminal Law Amendment Act No 105 of 1997 of South Africa (www.he aids.org.za). Nevertheless, the successful implementation of these programmes requires appropriate institutional and governance capacity within workplaces.

2.5 HIV/AIDS Workplace Policies

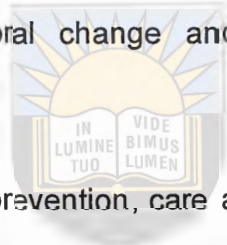
According to the International Labour Organization's Code of Practice on HIV/AIDS and the World of Work (2001), there are 10 key elements of an HIV/AIDS Workplace policy namely;

- 1) Recognition of HIV/AIDS as a workplace issue since HIV/AIDS affects employees and enterprises and has resulted in the reduction of the workforce, an increase in labour costs and a reduction in productivity.
- 2) Non-discrimination against employees affected with HIV/AIDS since HIV is just like any other disease and the nondiscrimination principle extends to employment status, access to health insurance, pensions and other staff entitlements.
- 3) Gender equality-women are more vulnerable to HIV/AIDS than men due to biological, sociocultural and economic reasons; hence HIV/AIDS programmes must respond to the circumstances and needs of men and women separately as well as together.

- 4) Health work environment-Employers are responsible for providing information on HIV transmission and appropriate first aid in the event of an accident. In addition a healthy work environment tries to accommodate all workers in consideration of their physical and mental health and thereby mitigate the impact of AIDS on workers and the enterprise.
- 5) Social dialogue- A successful HIV/AIDS policy requires cooperation, full participation and trust between employers, employees, representatives and government where appropriate.
- 6) No screening for purposes of exclusion from employment- Organisations should not require HIV/AIDS screening of new applicants or current employees and this concurs with the Employment Equity Act No 55 of 1998 that prohibits the testing for HIV/AIDS of new applicants unless it is a job requirement.
- 7) Confidentiality- It is illegal for organisations or coworkers to disclose HIV/AIDS related information and access to this information should be strictly bound by confidentiality provisions and restricted to people such as managers and health personnel. Lack of confidentiality in an organisation will erode trust, employee morale and productivity.
- 8) Continuation of employment relationship- HIV/AIDS infection is not a reason for termination of employment. This concurs with the Labour Relations Act No 66 of 1995 that states that it is unfair to dismiss an employee because of his/her HIV/AIDS status as long as he/she is capable of doing his/her job effectively and efficiently. HIV/AIDS infected employees can be provided with reasonable

accommodation to help them continue working such as flexible working hours, special equipments, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

9) Prevention- Prevention of transmission can be achieved through a combination of strategies or interventions such as informational materials, participatory education classes which includes personal risk assessment and life skills, practical support for behavioral change and treatment for other sexually transmitted infections.



10) Care and support- HIV/AIDS prevention, care and treatment should be seen on a continuum of workplace programming. Availability of treatment encourages confidential voluntary testing which makes it easier to provide care and also encourage prevention. Care and support includes voluntary testing and counseling, treatment for opportunistic infections, workplace accommodation, employee and family assistance programmes and access to benefits from health insurance and occupational schemes. (www.ilo.org).

2.6 HIV/AIDS Prevention, Care and Support Programmes

2.6.1 HIV/AIDS Prevention Programmes

Walker (2003) points out that HIV/AIDS prevention strategies or interventions that have been developed by many organisations to manage the increase in HIV infections consist of different forms of voluntary counseling and testing, behavioral change and

communication, male and female condom advertising and prevention and treatment of sexually transmitted diseases (STD).

According to Lui (2008) most South African and Caribbean universities have realized that it is relatively cheaper and wiser to develop a HIV/AIDS policy with the main objective of preventing the pandemic than to lose a student or staff to the pandemic. At the University of Cape Town, there has been a rapid increase in the rate (14 000-45 000) of distribution of condoms in the HIV/AIDS Unit among staff members and students between 2004-2005 and this was achieved through the installation of 100 condom vending machines in both male and female toilets and residences (Hall, 2006). In addition, Hall (2006) further states that for emotional support, communication and media campaign provision, University of Cape Town has introduced a HIV chat and Freefone which was funded by Elton Jon AIDS Foundation (EJAF).

The HIV/AIDS Education Programme is one of HIV/AIDS prevention strategies which can be done through social mobilization and Information-Education-Communication (IEC), with the main objective of informing and raising awareness of HIV/AIDS. Education strategies may involve; mass campaigns, advertising, distribution of pamphlets, posters and DVDs, HIV/AIDS awareness events, presentations on HIV/AIDS policy, stigma and discrimination (www.sarua.org). Bill (2004) proposes that HIV/AIDS education can be provided formally through the use of trained health professionals with the aid of National AIDS Control Program materials such as posters, brochures and pamphlets and informally by use of peer educators.

According to Good Practice Note (2002) awareness is a preventive strategy which aims to inform and educate people about the risks of the pandemic and ways to minimize exposure to HIV/AIDS. Awareness creation can be in the form of condom distribution in public places, posters, billboards, messages printed on paychecks packages, publicizing the HIV/AIDS policy using familiar languages and making use of a Health Question Box in public places, in case there are questions and suggestion concerning HIV/AIDS (Good Practice Note, 2002). In addition, Maphoso (2008) points out that HIV/AIDS awareness programmes such as workshops and campaign programmes are very effective and efficient in that they change employees' knowledge, help employee's to restore and recall HIV/AIDS information whenever they are in need of it. Maphoso (2008) further states that HIV/AIDS education programmes also involve workshops and courses that intend to enhance employees' knowledge of HIV/AIDS related issues.

On the other hand, some organisations such as Standard Bank are now making use of effective and efficient ways of campaigning to target their employees, such as printing HIV/AIDS messages on paychecks, post advertisements on Automatic Teller Machine (ATMs) and also launching an on-line HIV/AIDS e-learning module (Ong, 2009). In addition, World Economic Forum (2002) mentions that AngloGold's prevention programmes focus on awareness which is done by each business unit through mass awareness campaigns in the form of work context acts, candle lighting rituals, workshops and mass e-mails. AngloGold is progressing well in its HIV/AIDS education and this was evident in 2002 when the company managed to train 68 percent of its employees through the use of its qualified peer educators and additionally, the company

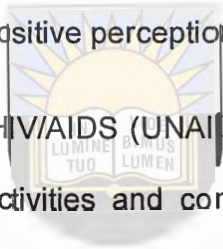
has 391 peer educators, 19 voluntary and counseling and testing centers as well as 14 full time and 3 part-time counselors (World Economic Forum, 2002).

Nevertheless, Mafeni and Fajemisin (2003) mention that HIV/AIDS awareness can be done through Associations for instance Performing Musicians Association of Nigeria and other artists have held a few concerts to improve people's awareness and additionally companies such as MTN now send messages to their subscribers and Coca Cola has succeeded in company level awareness programmes and is now looking towards national communication efforts.

According to Joint United Nations Programme on HIV/AIDS (UNAIDS) (2000) HIV/AIDS prevention programmes have to be evaluated through the use of five criteria to ensure effectiveness and efficiency. These are:

- 1) Relevance- this refers to how the targeted group perceives HIV/AIDS prevention programmes and the cultural and contextual relevance of these programmes.
- 2) Efficiency-this refers to well coordinated planning and implementation, meaning, which group is targeted, how these programmes are to be implemented and where and why are they being implemented and finally the effective ways to reach the targeted group.
- 3) Impact- this means that HIV/AIDS prevention programmes have to have an impact such as an impact on reported rates of STD and HIV infections, impact on information associated with HIV and AIDS, beliefs and thoughts as well as impact on appropriate sexual behavior and practices.

- 4) Sustainability-refers to generalizability to other contexts and reduced costs. This means that HIV prevention programmes have to yield benefits through proper implementation and these benefits may include high performance, an increase in productivity and profitability, low absenteeism, low staff turnover and decrease in sick leave and hospitalization.
- 5) Ethical soundness- this means that the programmes have to protect employees' morals such as confidentiality and voluntary participation of employees for them to be successful and create a positive perception among employees.



Joint United Nations Programme on HIV/AIDS (UNAIDS) (2000) further states that the availability of relevant information, activities and communication skills training about HIV/AIDS, access to resources, proper and affordable health services, proper development, implementation, evaluation and monitoring, result in the success of HIV/AIDS prevention programmes in organisations.

In summary, this research is guided by the HIV/AIDS programmes that have been implemented in organisations mainly in tertiary institutions than the HIV/AIDS prevention programmes provided by individuals or small groups or companies because this study focuses on HIV/AIDS prevention programmes in tertiary institutions.

2.6.2 HIV/AIDS Care Programmes

According to Salerno and Mitten (2008) health care programmes are very effective for HIV positive people, as they suppress the growth of infections and diseases associated with HIV thereby improving the HIV positive people's quality of life and their efficiency at

work. Zelnick and Donnel (2005) mention that health care should be the core of health care and should involve programmes such as voluntary counseling and testing, syndrome management of STDs and training on universal precautions on First Aid Kits.

Saint (2004) explains that Voluntary Counseling and Testing refers to a private conversation between a consumer and a care giver for him/her to cope with stress and for clients to be able to make constructive and informed decisions about their lives, emotional support, indemnity, a health check and medical appointment services. In addition, one of the organisations which has managed to accomplish an effective HIV/AIDS programme is the De Beer Group HIV/AIDS programme whose aim is to save the lives of its employees by preventing new infections and motivating behavioral changes, extending the productive lives of personnel and their HIV/AIDS infected partners. The above aims are achieved through the provision of treatment, care and support to minimize the socio-economic impact by making use of a comprehensive Disease Management Programme (De Beers Group, 2005).

On the other hand, the World Health Organisation (WHO) (2004) indicates that nutritional care is the foundation of HIV/AIDS care and treatment and it has to be implemented and monitored at all the stages of care and treatment. Nutrition interventions should include programmes that link food programmes with poverty alleviation programmes, HIV/AIDS care and treatment and also be able to develop nutrition education and counseling. Other HIV/AIDS nutritious care programmes include proper education and support of infected people and their families at large which will be monitored by a continuous discussion of food adequacy and security for effectiveness and efficiency (World Health Organisation, 2004).

In summary, HIV/AIDS health care is very essential to infected employees as this improves infected employees' well being as well as improving the productivity of the organisations. This study will be guided by the HIV/AIDS health care programmes provided by tertiary institutions.

2.6.3 HIV/AIDS Support Programmes

According to Maphoso (2008) care and support programmes are a very effective way to obtain the maximum fitness and potential effort of employees in the workplace. Maphoso (2008) further states that organisations, such as the South African Police Service (SAPS), have managed to provide services that go the extra mile to provide infected and affected employees with psychological and emotional support. In addition, in order to make the HIV/AIDS support programmes as effective as possible, the South African Police Service (SAPS) support group also has external counseling from other organisations such as Social Workers as well as the Departmental Health Clinics (Mabusela, 2006). Furthermore, SAPS employees are educated on the consequences of HIV/AIDS and the way forward before they are tested and also after they are tested so that employees are well supported at all the stages of knowing their status (Maphoso, 2008).

Natrass (2004) points out that in many organisations qualified professional staff, approved counselors and referrals are useful tools for counseling to be effective and efficient for both infected and affected employees and proper allocations of time for counseling within or outside the workplace are very essential. Mafeni and Fajemisin (2003) mention that the John Hopkins University Health Communication Programme

(JHUHCP) and United States Agency for International Development (USAID) has managed to establish a telephone hotline service to provide easy access to HIV/AIDS support for people from all the corners of the country.

In concurrence of the above care programmes, Koffi, Any Grah and Longuet (2008) indicate that care and support can be in different forms which includes reasonable accommodation; a reduced workload and flexible working hours, psychosocial support; including counseling, socio-economic support; including social housing and pension, nutritional support; including food baskets and nutrition education, home based care, spiritual support and palliative care; which includes hygiene and psychological support.

The Seep Network (2008) suggests that support programmes can also comprise of social welfare and legal support with the main objective of providing these programmes to employees and their families at large. Unions and workers associations are providers of Legal support in different ways, such as; helping employees to draft and update wills, fostering arrangement for children as well as acquiring benefits from insurance companies and employers (Family Health International, 2011)

The Seep Network (2008) further mentions that employees and their families can also acquire support through the use of social welfare support and legal support which are also part of the HIV/AIDS support programmes. It further states that support programmes consist of programmes such as the provision of free or standardised health care or local schemes (The Seep Network, 2008). Voluntary Counseling and Testing (VCT) or HIV Counseling and Testing (HCT) is also a form of HIV/AIDS support programme. However some health care facilities have started to introduce a programme

called opt-out testing where people are regularly screened for HIV in an effort to de-stigmatize the pandemic so that people can view it as any other disease (The Seep Network, 2008).

However, Asian Business Coalition on AIDS (2002) mentions that Rohm Apollo Electronics in Thailand allows for work flexibility of infected employees and also offers them support so that they can be continuously productive at work. They are also entitled to short and long term leave. The Asian Business Coalition on AIDS (2002) also further mentions that organisations should change employees' perceptions of HIV/AIDS from it being a death-related (negative) to a positive perception of it being a challenge to secure and improve employees' health. Consequently, this will result in improved productivity, staff moral, de-stigmatisation and non discrimination against infected employees as well as retention of qualified labour.

In conclusion, many tertiary institutions have implemented psychological support (counseling) as a form of HIV/AIDS support programme to both the infected and affected employees. Flexible working hours, legal and socio-economic support are still not popular with employees; hence, it is the duty of tertiary institutions to establish strategies of enforcing these support programmes for them to be effective and efficient for employees in order for such institutions to retain a knowledgeable, skilled and talented workforce.

2.7 Consequences of HIV/AIDS in the Workplace

According to International Labour Organisation (2002) the HIV/AIDS epidemic affects each organisation, big or small and it has severely affected the social life and economy

of Sub-Saharan Africa. In South Africa and other developing countries, HIV/AIDS impacts on the ability of the country to increase its global share within the manufacturing industry by affecting the economically active population (Chetty, 2002).

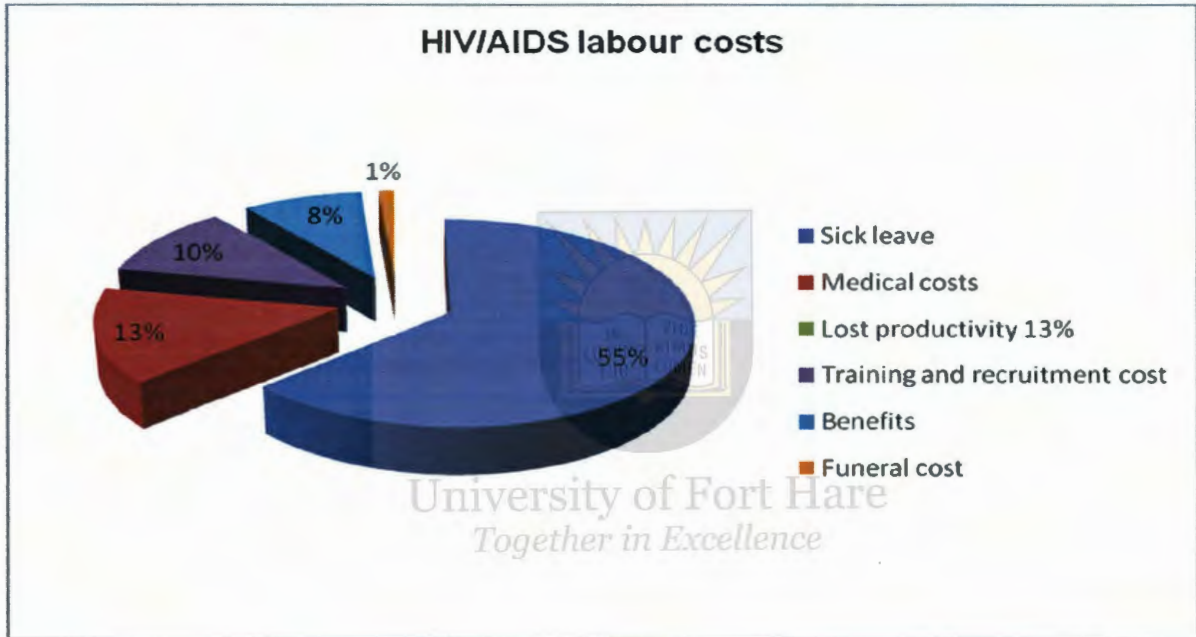
HIV/AIDS causes devastating effects in Coca Cola Africa's organisations such as each employee's annual loss of US\$40 to US\$400, the increased costs of replacing and training personnel and the loss of employee morale due to the manner in which employees' are lost, a reduction in productivity as a result of absenteeism of employees due to personal commitments such as personal or family illnesses, an increase in healthcare costs, funeral time wastage and the costs of funerals (World Economic Forum, 2002).

Tawfik and Kinoti (2003) concur with the above authors and indicate that HIV/AIDS in the Malawi public sector causes severe effects such as high attrition rates of 1.6 percent to 15 percent, an increase in morbidity and non-attendance, a high number of unoccupied posts, an increase in workload and a consequent reduction in productivity by the remaining workforce. According to a study presented at a conference in 2000 in Barcelona, the difficulty of replacing both skilled and unskilled labour is more evident throughout Sub-Sahara Africa (International Labour Organisation, 2002)

Simon, Rosen, Whiteside, Vincent and Donald (2000) point out that when HIV/AIDS-related morbidity begins, organisations are likely to experience cost such as sick leave and an increase in absenteeism, a decline in work performance due to illness, an increase in overtime and contracts wages to compensate for absenteeism and an increase in payouts from medical aid schemes. Simon *et al.* (2000) mention that other

costs involve an increase in contributions towards pension funds to the employer and/or employee, a reduction on returns to training investments and the disruption of morale, control and attention of other co-workers due to frequent deaths of colleagues.

Figure 2.1: Labour costs associated with HIV and AIDS



Source: Adapted from Projection in Southern Africa, USAID (2000) as cited by Southern Africa on HIV and AIDS Information and Dissemination Service (SAfAIDS). (2004). *Mainstreaming HIV/AIDS in Sector Programmes*. [On-line]: Zimbabwe: Available url: <http://www.Mainstreaming%20Toolkit%20-%20HIV%20into%20Sector%20Progs.pdf>. Accessed: 27 June, 2011.

According to the HIV/AIDS Projection in Southern Africa, United States Agency for International Development (USAID) (2000) as cited by Southern Africa on HIV and AIDS Information and Dissemination Service (SAfAIDS) (2004), the labour costs associated with HIV and AIDS in most organisations in Botswana: are sick leave 55%, medical

costs 13%, lost productivity 13%, training and recruitment 10%, benefits 8% and funeral costs 1%. These consequences are presented in the pie chart in Figure 2.1.

Table 2.1: Summary of direct and indirect costs of HIV/AIDS

Direct costs of HIV/AIDS	Indirect costs of HIV/AIDS
1). Recruitment and training of new staff	1). Higher labour turnover
2). Decrease in productivity and increase in accidents as a result of newly recruited unskilled staff	2). Bad public relations (negative corporate image)
3). Potential (ongoing) workplace conflicts	3). Higher absenteeism
4). Greater insurance premiums	4). Decreased job security
5). Increase in medical claims	5). Threat to consumer markets
6). Increased management time spent on HIV-related issues	6). Workplace unrest (discrimination)

Source: Adapted from Asian Business Coalition on AIDS. (2002). *Business taking action to manage HIV/AIDS: A selection of business practices responding to HIV/AIDS in-and outside the ASIAN workplace*, [On-line]: Thailand: Available url: <http://data.unaids.org/topics/partnership-menus/PDF/asianbusinessfolder-en.pdf>.

Accessed: 22 July, 2011.

Table 2.1 shows the direct and indirect costs that organisations or companies can experience if there are no HIV/AIDS intervention programmes or the lack of effective formulation, implementation and monitoring of HIV/AIDS prevention, care and support programmes in the workplace.

According to the World Economic Forum (2002) organisations which participate in or implement of HIV/AIDS prevention programmes yield benefits such as long term investment for their business, minimization of the extent of HIV/AIDS infection between present and potential personnel, efficient and tactical response to the core health difficulties encountered by personnel, reduction in HIV/AIDS expenditure in the workplace and advancing their organisational representation among employees.

2.8 Employees' Perceptions of HIV/AIDS Prevention, Care and Support Programmes

A perception is the potential or capacity to understand the characteristics of something or an overview of something (Soanes, 2002). Chikonzo's (2012) study of University of Venda on staff, revealed that many of them are knowledgeable and have positive attitudes and perceptions of HIV/AIDS response programmes. The Thailand Business Coalition on AIDS (2003) has managed to change employees' negative perceptions of working or associating with infected employees through effective HIV/AIDS training and results show that about 97 percent of the employees' perceptions become positive, therefore, this implies that these employees also developed a positive perception toward the HIV/AIDS education training they have received. The Thailand Business Coalition on AIDS (2003) further points out that 95 percent of the English speaking staff

were satisfied with the training and developed a positive attitude to working and associating with HIV/AIDS infected employees. Therefore, this implies positive perceptions towards HIV/AIDS training (educational) programmes.

It can be deduced that since HIV/AIDS training programme changed employees' perceptions of working with infected employees from negative to positive, the conclusion can be drawn that employees have also generated a positive perception of HIV/AIDS training programmes.

Maphoso (2008) indicates that attitude or perception may develop from continuous reinforcement of something resulting in a positive response to that thing therefore it can be deduced that continuous hearing of benefits of HIV/AIDS interventions and exposure to HIV/AIDS prevention, care and support programmes in the workplace can yield positive perceptions of employees towards HIV/AIDS programmes.

On the other hand, according to UNAIDS (2000) employees have a perception that HIV/AIDS prevention is not a matter that affects their employment due to its sensitivity and also that HIV/AIDS prevention is expensive. However, the saying that prevention is better than cure is true since it produces benefits such as protection from contracting diseases, improved health conditions; health cost reduction, retention of talent and a qualified workforce, improvement of employee morale and productivity and creating a positive corporate image of a favourable working environment.

In conclusion, the above perceptions of employees on HIV/AIDS intervention programmes in other types of organisation can also apply to institutions of learning. If institutions properly develop and implement HIV/AIDS interventions that will help

employees and the organisation at large, it will change employees' attitude from negative to positive, which will therefore result in employees becoming engaged with their organisations.

2.9 Concept of Employee Engagement

Employee engagement has become a burning issue or an area of concern in many organisations (Griffith, 2009). Endres and Mancheno-Smoak (2008) indicate that there is a correlation between employee engagement and organisational outcomes such as employee retention and productivity. Woodruffe (2006) says that engagement is associated with maximum contribution as well as intellectual and emotional commitment of employees to their jobs. In addition, Scheimann (2005) emphasizes that, whole (heart, mind and hands) involvement of employees in their work results in employees meeting personal and organisational objectives such as quality production of products and service as well as the creation of a favourable environment. The main objective of employee engagement is to obtain targeted outcomes such as high productivity and profits from employees who are healthy, have the intention to stay and willing to go an extra mile for their organisation (Shuck & Wollard, 2009).

Schaufeli, Salanova, Gonzalez-Roma and Bakker (2002) define engagement as employment associated constructive, satisfying condition of the mind which is associated with three aspects, namely; vigor, dedication and absorption. Schaufeli *et al.* (2002) further define the three aspects thus; vigor is the non-conditioned willingness of an employee to go an extra mile for the organisation, dedications is a feeling of importance, eagerness and encouragement and lastly absorption is the whole and

happy involvement of employees in their work, such that, it is difficult to separate the person from the job.

An engaged employee is someone who is completely involved and passionate about his/her work (Seijt & Crim, 2006). Harley and Lee (2005) mention that an engaged employee is optimistic about the job, believes in and identifying with the organisation, works enthusiastically to improve organisational concerns, values other people and helps others to be productive. In addition, Harley and Lee (2005) further state other characteristics of an engaged employee; as being dependable and fulfilling extraordinary job requirements, having a vision for the organisation and seeking opportunities for performance improvement.

Cataldo (2011) concurs with the above characteristics of an engaged employee and further adds that engaged employees are proficient and aware of what they are supposed to do in order to accomplish the organisational goals. Schwieterman (2009) mentions that engaged employees are dedicated to their work, willing to assist others and make constructive suggestions to improve the organisation. Robinson *et al.* (2004) state that engagement is a reciprocal process in the sense that the employer has to develop and implement strategies that motivate and satisfy employee and in return employees they will give their best to achieve the organisational goals.

2.10 Categories of Employee Engagement

Table 2.2: Employee engagement categories

Engaged
Not engaged
Actively disengaged

Source: Adapted from Meere, M. (2005). *High cost of disengaged employees*. Victoria: Swinburne University of Technology.

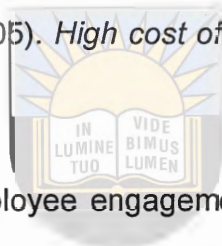


Table 2.2 shows the three main employee engagement categories and Meere (2005) defines them as;

University of Fort Hare
Together in Excellence

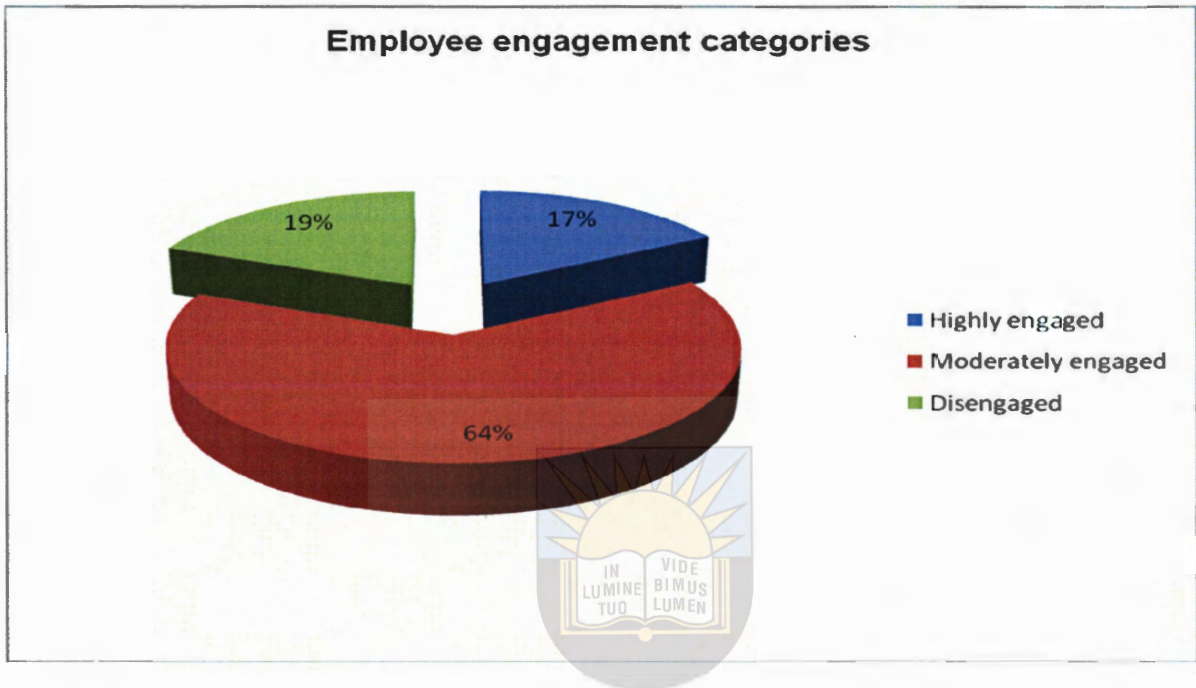
- 1) Engaged employees are employees who have zeal to improve their organisation by contributing to the accomplishment of organisational goals and they have a deep association with the organisation.
- 2) Not engaged employees refers to employees who passively do their work for the sake of just doing it because they are suppose to and do not have any enthusiasm for their work.
- 3) Disengaged employees are employees who are unhappy at work and show their unhappiness by discouraging their co-workers who are engaged at work.

Gallup Organisation (2006) points out that engaged employees are employees who are very interested in all aspects of the organisation and they always want to partake in the

organisational activities, not engaged employees only focus on their work that they have been told to do and do not care about whether their work or efforts contribute to the attainment of organisational goals or not and lastly the actively disengaged employees are those employees who are always pessimistic about almost every aspect of the organisation.

According to a study by Towers Perrin (2003) on employees' level of agreement with the core engagement factors results indicate that highly engaged employees comprised of 17 percent, moderately engaged employees constitute 64 percent and 19 percent disengaged employees. These results can be presented by the pie in Figure 2.2. Additionally, according to Towers Perrin (2005) the results from research on 85 000 employees around the world indicate that Mexico and Brazil had the highest percentage of engaged employees at 40 percent and 31 percent respectively followed by the United States with 21 percent, Canada 17 percent, Europe 11 percent and lastly Asia 7 percent having the least employee engagement levels. In addition, Cataldo (2011) also agrees with the above results on employee engagement and mentions that, according to a study done by Towers-Watson, the results prove that 65-70 percent of the employees were moderately engaged.

Figure 2.2: Employee engagement categories



Source: Adapted from Towers Perrin. (2003). *Working Today. Understanding what drives employee engagement*. The 2003 Towers Perrin Talent Report, U.S. Report

BlessingWhite's Engagement model (2008) concurs with the above categories of employee engagement and further identified three other employee segments which are; Almost engaged, Honeymooners and Hamsters and lastly Crash and Burn. Almost engaged employees are those employees who are very flexible and change frequently depending on what happens. For instance, if they get greener pastures they leave the organisation or if they get dissatisfied they become disengaged. Honeymooner employees are newcomers to either the organisation or job and who are still looking for ways in which they can help in attaining organisational goals. Hamster employees are older employees who have contributed a lot to the success of the organisation; as such they became relaxed and put little effort into the achievement of organisational goals.

Lastly, the Crash and Burn engaged employees are the most efficient and effective employees in an organisation but they have burning issues that they do not let out which will therefore trigger their disengagement and can even influence others around them because they are the core of the organisation (BlessingWhite, 2008).

According to BlessingWhite's (2011) results on employee engagement with 10914 employees surveyed worldwide show that only 31 percent of employees are engaged with India having the most engaged employees at 37 percent and China having the least at 17 percent. Results also show that Southeast Asia has the highest level of almost engaged employees at 33 percent and of Honeymooners and Hamsters at 15 percent. China has the highest rate of Crash and Burners at 18 percent and also Disengaged employees at 29 percent.

In conclusion, the most dominant categories of employee engagement are engaged, almost engaged (moderately) and disengaged groups and this research is going to be guided by these three engagement groups.

2.11 The Expressions of Employee Engagement

Table 2.3: Employee engagement expressions

Physical or behavioral engagement
Cognitive engagement
Emotional engagement

Source: Adapted from Konrad, A.M. (2006). Engaging employees through high-involvement work practice. *Ivey Business Journal Online*, 1-6.

Table 2.3 shows the three different expressions of employee engagement that is physical, cognitive and emotional. According to Konrad (2006) employees express their engagement in three different ways; namely, physical engagement refers to the quantity of effort an employee exerts on a job, cognitive engagement refers to the attitude of an employee towards all aspects of the organisation including the organisation itself at large and emotional engagement refers to how an employee feels about the members of the organisation be they in leadership positions or co-workers and the organisation itself.

Gibbons (2006) and Thomas (2006) concur with Konrad (2006) on the expressions of employee engagement and further point out that the three sub-concepts of employee engagement can be referred to as emotional engagement which is the evaluation of the sentimental connection to work, people or the organisation, physical engagement which is the evaluation of employees actions that leads to happiness of both the employee

and the organisation at large. The actions include the passion of an employee to go beyond the expected at work and lastly cognitive engagement which is the evaluation of employees' mental associations with their work.

The Chartered Institute of Personnel Development (CIPD) Annual Survey report (2006) also concurs with Gibbons (2006), Thomas (2006) and Konrad (2006) on the employee engagement expressions and points out that employee engagement can be categorized into three dimensions, which are emotional, cognitive and physical engagement. The Chartered Institute of Personnel Development (2006) further defines the above engagement expressions respectively as being psychologically involved with one's work, being determined at work and being keen to go beyond expectations for the organisation.

Nevertheless, according to the Chartered Institute of Personnel Development (2006) full employee engagement is achieved when the three expressions, physical, emotional and cognitive engagement coincide. This is when an employee shows all expressions of the physical, emotional and cognitive in his/her engagement.

In conclusion, most employees in organisations do not possess all the three expressions of employee engagement mentioned above, that is, physical, emotional and cognitive engagement. This is because some of the different drivers or strategies of employee engagement being implemented by organisations do not meet their needs, interests or expectations.

2.12 Drivers or Antecedents of Employee Engagement

According to a research done by the Corporate Leadership Council (2007) and the Gallup research on employee engagement, eight main drivers of employee engagement were identified namely:

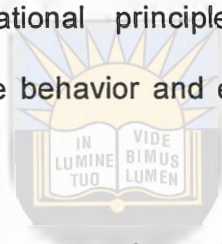
- 1) Trust and integrity- this refer to the ability of managers to ensure effective and efficient two-way communication between managers and employees
- 2) Nature of the work- the extent of employee involvement and independence
- 3) Line of sight between employees and organisation performance- the extent to which employees recognize the importance of their work input to the achievement of organisational performance.
- 4) Career growth opportunities- refer to the extent to which employees are provided with prospects for career growth and development and a well established career path.
- 5) Pride about the organisation- the degree to which an employee has logic of confidence to be connected with their organisation.
- 6) Co-worker/team member- this is significantly control of one's level of engagement to the organisation.
- 7) Employee development- the attempts the organisation makes to develop employees' skills through ways such as training and development.

8) Personal relationship with one's manager- the degree to which employees value their inter-personal relationship with their managers.

Bernthal (2004) confirms that most successful organisations have done their best to provide exceptional work environments for their employees, resulting in greater employee engagement. According to a study by Towers Perrin (2004) on employee engagement results prove that training and development leads to employee engagement and results, also show that engaged employees had an increase in operation margin of 3.74 percent and an above average net margin of 2.06 percent as compared to disengaged employees. In addition, Robinson *et al.* (2004) agree with Towers Perrin (2004) and point out that performance appraisal, communication, equal opportunity and fair treatment, co-operation, pay and remuneration, are drivers of employee engagement that make employees feel more valued, involved and then engaged.

Cantrell and Benton (2005) as cited the Chartered Institute of Public Relations (CIPR) Certificate in Internal Communication (2008) concur with the above drivers of employee engagement and indicate that reward and recognition are also drivers of employee engagement in an organisation. Communication is the most important driver of employee engagement hence modes of communication have to be updated to be effective and efficient. According to research on communication modes done by Edelman Change and Employee Engagement in partnership with People Metrics (2006) results show that the most frequently used method is e-mail 53 percent, intranet 28 percent, in-person 12 percent, print and telephone 2 percent, podcast, blog and others having the least of 1 percent.

Moreover, Nitin (2007) concurs with the above drivers of employee engagement and highlights that career development is also a driver of employee engagement in the sense that career development provides employees with prospects to develop their abilities, recognize their potential and acquire new skills and knowledge. Proper development and implementation of the drivers of employee engagement lead to effective talent management, therefore, resulting in the retention of a talented workforce and the provision of personal growth prospects in an organisation (Nitin, 2007). Additionally, clearness of organisational principles, respectful management of personnel, clear values of acceptable behavior and empowerment are also drivers of employee engagement.



In summary, for employee engagement to be achieved there has to be proper formulation, development, implementation, evaluation and monitoring of engagement strategies for them to be effective and efficient.

2.13 Consequences of Employee Engagement

Saks (2006) points out that previous researchers tend to agree that employee engagement has yielded positive results in most organisations. Schaufeli and Bakker (2004) show that engagement is highly associated with employee retention, greater sense of belonging of employees to the organisation and good health.

Nitin (2007) concurs with the above consequences of employee engagement and points out that engaged employees strive for organisational success, usually give greater performance and are motivated. In addition, employees who are engaged possess a psychological association with their organisation, have enthusiasm, increase

profitability, are well associated with the goals and strategies of the organisation, generate a sense of trustworthiness in a competitive atmosphere, provide an environment that is influential to work in and enhance the expansion of the organisation (Nitin, 2007).

Buhler (2006) states that the effects of employee engagement include increased competence, high productivity and talent retention. Buhler (2006) further points out that employee engagement contributes to high team performance, reduction in absenteeism, greater employee involvement and increase in profitability of the organisation. In addition, Tanova and Holtom (2008) mention that employee engagement results in a decrease in labour turnover which implies a reduction in the high expense of enrollment, choosing the best candidate, training and job appointment of new personnel in an organisation. Furthermore, Towers Perrin (2005) further indicates that employee engagement is also connected with the production of products of high quality, the improved handling of customers, improved cost management and greater employee trustworthiness. The above effects of engagement add to the success and competence of the organisation.

According to a Gallup research, higher organisational engagement anticipates an increase in earnings per share (EPS) within a business that operates in public. In addition, organisations with a ratio of 4:1, that is, for every four engaged employees, there is one actively disengaged employee, obtained a growth rate of 2.6 more (Ott, 2007). Furthermore, according to BlessingWhite (2008) results show that it is estimated that employees who are unengaged in the United Kingdom outlay their organisations with \$64.8 billion (U.S) dollars and \$232 billion loss of productivity each year.

Harter *et al.* (2002) concur with the above results of engagement and further indicate that employees who are engaged tend to possess low stress levels, have less health expenses, have less sick leave, have greater satisfaction at work and remain with their organisation in comparison to less engaged employees. Additionally, Melcrum (2005) conducted a research with 1000 HR practitioners and the results proved that employee engagement has yielded benefits such as customer satisfaction and retention and increase in productivity.

Moreover, the Hewitt Associates database of 1500 companies emphasizes that in companies where employee engagement was 60-70 percent the overall shareholder's return (TSR) was 24.2 percent whereas in companies with engaged employees of 49-60 percent TSR decreased to 9.1 percent and lastly companies with employee engagement of 25 percent and below experience negative TSR (Looi, Marusz & Baumruk, 2004). In addition, the Hay Group (2010) points out that high levels of employee engagement has resulted in revenue growth 2.5 times that of disengaged employees and a 40 percent reduction in expensive staff turnover. The Hay Group (2010) further states that organisations can obtain revenue growth 4.5 times more in comparison with other organisations if the personnel in the organisation feel a combination of encouragement and facilitated in their work.

2.14 Concluding Remarks

The present chapter has highlighted that HIV/AIDS has led to devastating effects on employees and organisations at large which has triggered the implementation of HIV/AIDS prevention, care and support programmes in the workplace. Poor formation,

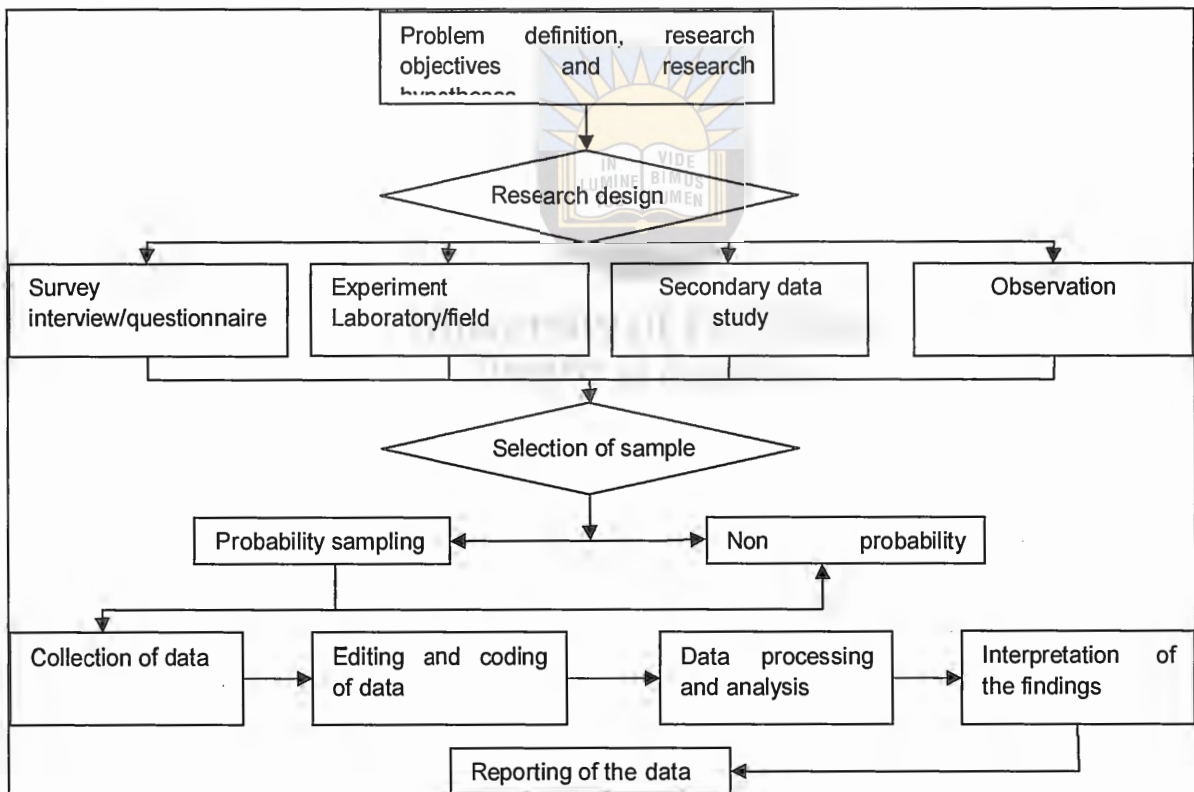
development , implementation and lack of proper monitoring of HIV/AIDS prevention, care and support programmes has contributed to employees having negative perception of such programmes because they are ineffective and inefficient. However, proper management of HIV/AIDS prevention, care and support programmes has contributed to benefits such as the reduction in health costs, fewer sick leave days, and an increase in productivity and profitability which has triggered employee engagement. Generally employees are moderately engaged in most organisations hence the implementation employee engagement drivers can be used to raise their engagement levels further, otherwise these employees might fall into the disengaged group. The drivers that can be implemented are proper communication, training and development, recognition, health and safety, opportunities for career growth and pay and benefits. The next chapter will focus on the research methodology of the study which consists of the research design, the population and sample size of the study, the research instrument, data collection and data analysis

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter focused on the literature review of the two variables of the study; that is, employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement.

Figure 3.1: Steps in the business research process



Source: Adapted from Zikmund, W.G. (2003). *Business Research Methods*. Ohio: South-West Publishers.

This chapter focuses on the methodology of the study. Research methodology consists of research design, population and sample of the study. In addition, the research

methodology of this study also focuses on the data collection, data analysis, delimitations of the study and the ethical considerations of the study.

According to the Department of Health and Human Service (DHHS) (2008) a research is a systematic investigation which comprises of research development of the study, testing and assessment of data intended to contribute to the generalization of information. Cooper and Schindler (2006) define research methodology as the outline for the gathering, measurement, and scrutinizing of information so as to obtain the purpose of a study.



3.2 Research Design

A research design is the theoretical composition within which the study will be carried out and its function is to provide for the gathering of significant information at the least possible expense, time and effort (Kumar, 2005). A research design refers to the third stage in the research procedure and is the preliminary plan for conducting the whole research (Cant, Geber, Noel & Kotze, 2003). Cooper and Schindler (2003) also propose that the research design refers to the plans that promote the systematic management of data collection. Cant *et al.* (2003) further highlight that the research design is the most essential part of the research and it has to be well structured for a research to be efficiently and effectively conducted, for it to yield meaningful results.

A research design involves the logical planning of the research which includes the formulation of a strategy to solve a particular question, the collection and recording, so as to make processing of the data possible as well as the interpretation of the results (Tustin, Martins, Ligthelm & Van Wyk, 2005). Additionally, a research design is the

precise description of the most sufficient procedures to be carried out in order to investigate a specific hypothesis under given circumstance (Bless, Higson-Simth & Kagee, 2006).

However, descriptive research attempts to explain analytically a circumstance, problem, incident, service or programmes, or provide information about; existing conditions of the society, or describe thoughts or perceptions towards a problem (Kumar, 2005).

3.2.1 Quantitative Research

According to Tustin *et al.* (2005) quantitative research usually involves the generation of statistical information from large scale surveys using methods such as structured interviews and questionnaires in order to generalize the results to a wider setting. Goodwin (2002) indicates that quantitative research uses mathematical analysis for the measurement of variables and places a heavy emphasis on the use of structured questionnaires.

Cooper and Schindler (2003) highlight that quantitative research requirements include:

- 1) The generation of models, theories and hypothesis.
- 2) The development of instruments and methods for measurement.
- 3) Collection of empirical data.
- 4) Modeling and analysis of data.
- 5) Evaluation of results.

The present study made use of quantitative methods in gathering primary data from academic staff in the two selected tertiary institutions in Eastern Cape Province. Data gathering was done through the use of self-administered questionnaires which were

distributed by the researcher with the aid of academic staff list obtained from the administration of each university. Self-administered questionnaires were also distributed during board meetings.

3.2.2 Qualitative Research

Blanche, Durreheim and Painter (2006) point out that qualitative researchers are concerned with attempting to describe, decode, and interpret precisely the meanings of phenomena occurring in people's day to day living. Blanche *et al.* (2006) mention that researchers operating within the frame of the interpretative paradigm focus on investigating the difficulty, authenticity, contextualization, shared subjectivity of the researcher and minimization of illusion. In addition, Blanche *et al.* (2006) point out that qualitative reports are characterized by the adoption of a more descriptive, narrative style that provides a holistic view of phenomena under investigation. Furthermore, Chisnall (2005) points out that the vital objective of qualitative research is to provide an outlook of a circumstance and provide well-documented reports of the study that reveal the researcher's capability to illustrate or explain the equivalent phenomenon.

Welman, Kruger and Mitchell (2006) mention that qualitative research has disadvantages such as the lack of consistency and reliability because the researcher can employ different probing methods and the respondent is selective in what to say or write. Qualitative research results in the researcher facing difficulties in explaining the difference in the quality and quantity of information obtained from different respondents therefore difficulties are encountered in making a valid conclusion (Welman *et al.*, 2006).

This research was quantitative research which seeks to understand the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement; hence, a quantitative research design was used.

3.3 Population and Sample Size

According to Hair, Wolfinbarger, Ortinau and Bush (2008) the target population comprises of the absolute group of people or objects that are to be studied based on the purpose of the study. Tustin *et al.* (2005) define population as the total number of people or units from which information is to be obtained. The population for this study consisted of all the academic staff in the two selected tertiary institutions in the Eastern Cape Province in South Africa. All -in- all the approximate total number of lecturers or academic staff under study was 706.

3.4 Sample and Sampling Procedure

Gray (2006) defines a sample as a set of objects, occurrences or individuals selected from a target population for a research study. Hair *et al.* (2008) further state that a sample comprises of the exert population considered for the study, or a sample can be seen as a detachment of measurements drawn from the total number of people with which the researchers are concerned. In determining the sample size, the researcher took into account how exact the approximation must be and the available time and money to conduct the research since data collection is a costly component of the study (Hair *et al.*, 2008). Leedy (2005) points out that in reality the sample statistic is known

but the population statistic is unknown therefore the effectiveness of the sample size is dependent on the population size as well as the significance of the study.

A sample of 200 academic staff was selected using the simple random sampling procedure. This sample was more than 20 percent of the total population, which means that it was a representative sample. A list of all academic staff was obtained for each university. The academic staff names were arranged in alphabetical order and numbered in ascending order. A Table of random numbers was used to select academic staff that were to be part of the sample. This procedure was used in each university resulting in each institution having a sample of 100 academic staff. The probability sampling procedure was used in the form of a simple random sample procedure. A simple random sample refers to the process whereby every unit of the population has a fair and the same likelihood of being chosen (Dawson, 2002).

3.5 Data Collection

This study used a questionnaire to collect information. Babbie (2009) defines a questionnaire as a document containing questions and other related matters intended to search for appropriate information in order to make a proper analysis.

A questionnaire was also used for the research study for the following reasons:

- 1) Questionnaires help the research to be able to compare information from different respondents.
- 2) Questionnaires enhance the rate and exactness of recording.
- 3) Questionnaires make data processing possible.

- 4) Questionnaires are cost-effective in the sense that less time and money is used.
- 5) Questionnaires permit the respondents to remain truthful because no names are mentioned or involved when the questionnaire is filled in (Hair *et al.*, 2008).

3.5.1 Research Questionnaire of the study


The questionnaire that was used consisted of 3 sections. Section A consisted of demographic questions relating to the participant's gender, race, marital status, age, level of educational qualification and length of employment (tenure).

Section B consisted of questions relating to employee engagement. Section B asked respondents questions meant to determine the degree to which employees are engaged with their work (e.g. leaders encourage employee training and development on all aspects including HIV/AIDS). To measure the level of employee engagement, a questionnaire by Gallup (2005) was used which consists of 12 items or statements. This questionnaire had a Cronbach's Alpha value of 0.886 which indicated that the questionnaire was reliable and valid. The participants were asked to rate the extent to which they agree with each item on a five point likert scale. The scale ranged from strongly disagree (1) to strongly agree (5). For example, academic staff will be providing their level of agreement to statements.

Section C consisted of questions relating to employees' perception of HIV/AIDS prevention, care and support programmes offered by their organisations. To measure the levels of employees' perceptions of HIV/AIDS prevention, care and support programmes a questionnaire developed by Higher Education HIV/AIDS Programme (HEAIDS) (2009) was used. This questionnaire had a Cronbach's Alpha value of 0.819

which indicated that the questionnaire was reliable and valid. In this section academic staff were asked to rate how they perceive the HIV/AIDS prevention, care and support programmes that are offered by their organisations. This questionnaire consisted of statements which measure employees' perception and respondents give their level of agreement using a five point likert scale that ranges from (1) strongly disagree (5) strongly agree. The statements can be for example (1) there is a motivational HIV/AIDS campaign programme in my organisation.

The researcher used Likert scale questions because of the reasons listed below:

- 
- 1) The Likert scale reduces response unfairness that develops among the respondents.
 - 2) Interviewer prejudice is reduced.
 - 3) The Likert scale allows for the standardization of response items and comparability amongst the respondents.
 - 4) The information collected using Likert scale questions are easy to code and analyse.
 - 5) Less time is used in distributing questions.
 - 6) The Likert scale can be used to assess attitudes, opinions, beliefs and perception (Cooper & Schindler, 2003).

3.5.2 Pre-testing (Pilot Study)

The final evaluation of the questionnaire was obtained from a pre-test. According to Churchill (2002) pre-testing is the testing of the questionnaire using small sample of participants in order to recognize and remove possible problems. When conducting a

pre-test, the survey questionnaire is given to a small, representative group of respondents, who are asked to fill out the survey and provide feedback to researchers. The essence of a pre-test is to have respondents pay attention to words, phrases, instructions, and question sequence. Respondents are requested to pick out any irregularities that they may find in the questions and also anything respondents find difficult to understand.

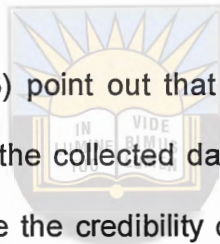
The returned questionnaires were then checked for signs of boredom on the part of the respondents reflected in the number of incomplete questionnaires. Other signs of boredom include skipped questions or circling the same answer for all questions within a group. In addition, the pre-test enabled the researcher to assess the time required by participants to fill in the questionnaire, to observe the clarity of instructions and to acquire the information to put in the cover letter. Problems or concerns highlighted in the pre-test, call for modification and should be approved by the respondent before moving to the next step. The questionnaire was pre-tested in a pilot-study using 20 academic staff. Pre-testing was done in an effort to detect the questionnaire weaknesses before the formal study was conducted. The researcher pre-tested the questionnaire for the following reasons:

- 1) Allows the researcher to confirm the intended statistical analysis measures thereby giving the researcher the chance to assess the usefulness of the intended statistical and analytical measures of the information. This makes provision for the researcher to effect changes in the methods of data collection to enhance the effectiveness of the study.

- 2) Helps in overcoming unexpected problems since the researcher will have the chance to restructure some unclear parts of the study that are identified by the pilot study.
- 3) Time and money is saved because pre-testing usually gives the required information for the researcher to make constructive decisions on whether to carry on with the study or not (Churchill, 2002).

3.6 Validity and Reliability

Saunders, Lewis and Thornhill (2003) point out that validity, reliability and errors are used in order to check the quality of the collected data. Steps of validity and reliability are taken by the researcher to ensure the credibility of the findings and conclusions of this study.



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3.6.1 Reliability

Reliability is the extent to which other administrators of the same instrument have obtained the same results, and measuring reliability can be done using the split half procedure, test-retest procedure, as well as obtaining a Cronbach's Alpha value of at least 0.6 from the data if the other methods cannot be applied (Cooper & Schindler, 2003).

Table 3.1: Cronbach's alpha scale

Cronbach's alpha	Internal consistency
$\alpha \geq 0.9$	Excellent
$0.9 > \alpha \geq 0.8$	Good
$0.8 > \alpha \geq 0.7$	Acceptable
$0.7 > \alpha \geq 0.6$	Questionable
$0.6 > \alpha \geq 0.5$	Poor
$0.5 > \alpha$	Unacceptable

Source: Adapted from Cooper, D.R. & Schindler, P.S. (2003). *Business Research Methods*. New York: McGraw Hill Inc.

Babbie and Monton (2002) recommend the following steps to be followed to ensure reliability of the data gathered in a study:

- 1) Pilot study is used by the researchers to pre-test the research instrument in the survey development stage.
- 2) Discussing with senior researchers who have prior experiences in similar studies.
- 3) Performing a complete assessment of the previous studies in the field of interest.

In the current study a reliability analysis was used on all the scales of the instrument using the Cronbach Alpha. The questionnaire used to measure employee engagement consisted of 12 variables and had a Cronbach Alpha value of 0.825943 while the questionnaire used to measure employees' perceptions of HIV/AIDS prevention, care

and support programmes comprised of 18 variables and had a Cronbach Alpha value of 0.783570

Table 3.2: Summary of reliability estimates

Coefficient	What is measured	Methods of analysis
Stability	Reliability of a test or instrument is inferred from examined scores. The same test is administered twice to same subjects over a period of less than six months	Correlation; test-retest
Equivalence	Degree to which alternative forms of the same measure produce same or similar results. Administered simultaneously without a delay	Correlation, parallel forms
Internal consistency	Degree to which instrument items are homogeneous and reflect that same underlying construct	Specialization correlation: split half and Cronbach's alpha

Source: Adapted from Cooper, D.R. & Schindler, P.S. (2008). *Business research methods*. New York: McGraw Hill.

3.6.2 Validity

Validity is the degree to which the research's outcomes accurately symbolize what is really happening in the circumstances (Collis & Hussey, 2003). Cooper and Schindler

(2008) state that validity ensures that an instrument measures what is suppose to be measured. Validation involves telephonically contacting a portion of the respondents surveyed by every field worker, to ensure that the original interview was conducted correctly.

Table 3.3: Summary of validity estimates

Type of validity	What is measured	Methods
Content	Degree to which the content of the items adequately represent the universe of all relevant items under study	Judgmental or panel evaluation with content validity ratio
Criterion	Degree to which the predictor is adequate in capturing the relevant aspects of the criterion	Correlation
Construct	Identifies the underlying constructs being measured and determined how well the test represents them	Judgmental; correlation of proposed tests with established one; Factor analysis

Source: Adapted from Cooper, D.R. & Schindler, P.S. (2008). *Business research methods*. New York: McGraw Hill.

The researcher used the following steps to ensure the validity of the study as Cooper and Schindler (2003) suggest, with the help of statistical analysis and a panel of experts:

- 1) Evaluated the research instrument for theoretical clarity
- 2) Used a pilot study to pre-test the research instrument.
- 3) Used sampling procedures in the form of probability methods to ensure external population validity' through the use of self-administered questionnaires which generally have a high response rate
- 4) Used a big sample size with a margin of error that is not more than 5 percent and a 95 percent confidence level; and expansively evaluated the literature for the theoretical constructs and experiential conclusions.



3.6.3 Errors

According to Cooper and Schindler (2003) the common errors are response and non-response errors and these errors have an effect on the quality of data collected. It is the duty of the researcher to ensure that research errors are kept to a minimum. Babbie and Monton (2002) suggest that non-response errors occur when some elements or respondents of a sample are not contacted, and hence their response is totally excluded from the study, or some of the elements contacted provide incomplete answers or totally do not respond to any of the survey questions asked. In order to reduce non-response errors Babbie and Monton (2002) suggest the following steps:

- 1) Using self-administered questionnaires, which involve a direct contact among the researcher and the participants.
- 2) Calling the participants frequently and paying visits.
- 3) Removing sensitive questions from the questionnaire.
- 4) Carefully constructing and pre-testing the questionnaire.

3.7 Administration of the Instrument

The researcher distributed 200 self-administered questionnaires among the respondents. The advantages of using a self-administered questionnaire were that self-administered questionnaires are less expensive than interviews, less time consuming and easier to administer therefore high reliability is achieved (Hair *et al.*, 2008). Respondents were given enough time to fill in the questionnaires in an effort to avoid inaccurate information as well as omission of questions. The response rate of the return of questionnaires was 65%.



3.8 Data Analysis

The researcher rearranged and sorted the information collected using the Statistical Package for Social Sciences (SPSS), which was followed by selecting, differentiating and breaking down of information into components related to each other. The statistical analysis used included descriptive statistics, measure of central tendency and dispersion, inferential statistics in the form of the Pearson product moment correlation. The aim of the data analysis was to check the testability of the research questions and the hypothesis of the study.

Descriptive statistical analysis and inferential statistics were used since the research design was quantitative in nature. Descriptive statistics were used in the form of pie charts, graphs and tables to interpret demographic factors, employee engagement variables and employees' awareness and perceptions of HIV/AIDS prevention, care and support programmes. The measure of central tendency and dispersion was used

through the use of the means on employee engagement variable and employees' perceptions of HIV/AIDS prevention, care and support programmes variables. Cooper and Schindler (2008) mention that descriptive statistics are used to point out location tendency (mean, median and mode), spread (variance, standard deviation, range, inter-quartile range) and shape (skewedness & kurtosis).

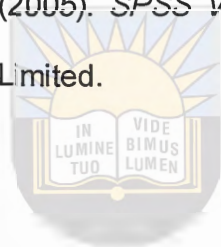
The researcher used inferential statistics to determine correlations between employees' perception of HIV/AIDS prevention, care and support programmes and employee engagement in the form of the Pearson Product Moment Correlation which was denoted by (p). The P-value is the likelihood that a test statistic is as big as or bigger than the experiential, if there is a true null hypothesis. The P-value measures the significance of a relationship between variables hence a 5 percent level of significance was used for the study. A P-value of less than 0.05, is very small, which means that the test statistic is uncommonly large in comparison to the expectation if the null hypothesis is true therefore it is recommended that the null hypothesis is not true (reject null hypothesis) based on the confirmation in the data (Sibanda, 2009).

According to Coakes (2005) the major outcome of a correlation is called the correlation coefficient (" r ") which varies from -1.0 to +1.0. The closeness of the association between variables is determined by the closeness of r to +1 or -1.

Table 3.4: Value of correlation and strength of relationship

Value of r	Strength of relationship
-1.0 to -0.5 or 1.0 to 0.5	Strong
-0.5 to -0.3 or 0.3 to 0.5	Moderate
-0.3 to -0.1 or 0.1 to 0.3	Weak
-0.1 to 0.1	None or very weak

Source: Adapted from Coakes, S.J. (2005). *SPSS Version Analysis without Anguish*. Sydney: John Wiley & Sons Australia Limited.



3.9 Delimitation of the Study

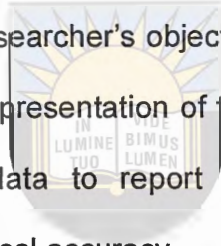
This study was based on investigating the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement of academic staff in tertiary institutions. The study focused on two selected tertiary institutions within the Eastern Cape Province, with an academic population of approximately 706. The units of analysis were academic staff from different faculties.

3.10 Ethical Considerations

Cant *et al.* (2005) opine that ethics within a society pertains to commonly acceptable standards of right and wrong behavior. This research put ethical considerations into practice. There was voluntary participation of respondents. This means that interviewees participated of their own free will in a way that did not infringe on their rights, dignity and welfare. The researcher therefore ensured that no embarrassing and

prying questions were asked, which might result in the respondents feeling uncomfortable. All participants were informed about the aim, purpose, duration and objectives of the study and how the collected data was going to be useful and beneficial to the universities. It was the duty of the researcher to keep personal information of the respondents under strict confidence, to debrief and ensure no harm befalls the participants during and after the research process. Contact details were also provided to respondents in case of any later queries.

In addition, the maintenance of the researcher's objectivity was ensured during the data analysis stage in order to avoid misrepresentation of the data collected, which included not being selective about which data to report or where appropriate, avoiding misrepresentation of the data's statistical accuracy.



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3.11 Concluding Remarks

This chapter discussed the methodology used to conduct the present study. Indicated in the discussion was the population selected for the study, a description of respondents, sampling procedures, the variables investigated, the instrument used for data collection, data analysis procedures, delimitations of the study and the ethical considerations that guided the study. The next chapter will present the analysis of the results of the study.

CHAPTER 4: RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter presents empirical evidence of the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement of academic staff in tertiary institutions in the Eastern Cape Province. The descriptive statistics used was in the form of tables, figures and measure of central tendency to interpret demographic, employee engagement and employees' awareness and perceptions of HIV/AIDS prevention, care and support programmes. The Pearson product moment correlation test was used to determine the correlations between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement using The Statistical Package for the Social Sciences (SPSS).

4.2 Analysis of Results

Descriptive statistics are in the form of percentages and are subsequently graphically presented.

4.2.1: Section A: Demographical Information

Demographic information is necessary in a study as it gives the researcher a picture of the general profile of the respondents. The demographic variables under consideration are: gender, age, marital status, race, educational qualification and length of service.

4.2.1.1 Gender Distribution of Respondents

Figure 4.1: Gender distribution

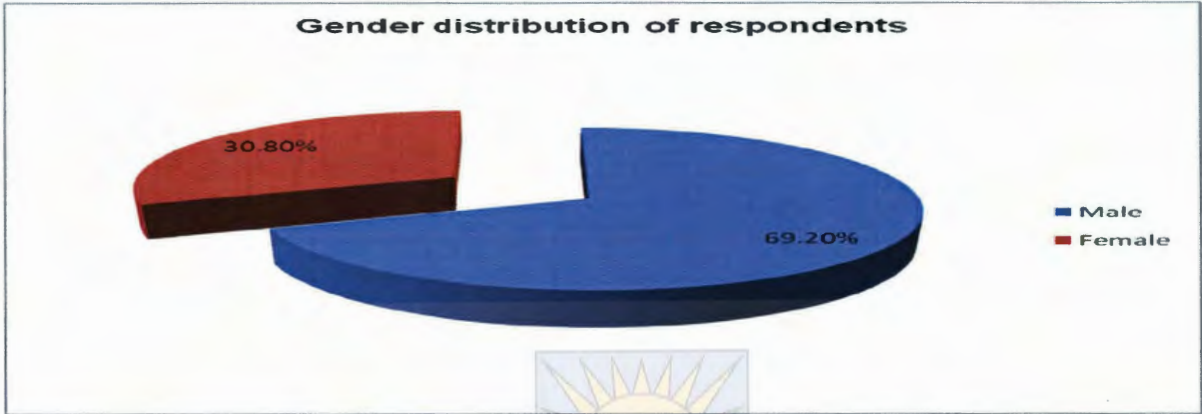


Figure 4.1 illustrates the gender distribution of respondents. Of the 130 respondents 90(69.2%) were male and 40(30.8%) were female.

4.2.1.2 Age Distribution of Respondents

Figure 4.2: Age distribution

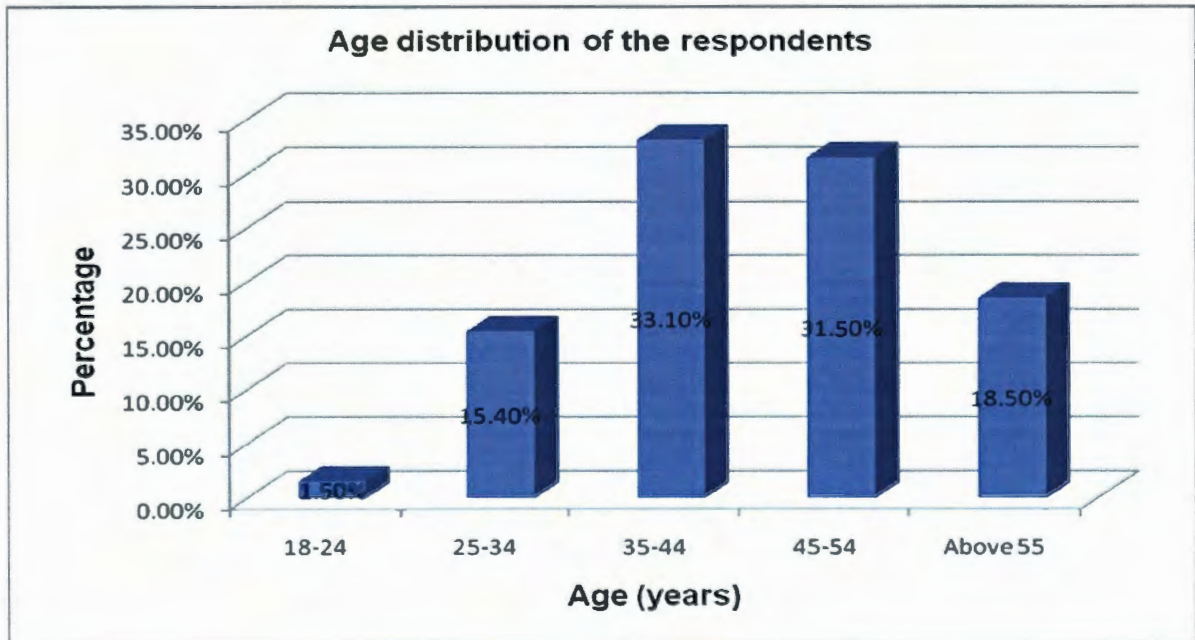


Figure 4.2 illustrates the age distribution of respondents. The figure shows that age was divided into five categories; that is, 18-24years, 25-34years, 35-44years, 45-54years and above 55years. The distribution shows that the majority of the respondents in the study were between the age 35-44years 43 (33.1%), followed by the 45-54years 41(31.5%) category, followed by above 55years 24(18.5%) category, the 25-34years 20(15.4%) category and lastly there were 2(1.5%) between 18-24years.

4.2.1.3 Marital Status Distribution of the Respondents

Figure 4.3: Marital status distribution

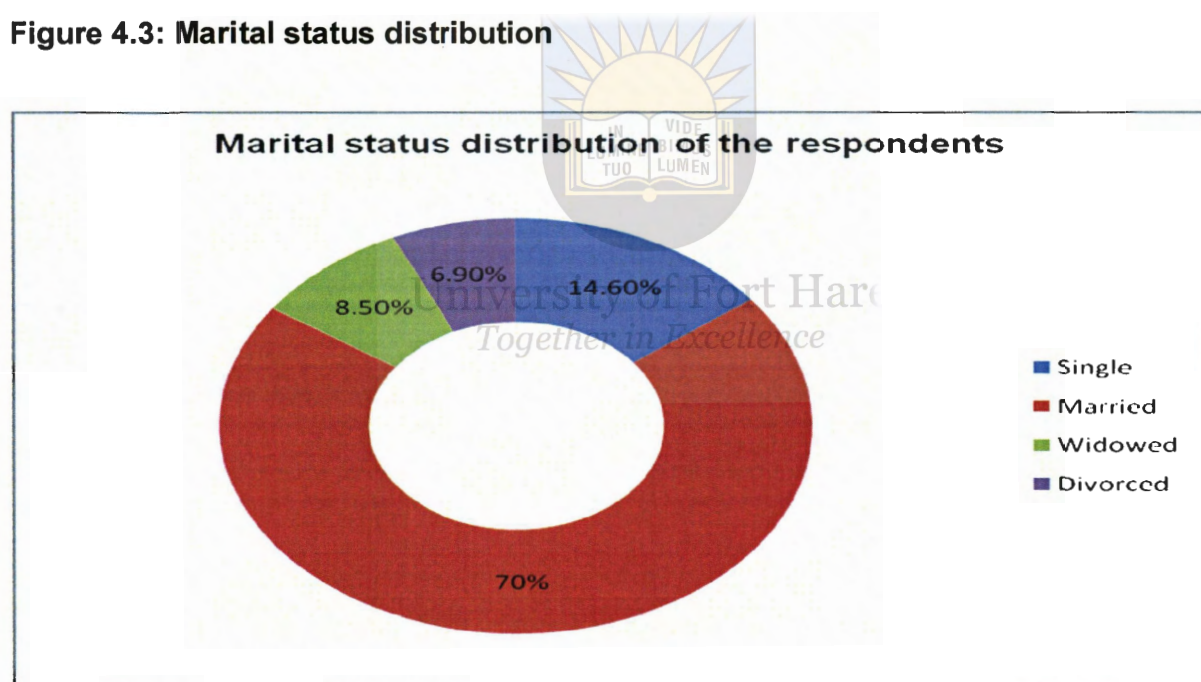


Figure 4.3 illustrates the marital status distribution of respondents. The figure shows that the majority of the respondents were married 91(70%), 19(14.6%) were single, widowed 11(8.5%) and lastly, divorced 9(6.9%).

4.2.1.4 Race Distribution of Respondents

Figure 4.4: Race distribution

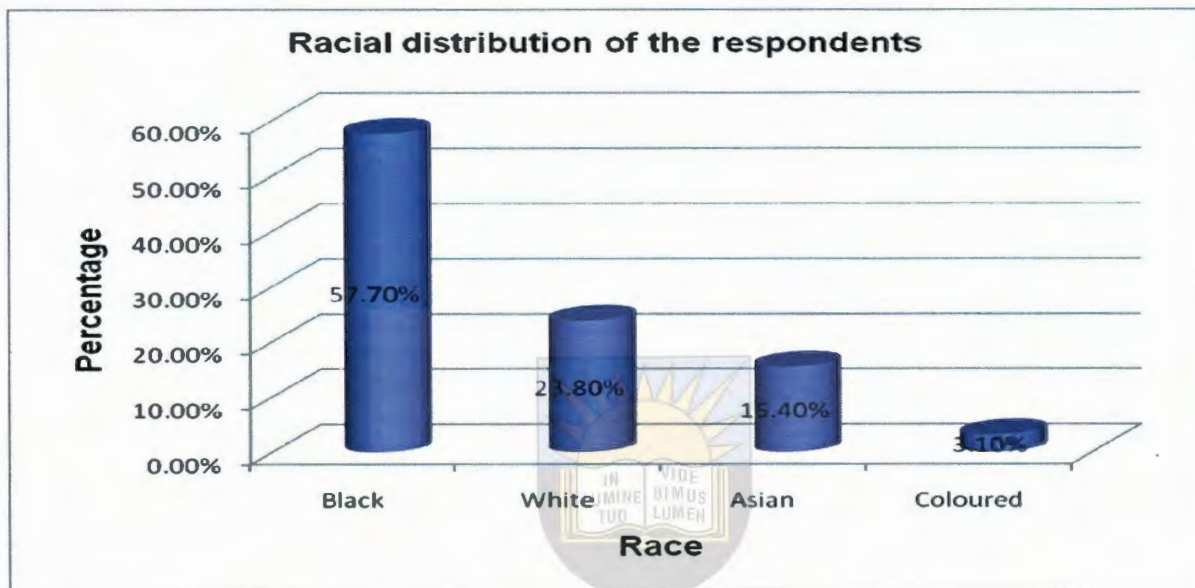


Figure 4.4 illustrates the race distribution of respondents. The majority of the respondents 75(57.7%) were Black, 31(23.8%) of the respondents were White, 20(15.4%) were Asian and 4(3.1%) were Coloured.

4.2.1.5 Educational Qualifications Distribution of Respondents

Figure 4.5: Educational qualification distribution

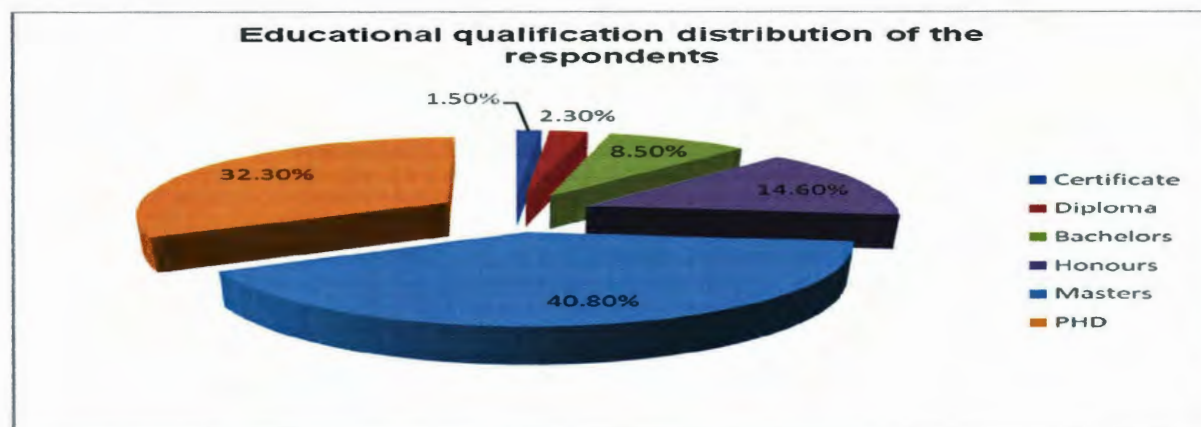


Figure 4.5 illustrates the educational level of respondents. The results show that 53(40.8%) of the respondents had Masters degrees followed by those with PHDs 42(32.3%), Honours degrees 19(14.6%), Bachelors degrees 11(8.5%), Diplomas 3(2.3%) and lastly, Certificates 2(1.5%).

4.2.1.6 The length of service (tenure) of respondents

Figure 4.6: Length of service distribution



Figure 4.6 illustrates the length of service of respondents. The figure shows that 54(41.5%) of the respondents had been employed by their organisations for less than five years, 28(21.5%) for 6-10years, 25(19.2%) for 11-15years, 4(3.1%) for 16-20years and 19(14.6%) of the respondents had more than 20 years in the organisations.

4.2.2 Employee Engagement

This section focuses on the respondents' level of agreement towards different variables of employee engagement. Specifically, this section analyses whether respondents agree or disagree with viewpoints occasionally expressed regarding employee engagement such as ".....I know what is expected of me at work".

4.2.2.1 I know what is expected of me at work

Figure 4.7: I know what is expected of me at work

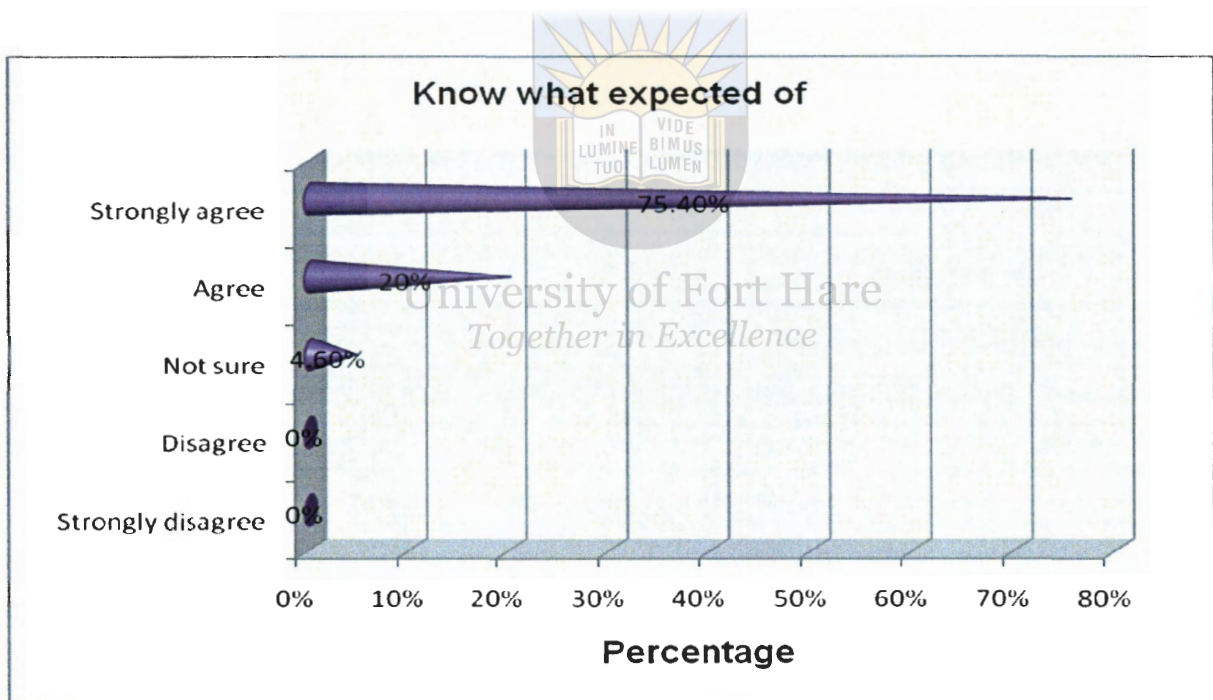


Figure 4.7 shows that 98(75.4%) of the respondents strongly agreed, 26(20%) of the respondents agreed, 6(4.6%) of the respondents were not sure of what is expected of them at work.

4.2.2.2. I am provided with the necessary equipment and materials for effective performance.

Figure 4.8: Provision of necessary equipment and material

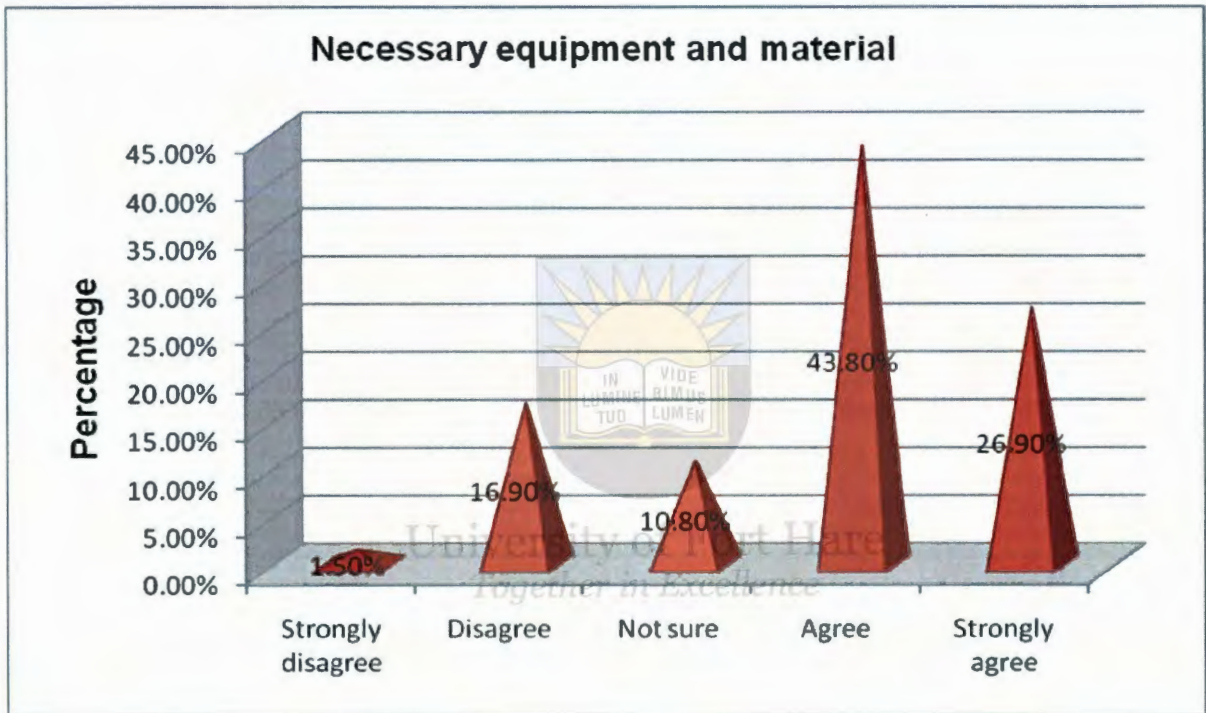


Figure 4.8 shows that most of the respondents agree that they are being provided with the necessary equipment and material for effective performance. The majority 57(43.8%) of the respondents agreed with the statement while 2(1.5%) of the respondents strongly disagreed. 35 (26.9%) of the respondents strongly agreed with the statement that they are being provided with the necessary equipment and materials for effective performance, 22(16.9%) of the respondents disagreed and 14(10.8%) of the respondents were not sure of the statement.

4.2.2.3 I am provided with the opportunity to do my best every day

Table 4.1: Opportunity to do my best every day

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
Frequency	1	10	18	78	23
Percentage (%)	0.8%	7.7%	13.8%	60.0%	17.7%

Table 4.1 shows that most of the respondents agreed that they are provided with the opportunity to do their best every day. The majority, 78(60%) of the respondents agreed with the statement, 23(17.7%) strongly agreed, 18(13.8%) were not sure, 10(7.7%) disagreed and 1(0.8%) strongly disagreed with the statement.

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4.2.2.4. I receive recognition or praise for doing good work at least every six months

Figure 4.9: Recognition for good work at least every six months



Figure 4.9 shows that 46(35.4%) of the respondents agreed to the statement, 45(34.6%) disagreed, 25(19.2%) were not sure, 11(8.5%) strongly disagreed and 3(2.3%) strongly agreed with the statement. The reason might be a lack of performance discussion with employees by supervisors since supervisors assume that employees know what is expected of them at work.

4.2.2.5. Leaders care for employees as a person by providing facilities such as employee assistance programmes (EAPs).

Figure 4.10: Leaders care for individual employees



Figure 4.10 shows that the majority of the respondents 58(44.6) were not sure whether their leaders in their institutions care for employees as a person or not. The results also shows that 39(30%) agreed, 17(13.1%) disagreed, 10(7.7%) strongly agreed and 6(4.6%) strongly disagreed.

4.2.2.6. Leaders encourage employee training and development on all aspects including HIV/AIDS

Table 4.2: Leaders encouragement of training and development

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
Frequency	2	15	22	81	10
Percentage (%)	1.5%	11.5%	16.9%	62.3%	7.7%

Table 4.2 shows that 81(62.3%) of the respondents agreed that their leaders encourage training and development, 22(16.9%) were not sure, 15(11.5%) disagreed, 10(7.7%) strongly agreed and 2(1.5%) strongly disagreed with the statement.

4.2.2.7. My suggestions and opinions for improving the organisation are considered in the organisation e.g in the formation and development of HIV/AIDS policy

Figure 4.11: Organisational consideration of my suggestions and opinions

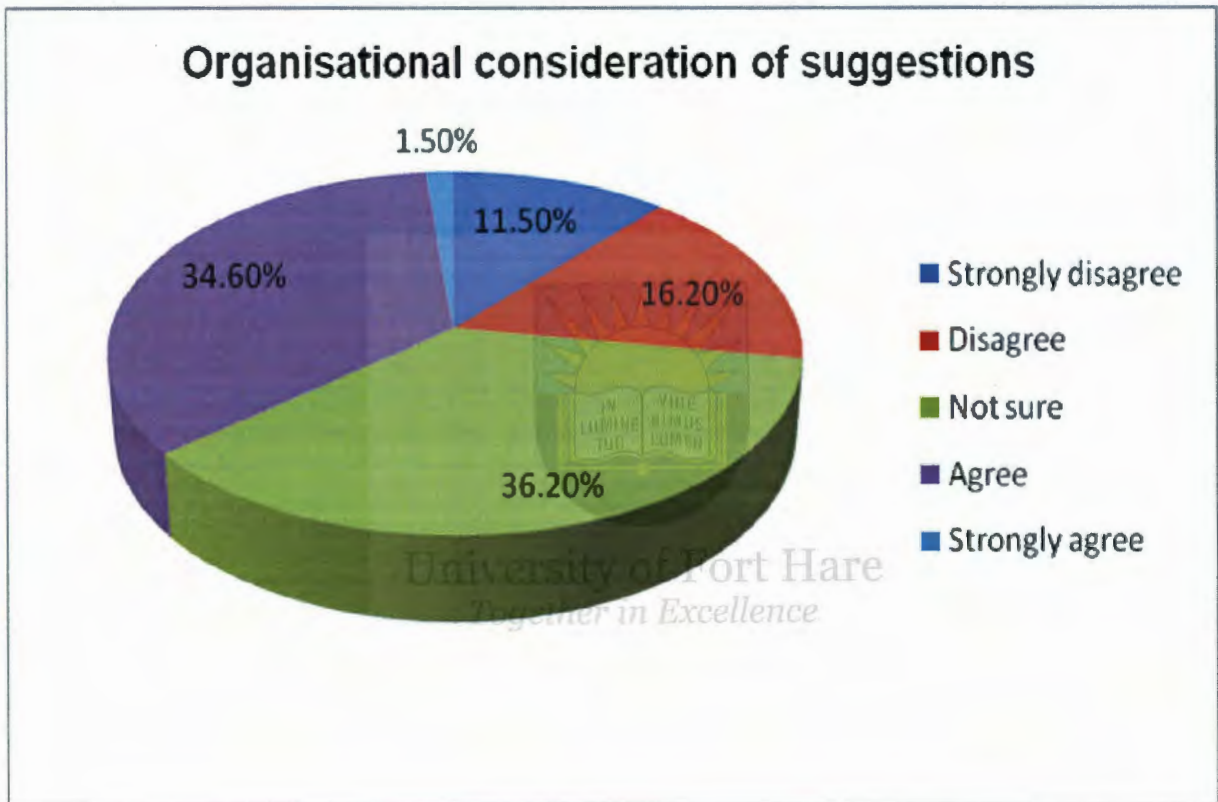
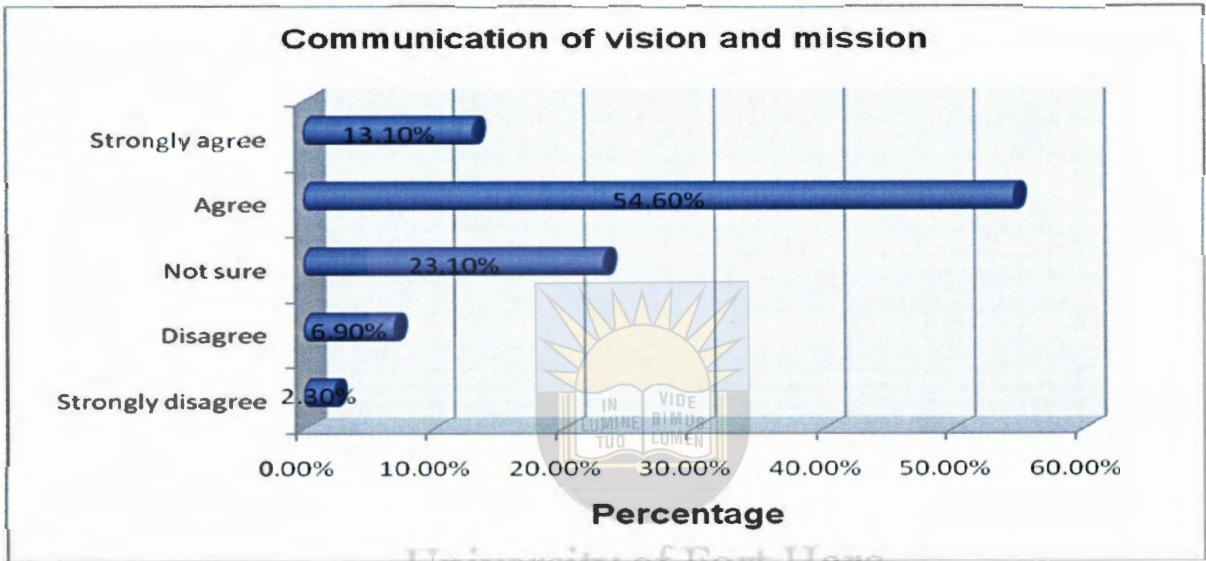


Figure 4.11 shows that 15(11.5%) of the respondents strongly disagreed that there is organisational consideration of employees vision and missions, 21(16.2%) of the respondents disagreed, 47(36.2%) of the respondents were not sure, 45(34.6%) of the respondents agreed and 2(1.5%) of the respondents strongly agreed with the statement.

4.2.2.8 My organisation communicates its vision and mission, which makes me feel the importance of my job.

Figure 4.12: Organisational communication of vision and mission



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Figure 4.12 shows that 17(13.10%) of the respondents strongly agreed that their organisation communicate its vision and mission, 71(54.6%) of the respondents agreed to the statement, 30(23.1%) of the respondents were not sure, 9(6.9%) of the respondents disagreed and 3(2.3%) of the respondents strongly disagreed with the statement.

4.2.2.9. My organisation ensures that all employees are committed to doing quality work

Table 4.3: Employee commitment to doing quality work

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
Frequency	2	15	22	81	10
Percentage (%)	1.5%	11.5%	16.9%	62.3%	7.7%

Table 4.3 shows that most of the respondents agreed that their organisation ensures that employees are committed to doing quality work. The majority 81(62.3%) of the respondents agreed with the statement while 2(1.5%) strongly disagreed. 15(11.5%) of the respondents disagreed, 22(16.9%) of the respondents were not sure and 10(7.7%) of the respondents strongly agreed with the statement.

4.2.2.10 My organisation cultivates the idea of friendship among all employees in the workplace through the use of HIV/AIDS support groups

Figure 4.13: Organisational friendship cultivation

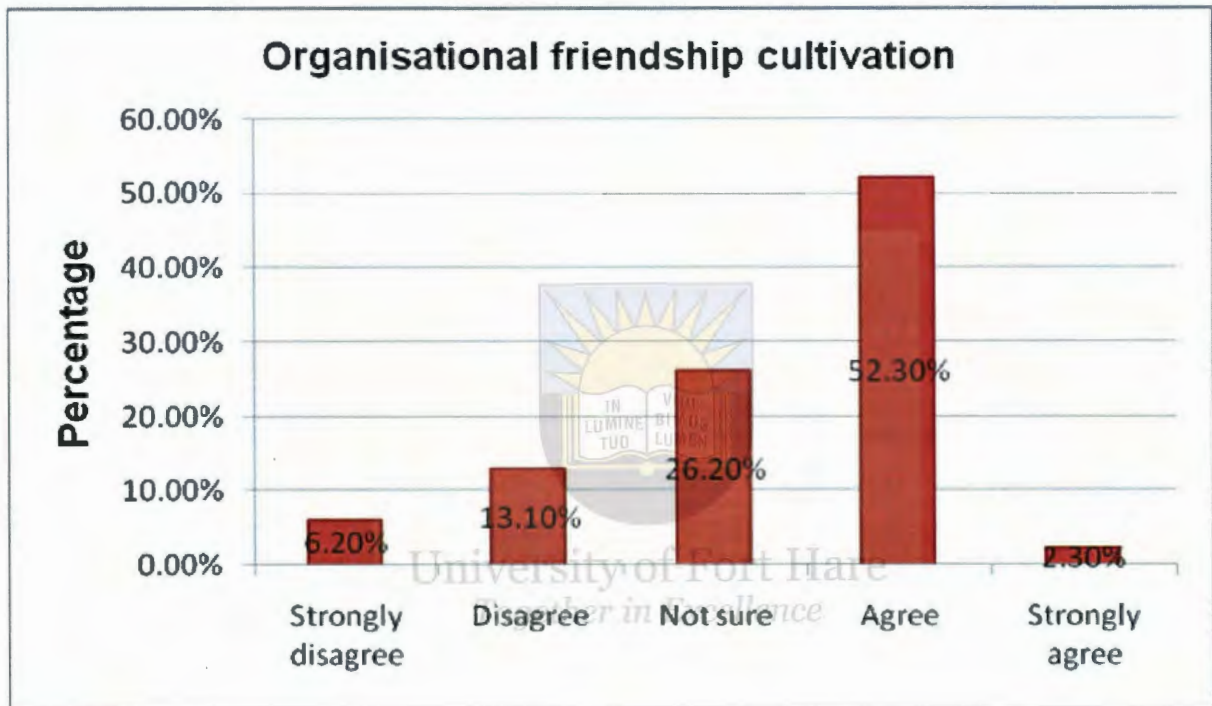


Figure 4.13 shows that 8(6.2%) of the respondent strongly disagreed, 17(13.1%) of the respondents disagreed, 34(26.2%) were not sure with the statement that their organisation cultivates the idea of friendship within their organisation. The majority of the respondents 68(52.3%) agreed and 3(2.3%) of the respondents strongly agreed with the statement that their organisation cultivates the idea of friendship among all employees in the workplace.

4.2.2.11. My organisation regularly discusses performance/progress with all employees on an individual basis

Figure 4.14: Individual performance discussion

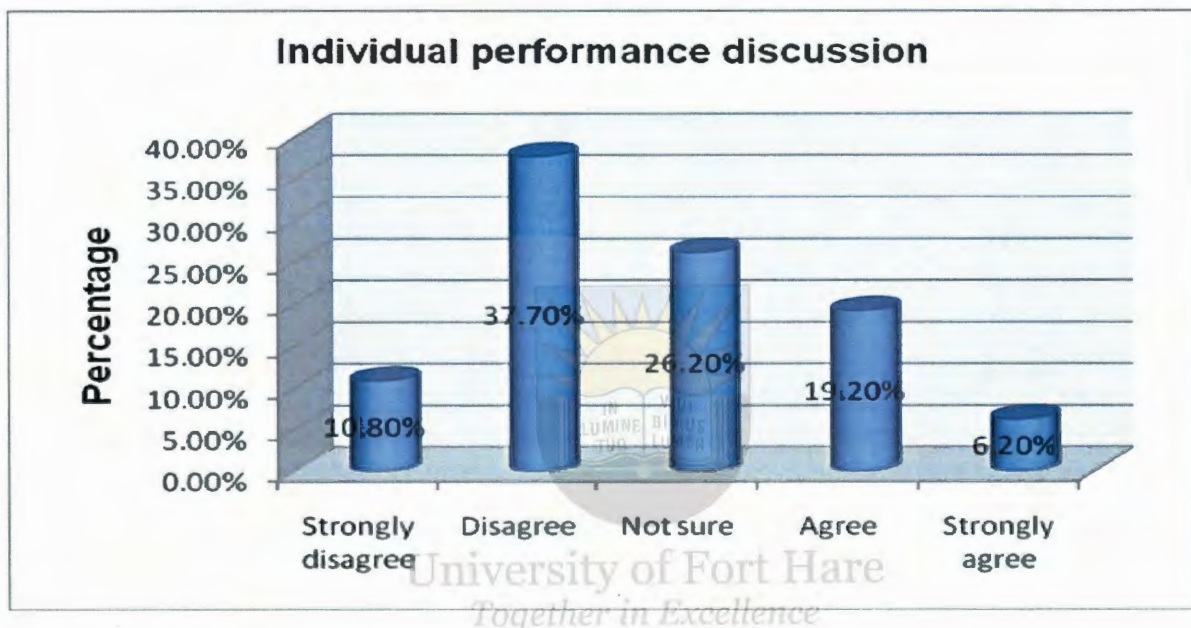


Figure 4.14 shows that the majority of the respondents 49(37.7%) disagreed with the statement, 14(10.8%) of the respondents strongly disagreed, 34(26.2%) of the respondents were not sure of the statement that their organisation discusses performance/progress with all employees on an individual basis. Twenty five 19.2% of the respondents agreed and 8(6.2%) strongly agreed with the statement.

4.2.2.12 I am afforded regular opportunities to learn and grow at work

Table 4.4: Opportunities to learn and grow

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
Frequency	1	8	24	78	19
Percentage (%)	0.8%	6.2%	18.5%	60%	14.6%

Table 4.4 shows that 78(60%) of the respondents agreed, 19(14.6%) of the respondents strongly agreed, 24(18.5%) of the respondents were not sure, 8(6.2%) of the respondents disagreed and 1(0.8%) of the respondents strongly disagreed with the statement that they are afforded regular opportunities to learn and grow at work.

4.2.3 Employees' Awareness and Perceptions of HIV/AIDS Prevention, Care and Support Programme

This section focuses on respondents' awareness and perceptions of HIV/AIDS prevention, care and support programmes. Specifically, it analyses whether respondents are aware or not aware of HIV/AIDS prevention, care and support programmes or whether respondents agree or disagree on viewpoints occasionally expressed regarding these programmes.

4.2.3.1 Employees' awareness of HIV/AIDS prevention, care and support programmes

Awareness of employees on HIV/AIDS prevention, care and support programmes is important in the study as it gives the researcher a clear picture of the programmes with which most employees are familiar, not sure of as well as not familiar with.

Table 4.5: Employees' awareness of HIV/AIDS prevention, care and support programmes

HIV/AIDS Programmes	No%	Not sure%	Yes%
HIV/AIDS Campaign	3.8%	14.6%	81.5%
Condom distribution	3.8%	26.9%	69.2%
HIV/AIDS Education	2.3%	14.6%	83.1%
Voluntary Counseling and Testing	0.8%	13.8%	85.4%
Flexible working hours	11.5%	86.9%	1.5%
Health care facilities	2.3%	31.5%	66.2%
Psychological support	2.3%	35.4%	62.3%
Legal support	13.8%	80%	6.2%
Socio-economic support	17.7%	79.2%	3.1%

Table 4.5 shows that 5(3.8%) of the respondents indicated that their organisations have no HIV/AIDS Campaign programmes, 19(14.6%) were not sure and 106(81.5%) were

aware of the programmes. 5(3.8%) of the respondents said that their organisations have no condom distribution programmes, 35(26.9%) were not sure and 90(69.2%) were aware of the programme. On the HIV/AIDS Education programme, 3(2.3%) were not aware of the existence of the programme in the organisation, 19(14.6%) were not sure and 108(83.1%) of the respondents were aware of the HIV/AIDS Educational programme.

Table 4.5 also shows that 1(0.8%) of the respondents were not aware of the Voluntary Counseling and Testing (VCT) programme in their organisations, 18(13.8%) were not sure and 111(85.4%) were aware of VCT programmes within their organisations. The majority of the respondents 113(86.9%) were not aware of any flexible working hours programme offered to infected employees by their organisation, 15(11.5%) were not aware of the existence of the programme and 2(1.5%) were aware of the programme within their organisations. On Health care facilities, 3(2.3%) of the respondents were not aware of the programme, 41(31.5%) were not sure and 86(66.2%) were aware of the health care facilities offered by their organisations

From Table 4.5, results show that the majority of respondents 81(62.3%) are aware of the Social/peer and psychological support programmes in their organisations, 46(35.4%) were not sure and 3(2.3%) are not aware of the existence of the programmes in their organisation. 18(13.8%) of the respondents are not aware of legal support programmes, 104(80%) are not sure and 8(6.2%) are aware of the legal support programmes within their organisations. On Socio-economic support programmes 23(17.7%) of the respondents are not aware of the programme's existence in the

organisation, 103(79.2%) are not sure and 4(3.1%) are aware of the programme's existence within the organisation.

4.2.3.2 Employees' perceptions of HIV/AIDS prevention, care and support programmes

This section focuses on the employees' perceptions of HIV/AIDS prevention, care and support programmes of academic staff in tertiary institutions.

Table 4.6: There are motivational HIV/AIDS campaign programme in my organisation

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
0%	4.8%	24.0%	42.4%	28.8%

Table 4.6 shows that 6(4.8%) of the respondents disagreed, 30(24%) were not sure, 53(42.4%) agreed and 36(28.8%) strongly agreed that the HIV/AIDS campaign programmes in their organisations are motivational.

Table 4.7: The HIV/AIDS condom distribution programmes provided by my organisation are effective and efficient

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	8%	51.2%	16.0%	24.8%

Table 4.7 shows that the majority of the respondents 64(51.2%) were not sure of the effectiveness and efficiency of HIV/AIDS condom distribution programmes in their organisations. 10(8%) of the respondents disagreed, 20(16%) agreed and 31(24.8%) strongly agreed with the statement.

Table 4.8: My organisation provides me with a better understanding of the pandemic which makes me comfortable to do my work at best

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	7.1%	33.1%	49.6%	10.2%

Table 4.8 shows that 9(7.1%) of the respondents disagreed that HIV/AIDS Education in their organisation provided them with a better understanding of the pandemic, 42(33.1%) of the respondents were not sure, 63(49.6%) of the respondents agreed and 13(10.2%) of the respondents strongly agreed with the statement.

Table 4.9: There is effective and influential voluntary counseling and testing in my organisation

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	5.4%	23.3%	25.6%	45.7%

Table 4.9 shows that the majority of the respondents 59(45.7%) strongly agreed, 7(5.4%) of the respondents disagreed, 30(23.3%) of the respondents were not sure and 33(25.6%) of the respondents agreed with the statement.

Table 4.10: There is effective and efficient flexible working hours for HIV/AIDS infected employees, which enables them to perform to their best ability

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	0%	98.3%	1.7%	0%

Table 4.10 shows that 113(98.3%) of the respondents were not sure of the effectiveness and efficiency of flexible working hours offered to HIV/AIDS infected employees and 2(1.7%) of the respondents agree with the statement. The reason might be a lack of awareness of the programme (table 4.5) since the programme is offered specifically to HIV/AIDS infected employees only.

Table 4.11: My organisation has relevant and effective health care facilities within and outside the organisation for infected employees

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	2.4%	69.3%	23.6%	4.7%

Table 4.11 shows that 3(2.4%) of the respondents disagreed with the statement, 88(69.3%) of the respondents were not sure, 30(23.6%) of the respondents agreed and 6(4.7%) of the respondents strongly agreed that their organisation has inside and outside facilities for HIV/AIDS infected employees.

Table 4.12: Social or peer and psychological support programmes provided by my organisation are very supportive thereby providing a friendly environment to work in

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	7.9%	55.1%	32.3%	4.7%

Table 4.12 shows that 10(7.9) of the respondents disagreed, 70(55.1%) of the respondents were not sure, 41(32.3%) of the respondents agreed and 6(4.7%) of the respondents strongly agreed with the statement that the social or peer and psychological support programmes provided by their organisations are very supportive.

Table 4.13: My organisation provides helpful legal support to infected and affected employees such as preparation of wills

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	0%	97.3%	0%	2.7%

Table 4.13 shows that the majority of the respondents 109(97.3%) were not sure of the helpfulness of legal support provided by their organisations and 3(2.7%) of the respondents strongly agreed with the statement.

Table 4.14: My organisation provides effective socio-economic support for affected and infected employees

Strongly Disagree	Disagree	Not sure	Agree	Strongly agree
0%	0%	97.2%	0.9%	1.9%

Table 4.14 shows that the majority of the respondents 104(97.2%) were not sure, 1(0.9%) of the respondents agreed and 2(1.9%) of the respondents strongly agreed with the statement that there is effective socio-economic support programmes in their organisation.



4.3 Measure of Central Tendency and Dispersion for Employee Engagement Variables and Employees' Perceptions of HIV/AIDS Prevention, Care AND Support Programmes

This section outlines the descriptive statistics calculated on the basis of the variables included in the questionnaire which is employee engagement variables and employees' perceptions of HIV/AIDS prevention, care and support variables.


Table 4.15: Means for employee engagement variables

Employee engagement variables	N	Minimum	Maximum	Mean	Std. Deviation
Expected of at work	130	3	5	4.71	0.649
Equipment provision	130	1	5	3.78	1.073
Opportunity to do my best	130	1	5	3.86	0.924
Recognition for good work	130	1	5	2.88	1.061
Leaders Care	130	1	5	3.23	0.936
Training and development	130	1	5	3.63	0.946
Suggestion consideration	130	1	5	2.99	1.019
Communication of vision and mission	130	1	5	3.89	0.870
Commitment	130	1	5	3.08	1.027
Friendship cultivation	130	1	5	3.32	0.949
Performance assessment	130	1	5	2.72	1.086
Learning opportunities	130	1	5	3.62	0.785

Table 4.15 shows that the overall mean for employee knowledge of their expectations was 4.71; equipment provision had a mean score of 3.78 while opportunities to do best at work had a mean score of 3.86. From Table 4.15, the overall mean for recognition was 2.88; leaders care for employees had a mean score of 3.32 while training and

development had a mean score of 3.63. Table 4.15 also shows that the mean score for employees' suggestion and opinion consideration was 2.98, organisational communication of vision and mission had a mean score of 3.69 while organisational insurance of employee commitment had a mean score of 3.08. From the table 4.15 above organisational friendship cultivation had a mean score of 3.32, organisation performance assessment 2.72 and learning opportunities had a mean score of 3.82.

Table 4.16: Means for employees' perceptions of HIV/AIDS prevention, care and support programmes



Employees' perceptions of HIV/AIDS prevention, care and support programmes variables	Minimum	Maximum	Mean	Std. Deviation	
HIV/AIDS Campaign programme Perception	125	2	5	3.95	0.851
Condom distribution programme Perception	125	2	5	3.58	0.957
HIV/AIDS Education programme Perception	127	2	5	3.63	0.764
Voluntary Counseling and Testing programme perception	129	2	5	4.12	0.949
Flexible working hours programme Perception	115	3	4	3.02	0.131
Health care facilities programme Perception	127	2	5	3.31	0.598
Psychological support programme Perception	127	2	5	3.34	0.663
Legal support programme Perception	112	3	5	2.05	0.324
Socio-economic programme Perception	107	3	5	3.05	0.288

Table 4.16 shows employees' perception of HIV/AIDS campaign programmes had a mean score value of 3.95; employees' perception of a condom distribution programme had a mean score of 3.58 while employees' perception of HIV/AIDS education had a mean score of 3.63. From table 4.16, the overall mean score for employees' perceptions of Voluntary Counseling and Testing was 4.12; employees' perceptions of flexible working hours had a mean score of 3.02 while employees' perceptions of a health care programme had a mean score of 3.31. Table 4.16 also shows that employees' perceptions of social/peer and psychological support programmes had a mean score of 3.34, both employees' perceptions of a legal support programme and employees' perceptions of a socio-economic programme had a mean score of 3.05.

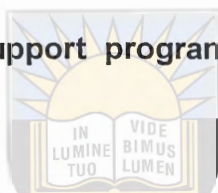
4.4 Inferential Statistics between Employee Engagement and Employees' Perception of HIV/AIDS Prevention, Care and Support Programmes

This section provides the relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement using the Pearson product moment correlation test.

4.4.1 The Correlations between Employees' Perception of HIV/AIDS Prevention, Care and Support Programmes and Employee Engagement

This section describes the correlations between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement of academic staff in tertiary institutions using the Pearson Product Moment Correlation Coefficient method.

Table 4.17: Pearson Product Moment Correlations of employees' perceptions of HIV/AIDS prevention, care and support programmes variables and employee engagement variables



	HIV/AIDS Campaign programme	Condom distribution programme	Psychological support programme	Voluntary Counseling and Testing	HIV/AIDS Education programme
Training and Development	r=0.515 p=0.000 125	r=0.256 p=0.004 125	r=0.435 p=0.000 127	r=0.368 p=0.000 129	r=0.442 p=0.000 127
Suggestion consideration	r=0.316 p=0.000 125	r=0.517 p=0.000 125	r=0.319 p=0.000 127	r=0.227 p=0.010 129	r=0.315 p=0.000 127
Communication	r=0.330 p=0.000 125	r=0.320 p=0.000 125	r=0.453 p=0.000 127	r=0.262 p=0.003 129	r=0.249 p=0.005 127
Friendship cultivation		r=0.389 p=0.000 125	r=0.348 p=0.000 127	r=0.219 p=0.013 129	r=0.388 p=0.000 127

Table 4.17 shows that there is a statistically significant and positive correlation between training and development and employees' perception of HIV/AIDS Campaign programme ($r=0.515$; $p=0.000$). There is also a correlation of ($r=0.256$) and a statistical significance of ($p=0.004$) between training and development and employee' perception of condom distribution programme. There is also a statistically significant and positive relationship between training and development and employees' perception of HIV/AIDS Psychological programme ($r=0.435$; $p=0.000$). Training and development shows a statistical significance and positive relationship with employees' perception of Voluntary Counseling and Testing VCT ($r=0.368$; $p=0.000$). The results also show a positive statistically significant correlation between training and development and employees' perception of HIV/AIDS Education programme ($r=0.442$; $p=0.000$). Therefore results show that training and development on HIV/AIDS may increases employees' perceptions of HIV/AIDS prevention, care and support programmes.

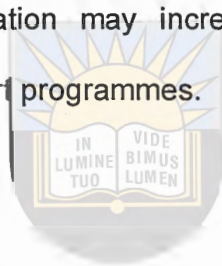
Table 4.17 also shows that there is a statistically significant positive correlation between the consideration of employees' suggestions and opinions and employees' perceptions of HIV/AIDS Campaign programmes ($r=0.316$; $p=0.000$). There is also a statistically significant and positive relationship between the consideration of employees' suggestions and opinion and employees' perception of a condom distribution programme ($r=0.517$; $p=0.000$). Employees' suggestions and opinion consideration shows a statistical significance and positive relationship with employees' perceptions of HIV/AIDS Psychological programmes ($r=0.319$; $p=0.000$). The results also show a positive statistically significant correlation between employees' suggestions and opinion considerations and employees' perception of HIV/AIDS Education programmes.

Furthermore there is correlation of ($r=0.227$) and a statistical significance of ($p=0.010$) between employees' suggestions and opinions consideration and HIV/AIDS Voluntary Counseling and Testing programme. There is a positive relationship and statistical significance between employees' suggestions and opinions consideration and HIV/AIDS Education programme ($r=0.315$; $p=0.000$). Therefore results show that employees' suggestion and opinion consideration may increase employees' perception of HIV/AIDS prevention, care and support programmes.

Table 4.17 shows that there is a relationship and a positive statistical significance between organisational communication of vision and mission and HIV/AIDS campaign programmes ($r=0.330$; $p=0.000$). There is correlation of ($r=0.320$) and a statistical significance of ($p=0.000$) between organisational communication of vision and mission and employees' perceptions of Condom distribution programmes. There is also a correlation of ($r=0.453$) and a statistical significance of ($p=0.000$) between organisational communication of vision and mission and employees' perception of HIV/AIDS Psychological support programmes. There is a positive relationship and statistical significance between organisational communication of vision and mission and employees' perception of HIV/AIDS Educational programmes ($r=0.249$; $p=0.005$). Therefore results show that organisational communication of vision and mission to employees may increase employees' perception of HIV/AIDS prevention, care and support programmes.

Table 4.17 also shows that there is a positive relationship and statistical significance between organisational friendship cultivation and employees' perception of condom distribution programme ($r=0.389$; $p=0.000$). There is also a correlation of ($r=0.388$) and

a statistical significance of ($p=0.000$) between organisational friendship cultivation and employees' perception HIV/AIDS Education programme. There is also a positive relationship and statistical significance between organisational friendship cultivation and employees' perception of HIV/AIDS Psychological support programme ($r=0.348$; $p=0.000$). There is also a correlation of ($r=0.219$) and a statistical significance of ($p=0.003$) between organisational friendship cultivation and employees' perception of the HIV/AIDS Voluntary Counseling and Testing programme. Therefore results show that organisational friendship cultivation may increase employees' perceptions of HIV/AIDS prevention, care and support programmes.



4.5 Discussion of Results

4.5.1 Demographic Variables

In this study, there are more male than female participants (figure 4.1), most of whom fall in the 35-44 and 45-54 age group (figure 4.2), are married (figure 4.3), are Blacks (figure 4.4), possess Masters and PHD degrees (figure 4.5) and have 1-5 years length of employment (figure 4.6).

4.5.2 Employee Engagement

Overall, the academic staff in tertiary institutions in this study are engaged and this may be because they agree with the employee engagement variables such as training and development (table 4.2), knowing what is expected of them (figure 4.7), having the necessary equipment to do their best (figure 4.8), organisational communication of their vision and mission to them. Also contributing to employee engagement are employees'

consideration of the vision and mission (figure 4.12), organisational friendship cultivation (figure 4.13) and the provision of learning opportunities to grow (table 4.4). These results concur with Robinson *et al.* (2004) employee engagement model which indicates that the provision of the above employee engagement variables results in employees feeling valued and involved therefore becoming engaged.

On the other hand, the results also show that employees disagree with some of the employee engagement variables such as the provision of recognition (figure 4.9) and performance assessment on individual basis (figure 4.14). According to Robinson *et al.* (2004) model of employee engagement, failure to provide these variables to employees results in employees feeling less valued and involved thereby resulting in low levels of employee engagement.

The results above concur with Stakeholders (2009) who mentioned that the majority of employees in the educational sector are engaged (55.4%). In addition, the above concur with the results of Towers Perrin (2003) on its research on employees' level of agreement with the core engagement factors and results show that the majority of employees are (64%) engaged. In conclusion, academic staff in tertiary institutions are engaged.

4.5.3 Employees' Awareness of HIV/AIDS Prevention, Care and Support Programmes

The results of the study as shown in table 4.5 indicated that academic staff in tertiary institutions are aware of HIV/AIDS prevention, care and support programmes such as HIV/AIDS campaign programmes, condom distribution programme, HIV/AIDS education programmes, Voluntary Counseling and Testing, Health care facilities programmes and

HIV/AIDS psychological support programme. The reason for the above results may be that most of the tertiary institutions have clinics and they also have external health care facilities such as hospitals for the provision of health care facilities to employees and also Counseling Units for both staff and students. The reason for the awareness of the employees of the above programmes is that most external promoters of HIV/AIDS programmes target universities and frequently hold campaigns and education programmes for personnel as well as students.

Generally, academic staff are much more aware of HIV/AIDS prevention programmes than HIV/AIDS care and support programmes. The reason may be that most institutions emphasize prevention programmes and tend to make care and support programmes confidential since care and support programmes mainly target infected employees. The above results concur with Namusisi *et al.* (2007), who point out that little focus is being put on HIV/AIDS care and support programmes in the education sector. However, the results also concur with the South African Higher Education programme's report 2002-2004 as cited by Chetty and Michel (2005) which reveals that the availability of prevention, treatment, care and support facilities has been progressing significantly well, as well as the institutional management abilities of HIV and AIDS programmes across each institution.

However, employees are not sure about the availability of other HIV/AIDS care and support programmes such as flexible working hours, legal support programmes and socio-economic support programme. The reason that most institutions do not have flexible working hours programme is that the institutions in the study are geographical located in rural areas hence there is lack of facilities such as the internet for employees

to work from home and the other reason may be that employees are afraid of change. The reason why employees are not aware of the above programmes may be that institutions try to make HIV/AIDS care and support programmes a secret because they mainly target infected employees unlike prevention programmes that target every individual. In conclusion, academic staff in tertiary institutions are aware of the HIV/AIDS prevention, care and support programmes provided by their organisations.

4.5.4 Employees' Perceptions of HIV/AIDS Prevention, Care and Support Programmes

The results of the study on employees' perceptions of HIV/AIDS prevention care and support programmes indicated that employees have positive perceptions of programmes such as the HIV/AIDS campaign programme (table 4.6), the HIV/AIDS education programme (table 4.8), the condom distribution programme (table 4.7), the Voluntary Counseling and Testing programme (table 4.9), the Health care facilities programme (table 4.11) and the Psychological support programmes (table 4.12) and the reason may be most academic staff were aware of these programmes. This reason may be because the more awareness people have of the programmes, the more positive their perceptions of that programme.

The above results of the study of employees' perception of HIV/AIDS prevention care and support programme concur with the results of Chikonzo (2012) on her research with University of Venda staff and the results prove that employees have positive perceptions of HIV/AIDS programmes. In addition, the above results also concur with the results of Thailand Business Coalition on AIDS (2003) which found that Thai staff developed positive attitudes towards infected co-workers after HIV/AIDS training and

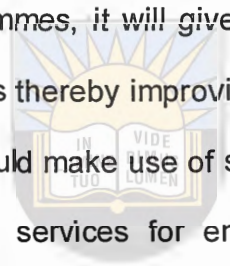
this implies positive attitudes toward the HIV/AIDS training programmes that they received.

However, on the other hand, according to UNAIDS (2000), employees have a perception that HIV/AIDS prevention is not a matter that affects their employment due to its sensitivity and also that HIV/AIDS prevention is expensive but prevention is better than cure because it yields benefits such as protection from contracting diseases, improved health conditions , health cost reduction, retention of talent and qualified workforce, improve employee morale and productivity and it creates a positive corporate image of a favourable working environment. In conclusion, academic staff in tertiary institutions have positive perceptions of HIV/AIDS prevention, care and support programmes provided by their institutions.

4.5.5 The Correlations between Employees' Perception of HIV/AIDS Prevention, Care and Support Programmes and Employee Engagement

The results of the study as shown in Table 4.17 indicated a positive statistically significant relationship between training and development and employees' perceptions of HIV/AIDS prevention, care and support programmes. This suggests that training and development have an impact on employees' perceptions of HIV/AIDS prevention, care and support programmes. If the organisation provide training and development in aspects of HIV/AIDS such as HIV/AIDS campaign programmes, condom distribution, training counselors to offer psychological support and also training peer educators to offer HIV/AIDS education, this will ensure effective administration of the programmes; hence, employees' perceptions of that programmes will to improve.

The results of the study as shown in Table 4.17 indicated a positive statistically significant relationship between employees' suggestion consideration and employees' perceptions of HIV/AIDS prevention, care and support programmes. This suggests that considering employees' suggestions and opinions has an impact on employees' perceptions on HIV/AIDS prevention, care and support programmes. If institutions take into consideration academic staff's suggestions and opinions on organisational aspects such as HIV/AIDS policy making and in development and administration of HIV/AIDS prevention, care and support programmes, it will give employees a better awareness and understanding of the programmes thereby improving employees perceptions of the programmes. Hence organisations could make use of suggestion boxes in public places such as canteens and also on-line services for employees to make contributions towards the HIV/AIDS programmes.



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The results of the study as shown in Table 4.17 indicated a positive statistically significant relationship between organisational communication of vision and mission and employees' perceptions of HIV/AIDS prevention, care and support programmes. This suggests that organisational communication of vision and mission to employees on aspects of HIV/AIDS has an impact on employees' perception of HIV/AIDS prevention, care and support programmes. Therefore, if institutions communicate well their vision and missions concerning HIV/AIDS programmes to academic staff it will improve employees' perceptions of HIV/AIDS prevention, care and support programmes. Institutions could use different forms of communication such as the internet and intranet, notice boards, pamphlets to make communication very effective and efficient. Institutions have to communicate upcoming HIV/AIDS events such as the days when

campaign programmes are to be held, when external counselors are available, when HIV/AIDS education and Voluntary Counseling and Testing programmes are to be held to improve employees' awareness as well as perceptions of the HIV/AIDS prevention, care and support programmes.

The above results on employee suggestions and opinions considerations, organisational communication of vision and mission and employees' perceptions HIV/AIDS prevention, care and support programmes concur with Zinger (2009) model of employee engagement which indicates that craft strategy which includes employee suggestions and opinions and organisational communication of vision and mission on HIV/AIDS prevention, care and support programmes makes employees feel important and become engaged with their organisations.

The results of the study as shown in Table 4.17 also indicated a positive statistically significant relationship between organisational friendship cultivation and employees' perception of HIV/AIDS prevention, care and support programmes. This suggests that organisational friendship cultivation has an impact on employees' perceptions of HIV/AIDS prevention, care and support programmes. Institutions could make use of HIV/AIDS friendly events such as AIDS Day to organise free testing and psychological support by internal or external experts for infected and affected employees and families at large. HIV/AIDS education can also be held so that employees are free to ask questions and acquire more knowledge and understanding of the pandemic as this as well improve employees' perceptions of HIV/AIDS prevention, care and support programmes.

The above results concur with Robinson *et al.* (2004) and Zinger (2009) models of employee engagement which indicate that fostering relationships of family friendliness is also a driver of employee engagement. In this study the provision of programmes such as psychological support to both academic staff and their families makes employees feel valued and involved, resulting in employee engagement. In conclusion the provision of HIV/AIDS prevention, care and support makes employees feel valued and involved thereby leading to an increase in engagement levels of employees.

4.5.6 Hypothesis testing of variables

In this study, it was hypothesized that employees are not engaged with their work and organisation but results of this study show that academic staff are engaged with both their work and organisations; hence, we reject the null.

It was also hypothesized that employees are not aware of HIV/AIDS prevention, care and support programmes and the results of the study show that academic staff are aware of HIV/AIDS prevention, care and support programmes provided by their institutions; hence, we reject the null hypothesis.

It was also hypothesized that employees have negative perceptions of HIV/AIDS prevention, care and support programmes and the results of the study show that academic staff have positive perceptions of HIV/AIDS prevention, care and support programmes provided by their institutions; hence, we reject the null hypothesis.

In this study, it was also hypothesized that there is no significant correlation between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement. The results of the study show that there was a positive

statistically significant relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes hence we reject the null hypothesis.

4.6 Concluding Remarks

The chapter presented the results of the research study. Figures and tables were drawn to give an overview of the responses of participants. Relationships among the variables were also shown in the form of tables.



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CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter discussed the results of the study. The present chapter will outline the conclusions drawn from the findings of the study, give recommendations, discuss the limitations and lastly provide future research directions. This study was based on the hypothesis that there is a relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement. Organisations have a duty to properly develop, implement, monitor and evaluate the effectiveness and efficiency of HIV/AIDS prevention, care and support programmes in the workplace so as to improve employees' perceptions of the programmes as well as employees levels of engagement.

5.2 Conclusions

The findings of the study indicated that:

- Academic staff in tertiary institutions engaged with both the work and the organisation.
- Academic staff in tertiary institutions are aware of HIV/AIDS prevention, care and support programmes provided by their institutions.
- Academic staff in tertiary institutions have positive perceptions of HIV/AIDS prevention, care and support programmes provided by their institutions.

- There is a positive statistically significant relationship between employees' perception of HIV/AIDS prevention, care and support programmes and employee engagement in tertiary institutions.

5.3 Recommendations

Given the fact that organisational survival depends on employee engagement, it is the responsibility of management to look for better engagement strategies since there is no "one size fits all". This means that, because each employee is an individual and unique different engagement strategies have to be implemented. In the case of the present findings, employees were engaged, employees' HIV/AIDS awareness of HIV/AIDS prevention programmes was high and employees' perception of HIV/AIDS prevention, care and support programmes was positive.

- In order to increase the levels of employee engagement, supervisors have to conduct performance appraisal assessments on a regular basis; for example, after six months and recognize employees' good work.
- To increase employee engagement, the recommended model of employee engagement by Robinson et al. (2004) can be a useful tool and has to be implemented, monitored and evaluated to ensure its effectiveness and efficiency.
- Management have to know that employee engagement is not a constant state. It fluctuates; hence, management have to continuously monitor it and different strategies have to be implemented depending on the current global and organisational situation.

- In order to increase the levels of employees' awareness of HIV/AIDS prevention, care and support programmes, institutions can introduce the participatory approach in the formation and development of the programmes where all the stakeholders of an institution are involved, including academic staff.
- Awareness can also be improved by using different modes of communication of HIV/AIDS prevention, care and support programmes. These include social programmes such as AIDS day, when different internal and external experts of HIV/AIDS educate employees on different HIV/AIDS programmes.
- To improve employees' perceptions of HIV/AIDS prevention, care and support programmes, organisations have to give continuous feedback to employees on the effectiveness of the programmes because most employees will not be sure of the effectiveness of the programmes and their perceptions will be compromised.
- Institutions can introduce flexible working hours for infected employees as this relieves pressure on personnel thereby making employees as productive as possible. This also helps institutions to retain a talented workforce as this also improves employees' perceptions of the programme.
- Institutions can also hire external legal practitioners or lawyers to help infected and affected employees in the preparation of personal legal documents concerning their lives such as job security insurance and wills preparation to safeguard remaining family in case they die.
- Socio-economic support programmes can also be offered to employees and their families as well as the community at large in the form of donations (food

hampers and money) to increase awareness and perceptions of the programme to employees.

5.4 Limitations of the Study

The conducting of this study had its own limitations. These are discussed below:

- Financial and time constraints made it impossible for the researcher to carry out the research in all the tertiary institutions across the country.
- The study used a quantitative research design and; respondents did not have a chance to explain most of their responses. For this reason, the researcher had to use the Likert scale to explain the respondents' perceptions.
- Empirically, a large sample size of the selected tertiary institutions would have provided a more difficult research design; therefore, the relatively small sample from the tertiary institutions used in this study provided a convenient way of conducting the research, taking into account the limited finance and time.

5.5 Directions for Future Research

- The study only focused on the academic staff of tertiary institutions. Future studies of this kind could also use other staff members such as support and administrative staff.
- Future researchers could focus on the effects of demographic variables on employee engagement where the literature is limited.

- Future researchers could also use other forms of data collection methods such as qualitative methods in order to get the actual perceptions and feelings of employees.
- This study focused on employees' perceptions on HIV/AIDS prevention, care and support programmes as a strategy to improve the levels of employee engagement therefore future researchers could also focus on other strategies that can be used to increase employee engagement levels.



5.6 Concluding Remarks

This chapter marked the conclusion of the research titled, The relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement in tertiary institutions. The results of the study show that academic staff in tertiary institutions are engaged with work and the organisation, are aware and have positive perceptions of HIV/AIDS prevention, care and support programmes. The results also show that there is a positive statistically significant relationship between employees' perceptions of HIV/AIDS prevention, care and support programmes and employee engagement.

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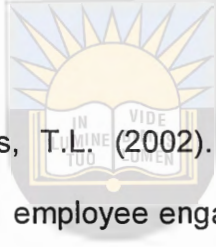
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APPENDIX A: RESEARCH QUESTIONNAIRE



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DEPARTMENT OF INDUSTRIAL PSYCHOLOGY Research Questionnaire

My name is Julia T. Buwu, I am currently studying for a Masters Degree in Industrial Psychology. I am conducting a study on the relationship between employees' perceptions on HIV/AIDS prevention, care and support programmes and employee engagement. I am kindly asking you to spare a few minutes of your time by helping to fill in this questionnaire. The information obtained in this survey will be treated with strict confidentiality and will be used for academic purposes only. There is no right or wrong answer to each question.

SECTION A: Demographic Information

1. **Instructions:** Indicate your choice by marking with an (X) in the box of your choice. You are kindly requested to answer each statement carefully and honestly.

1. Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

2. Age

18-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55+	<input type="checkbox"/>
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3. Marital Status

Single		Married		Widowed		Divorced	
--------	--	---------	--	---------	--	----------	--

4. Race

Black		White		Asian		Coloured		Others	
-------	--	-------	--	-------	--	----------	--	--------	--

5. What is your highest formal educational qualification?

Certificate		Diploma		Bachelors		Honours		Masters		PHD	
-------------	--	---------	--	-----------	--	---------	--	---------	--	-----	--

6. How long have you being working for your organisation?

1-5		6-10		11-15		16-20		20+	
-----	--	------	--	-------	--	-------	--	-----	--

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SECTION B

7. Using the scale below, please mark with an (X) the response that best describes your level of **agreement** with the following statements on employee engagement.

Strongly disagree 1	Disagree 2	Not sure 3	Agree 4	Strongly agree 5
---------------------	------------	------------	---------	------------------

	Level of agreement	1	2	3	4	5
a)	I know what is expected of me at work					
b)	I am provided with the necessary equipment and material for effective performance					
c)	I am provided with the opportunity to do my best every day					
d)	I receive recognition or praise for doing good work at least every six months					
e)	Leaders care for employees as a person					
f)	Leaders encourage employee training and development					
g)	My suggestions and opinions for improving the organisation are considered in the organisation					
h)	My organisation communicates its goals and mission which makes me feel the					

	importance of my job					
i)	My organisation ensures that all employees are committed in doing quality work					
j)	My organisation cultivates the idea of friendship amongst employees in the workplace					
k)	My organisation regularly discusses performance/progress with all employees					
l)	I am afforded regular opportunities to learn and grow at work.					



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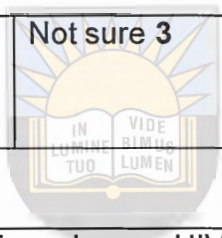
SECTION C

8. The following statements measure your perceptions towards HIV/AIDS prevention, care and support programmes offered by your organisation. Please mark with an (X) in the appropriate box your level of **agreement** with each of the statements below.

Only answer (ii) of every question if your answer to (i) is **yes**

Scale of agreement

Strongly disagree 1	Disagree 2	Not sure 3	Agree 4	Strongly agree 5
---------------------	------------	------------	---------	------------------



a(i)	Does your organisation have HIV/AIDS campaign programmes?	No	Not sure	Yes
------	---	----	----------	-----

ii)	There are motivational HIV/AIDS campaign programmes in my organisation	1	2	3	4	5
-----	--	---	---	---	---	---

b(i)	Does your organisation have a condom distribution programme?	No	Not sure	Yes
------	--	----	----------	-----

ii)	The HIV/AIDS condom programmes provided by my organisation are effective and efficient.	1	2	3	4	5
-----	---	---	---	---	---	---

c(i)	Does your organisation have HIV/AIDS education programmes?	No	Not sure	Yes
------	--	----	----------	-----

(ii)	My organisation provide me with a better understanding of the pandemic	1	2	3	4	5
------	--	---	---	---	---	---

d(i)	Does your organisation have Voluntary Counseling and Testing?	No	Not sure	Yes
------	---	----	----------	-----

(ii)	There is effective Voluntary Counseling and Testing in my organisation	1	2	3	4	5
------	--	---	---	---	---	---

e(i)	Does your organisation have flexible working hours for infected employees?	No	Not sure	Yes
------	--	----	----------	-----

(ii)	There is effective and efficient flexible working hours for HIV/AIDS infected employees	1	2	3	4	5
------	---	---	---	---	---	---

f(i)	Does your organisation have peer/social and psychological support for both the infected and affected employees	No	Not sure	Yes
------	--	----	----------	-----

(ii)	Social/peer and psychological support programmes provided by my organisation are very influential	1	2	3	4	5
------	---	---	---	---	---	---

-End-
Your participation is highly appreciated.



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**APPENDIX B: REQUEST TO CARRY OUT RESEARCH AND LETTER OF PROOF
FOR EDITING**



University of Fort Hare
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FACULTY OF MANAGEMENT, DEVELOPMENT AND COMMERCE

SCHOOL OF BUSINESS & ENTERPRISE
INDUSTRIAL PSYCHOLOGY & HUMAN RESOURCE PROGRAMMES
PRIVATE BAG X1314, ALICE 5700, SOUTH AFRICA
TEL.: +27 (040) 602 2120, FAX.: +27 (040) 653 2041/1007

Email: cmurugan@ufh.ac.za

TO WHOM IT MAY CONCERN

1 September 2011

REQUEST TO CARRY OUT RESEARCH FOR COMPLETION OF A DEGREE PROGRAMME.

Ms Julia Tanyaradzwa Buwu is a full-time registered student of the University of Fort Hare. She is registered for the **Masters Degree** in Industrial Psychology/Human Resources Management. In order for her to complete the programme, the student is required to carry out a practical research in an organisation of her own choice. The idea is to let the student put into practice what she has learnt in class.

Your organisation has been identified by the student as a place where she wants to do her research. We therefore request your permission to allow our student to carry out her research within your organisation. Her research will focusing on *“The relationship between employees perceptions of HIV/AIDS prevention, care and support programmes and employee engagement. The case of South African institutions in the Eastern Cape Province”*. We assure you that the results of the research will not be disclosed to any other party, but only used for academic purposes. We would also be at liberty to disclose to you the results of the study should you wish us to do that.

Your help in the above-mentioned issue will be highly appreciated.

If there is anything you need further clarification on, please do not hesitate to contact me on +27 40 602 2120

Yours sincerely

C. Murugan (Senior Lecturer/Supervisor: Industrial Psychology)

Department of Industrial Psychology



University of Fort Hare
Together in Excellence

University of Fort Hare

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University of Fort Hare
Together in Excellence

Dept of English

University of Fort Hare

Alice

01 November 2012



TO WHOM IT MAY CONCERN

This is to confirm that I have edited the thesis titled: *The relationship between employee's perceptions of HIV/AIDS prevention, care and support programmes and employee engagement: The case of South African tertiary institutions in the Eastern Cape Province*, submitted by Julia T Buwu. The editing covered such language issues as spelling, punctuation, grammar, paragraph and sentence structure and usage.

I hold a Masters in Linguistics as well as one in Teaching English as a second Language and I have extensive experience in editing.

Yours sincerely

C. K. Formson

Bhisho Campus:

P.O. Box 1153, KWT 5600, Independence Ave, Bhisho, 5600, RSA
Tel: +27 (0) 40 639-2445 • Fax: +27 (0) 40 639-2447

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APPENDIX C: STATISTICAL ANALYSIS

Gender

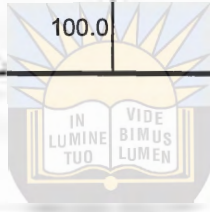
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	90	69.2	69.2	69.2
2	40	30.8	30.8	100.0
Total	130	100.0	100.0	

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	2	1.5	1.5	1.5
2	20	15.4	15.4	16.9
3	43	33.1	33.1	50.0
4	41	31.5	31.5	81.5
5	24	18.5	18.5	100.0
Total	130	100.0	100.0	

Marital status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	19	14.6	14.6	14.6
2	91	70.0	70.0	84.6
3	11	8.5	8.5	93.1
4	9	6.9	6.9	100.0
Total	130	100.0	100.0	

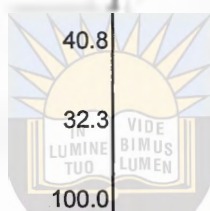


Race

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	75	57.7	57.7	57.7
2	31	23.8	23.8	81.5
3	20	15.4	15.4	96.9
4	4	3.1	3.1	100.0
Total	130	100.0	100.0	

Educational qualification

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	2	1.5	1.5	1.5
2	3	2.3	2.3	3.8
3	11	8.5	8.5	12.3
4	19	14.6	14.6	26.9
5	52	40.8	40.8	67.7
6	42	32.3	32.3	100.0
Total	130	100.0	100.0	

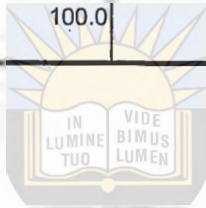


Length of service

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	54	41.5	41.5	41.5
2	28	21.5	21.5	63.1
3	25	19.2	19.2	82.3
4	4	3.1	3.1	85.4
5	19	14.6	14.6	100.0
Total	130	100.0	100.0	

Expected of at work

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 3	6	4.6	4.6	4.6
4	26	20.0	20.0	24.6
5	98	75.4	75.4	100.0
Total	130	100.0	100.0	

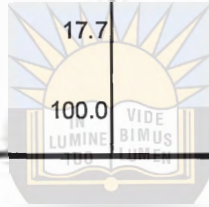


Equipment provision

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	2	1.5	1.5	1.5
2	22	16.9	16.9	18.5
3	14	10.8	10.8	29.2
4	57	43.8	43.8	73.1
5	35	26.9	26.9	100.0
Total	130	100.0	100.0	

Opportunity for to do my bets

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	1	0.8	0.8	0.8
2	10	7.7	7.7	8.5
3	18	13.8	13.8	22.3
4	78	60.0	60.0	82.3
5	23	17.7	17.7	100.0
Total	130	100.0	100.0	

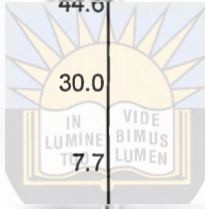


Recognition for good work

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	11	8.5	8.5	8.5
2	45	34.6	34.6	43.1
3	25	19.2	19.2	62.3
4	48	35.4	35.4	97.7
5	3	2.3	2.3	100.0
Total	130	100.0	100.0	

Leaders Care

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	6	4.6	4.6	4.6
2	17	13.1	13.1	17.7
3	58	44.6	44.6	62.3
4	39	30.0	30.0	92.3
5	10	7.7	7.7	100.0
Total	130	100.0	100.0	

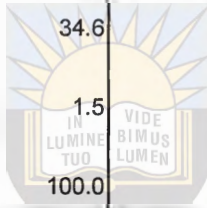


Training and development

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	2	1.5	1.5	1.5
2	15	11.5	11.5	13.1
3	22	16.9	16.9	30.0
4	81	62.3	62.3	92.3
5	10	7.7	7.7	100.0
Total	130	100.0	100.0	

Suggestion consideration

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	15	11.5	11.5	11.5
2	21	16.2	16.2	27.7
3	47	36.2	36.2	63.9
4	45	34.6	34.6	98.5
5	2	1.5	1.5	100.0
Total	130	100.0	100.0	

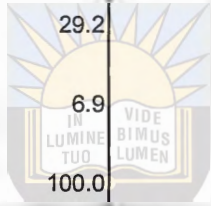


Communication of vision and mission

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	3	2.3	2.3	2.3
2	9	6.9	6.9	9.2
3	30	23.1	23.1	32.3
4	71	54.6	54.6	86.9
5	17	13.1	13.1	100.0
Total	130	100.0	100.0	

Commitment in doing quality work

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	9	6.9	6.9	6.9
2	27	20.8	20.8	27.7
3	47	36.2	36.2	63.9
4	38	29.2	29.2	93.1
5	9	6.9	6.9	100.0
Total	130	100.0	100.0	

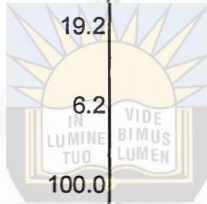


Organisational Friendship cultivation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	8	6.2	6.2	6.2
2	17	13.1	13.1	19.3
3	34	26.2	26.2	45.4
4	68	52.3	52.3	97.7
5	3	2.3	2.3	100.0
Total	130	100.0	100.0	

Performance assessment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	14	10.8	10.8	10.8
2	49	37.7	37.7	48.5
3	34	26.2	26.2	74.7
4	25	19.2	19.2	93.9
5	8	6.2	6.2	100.0
Total	130	100.0	100.0	

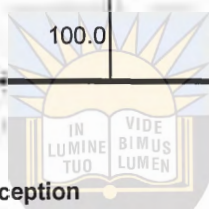


Learning opportunities

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	1	0.8	0.8	0.8
2	8	6.2	6.2	6.9
3	24	18.5	18.5	25.4
4	78	60.0	60.0	85.4
5	19	14.6	14.6	100.0
Total	130	100.0	100.0	

HIV/AIDS Campaign Awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	5	3.8	3.8	3.8
2	19	14.6	14.6	18.5
3	106	81.5	81.5	100.0
Total	130	100.0	100.0	

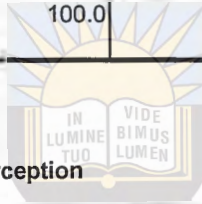


HIV/AIDS Campaign Perception

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	4	4.6	4.8	4.8
3	20	23.1	24.0	28.8
4	53	40.8	42.4	71.2
5	38	27.7	28.8	100.0
Total	125	96.2	100.0	
Missing System	5	2.8		
Total	130	100.0		

Condom distribution Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	3.8	3.8	3.8
	2	35	26.9	26.9	30.8
	3	90	69.2	69.2	100.0
	Total	130	100.0	100.0	

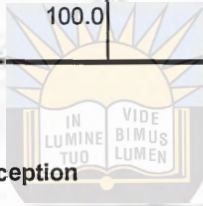


Condom distribution Perception

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	10	7.7	8.0	8.0
	3	54	49.2	51.2	59.2
	4	20	15.4	19.0	75.2
	5	31	23.6	24.0	100.0
	Total	125	96.2	100.0	
Missing	System	5	3.8		
	Total	130	100.0		

HIV/AIDS Education Awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	3	2.3	2.3	2.3
2	19	14.6	14.6	16.9
3	108	83.1	83.1	100.0
Total	130	100.0	100.0	

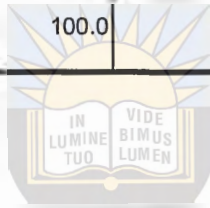


HIV/AIDS Education Perception

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	9	6.9	7.1	7.1
3	42	32.3	33.1	40.2
4	83	63.8	49.6	89.8
5	15	11.5	10.2	100.0
Total	127	97.7	100.0	
Missing System	3	2.3		
Total	130	100.0		

Voluntary Counseling and Testing Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.8	.8	.8
	2	18	13.8	13.8	14.6
	3	111	85.4	85.4	100.0
	Total	130	100.0	100.0	

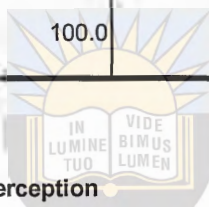


Voluntary Counseling and Testing perception

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	7	5.4	5.4	5.4
	3	30	23.1	28.3	28.7
	4	33	25.4	35.8	54.5
	5	59	45.4	45.7	100.0
	Total	129	99.2	100.0	
Missing	System	1	.8		
	Total	130	100.0		

Flexible working hours Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	15	11.5	11.5	11.5
	2	113	86.9	86.9	98.5
	3	2	1.5	1.5	100.0
	Total	130	100.0	100.0	

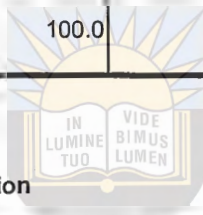


Flexible working hours Perception

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	113	86.9	86.9	86.9
	4	2	1.5	1.7	100.0
	Total	115	88.5	100.0	
Missing	System	15	11.5		
	Total	130	100.0		

Health care Awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	3	2.3	2.3	2.3
2	41	31.5	31.5	33.8
3	86	66.2	66.2	100.0
Total	130	100.0	100.0	

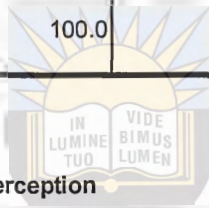


Health care Perception

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	3	2.3	2.4	2.4
3	89	67.7	69.3	71.7
4	30	23.1	23.0	94.7
5	6	4.6	4.7	100.0
Total	127	97.7	100.0	
Missing System	3	2.3		
Total	130	100.0		

Psychological support Awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	3	2.3	2.3	2.3
2	46	35.4	35.4	37.7
3	81	62.3	62.3	100.0
Total	130	100.0	100.0	

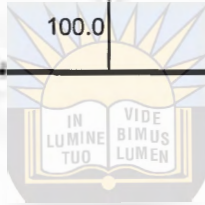


Psychological support Perception

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	10	7.7	7.9	7.9
3	70	53.8	55.1	63.0
4	41	31.5	52.3	95.3
5	6	4.6	4.7	100.0
Total	127	97.7	100.0	
Missing System	3	2.3		
Total	130	100.0		

Legal support Awareness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	18	13.8	13.8	13.8
2	104	80.0	80.0	93.8
3	8	6.2	6.2	100.0
Total	130	100.0	100.0	

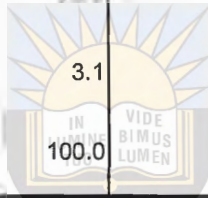


Legal support Perception

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 3	109	97.3	97.3	97.3
5	3	2.7	2.7	100.0
Total	112	86.2	100.0	
Missing System	18	13.8		
Total	130	100.0		

Socio-economic Awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	17.7	17.7	17.7
	2	103	79.2	79.2	96.9
	3	4	3.1	3.1	100.0
	Total	130	100.0	100.0	



Socio-economic support Perception

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	104	80.0	97.2	97.2
	4	1	0.8	0.9	98.1
	5	2	1.5	1.9	100.0
	Total	107	82.3	100.0	
Missing	System	23	17.7		
	Total	130	100.0		

Descriptive Statistics

Employee engagement variables	N	Minimum	Maximum	Mean	Std. Deviation
Expected of at work	130	3	5	4.71	0.549
Equipment provision	130	1	5	3.78	1.073
Opportunity to do my best	130	1	5	3.06	0.824
Recognition for good work	130	1	5	2.85	1.061
Leaders Care	130	1	5	3.23	0.936
Training and development	130	1	5	3.63	0.846
Suggestion consideration	130	1	5	2.98	1.019
Communication of vision and mission	130	1	5	3.89	0.870
Commitment	130	1	5	3.08	1.027
Friendship cultivation	130	1	5	3.32	0.849
Performance assessment	130	1	5	2.72	1.086
Learning opportunities	130	1	5	3.82	0.785

Descriptive Statistics

Employees' perceptions of HIV/AIDS prevention, care and support programmes variables	N	Minimum	Maximum	Mean	Std. Deviation
HIV/AIDS Campaign programme Perception	125	2	5	3.95	0.851
Condom distribution programme Perception	125	2	5	3.58	0.855
HIV/AIDS Education programme Perception	127	2	5	3.63	0.764
Voluntary Counseling and Testing programme perception	129	2	5	4.12	0.948
Flexible working hours programme Perception	115	3	4	3.02	0.131
Health care facilities programme Perception	127	2	5	3.31	0.598
Psychological support programme Perception	127	2	5	3.24	0.493
Legal support programme Perception	112	3	5	3.05	0.324
Socio-economic programme Perception	107	3	5	3.05	0.288

Pearson Product Moment Correlations of Variables

	Learn	Campaign Perception	Condom Perception	Education Perception	VCT Perception	Flexible Percep
Pearson Correlation	0.018	0.327	0.002	0.168	0.051	0.074
Expected of Sig. (2-tailed)	0.842	0.000	0.978	0.060	0.565	0.434
N	130	125	125	127	129	115
Pearson Correlation	0.282	0.268	0.346**	0.106*	0.387**	-0.086**
Equipment provision Sig. (2-tailed)	0.001	0.003	0.000	0.234	0.000	0.359
N	130	125	125	127	129	115

Opportunity provision	Pearson Correlation	0.380	0.014**	0.125	0.115**	0.242*	0.034*
	Sig. (2-tailed)	0.000	0.875	0.166	0.196	0.006	0.722
	N	130	125	125	127	129	115
Recognition for doing good	Pearson Correlation	0.309	-0.164*	-0.092**	-0.011	-0.142**	0.016
	Sig. (2-tailed)	0.000	0.067	0.306	0.898	0.108	0.869
	N	130	125	125	127	129	115
Leaders Care	Pearson Correlation	0.396	-0.004**	0.015*	0.160**	0.021	0.111**
	Sig. (2-tailed)	0.000	0.963	0.866	0.073	0.812	0.239
	N	130	125	125	127	129	115
Training and development	Pearson Correlation	0.457	0.515**	0.256*	0.442	0.368**	0.060
	Sig. (2-tailed)	0.000	0.000	0.004	0.000	0.000	0.526
	N	130	125	125	127	129	115
Suggestion consideration	Pearson Correlation	0.161	0.316**	0.517**	0.315*	0.227**	0.136
	Sig. (2-tailed)	0.067	0.000	0.000	0.000	0.010	0.147
	N	130	125	125	127	129	115
Communication of vision	Pearson Correlation	0.676	0.330**	0.320**	0.249**	0.262**	0.045**
	Sig. (2-tailed)	0.000	0.000	0.000	0.005	0.003	0.630
	N	130	125	125	127	129	115
Commitment in doing work	Pearson Correlation	0.462	0.135	-0.028	0.209**	0.005**	0.122*
	Sig. (2-tailed)	0.000	0.135	0.753	0.018	0.957	0.194
	N	130	125	125	127	129	115
Friendship cultivation	Pearson Correlation	0.308	0.172**	0.389	0.388**	0.219**	0.102**
	Sig. (2-tailed)	0.000	0.055	0.000	0.000	0.013	0.278
	N	130	125	125	127	129	115

Performance assessment	Pearson Correlation	0.276**	0.143*	0.115	0.369**	0.061**	0.168*
	Sig. (2-tailed)	0.001	0.112	0.203	0.000	0.492	0.073
	N	130	125	125	127	129	115

Pearson Product Moment Correlations of Variables

		Health care Perception	Psycho Perception	Legal Perception	Socio-eco Perception
Expected of	Pearson Correlation	0.116	-0.150	-0.020	-0.087
	Sig. (2-tailed)	0.195	0.091	0.836	0.375
	N	127	127	112	107
Equipment provision	Pearson Correlation	0.170	0.125	-0.151**	-0.151*
	Sig. (2-tailed)	0.056	0.162	0.112	0.120
	N	127	127	112	107
Opportunity provision	Pearson Correlation	-0.087	0.153**	0.181	-0.229**
	Sig. (2-tailed)	0.330	0.087	0.056	0.018
	N	127	127	112	107
Recognition for good work	Pearson Correlation	0.032	0.023*	-0.080**	0.158
	Sig. (2-tailed)	0.724	0.800	0.399	0.105
	N	127	127	112	107
Leaders Care	Pearson Correlation	0.137	0.155**	-0.030*	0.010**
	Sig. (2-tailed)	0.124	0.081	0.750	0.919
	N	127	127	112	107
Training and development	Pearson Correlation	0.106	0.435**	0.203*	0.077
	Sig. (2-tailed)	0.233	0.000	0.032	0.429
	N	127	127	112	107

Suggestion considerations	Pearson Correlation	0.021	0.319**	-0.145*	-0.004*
	Sig. (2-tailed)	0.817	0.000	0.126	0.971
	N	127	127	112	107
Communication of vision	Pearson Correlation	0.127	0.453**	0.176**	-0.195**
	Sig. (2-tailed)	0.155	0.000	0.063	0.045
	N	127	127	112	107
Commitment in doing work	Pearson Correlation	-0.030	0.091	0.047	-0.001**
	Sig. (2-tailed)	0.735	0.308	0.620	0.989
	N	127	127	112	107
Friendship cultivation	Pearson Correlation	0.144	0.348**	-.205	-.064**
	Sig. (2-tailed)	0.106	0.000	0.030	0.513
	N	127	127	112	107
Performance assessment	Pearson Correlation	0.305**	0.107*	-0.091	0.194**
	Sig. (2-tailed)	0.000	0.233	0.339	0.045
	N	127	127	112	107

Cronbach Coefficient Alpha

Variables	Alpha
ffffffffffffffffffffffffffffffff	
Raw	0.831854
Standardised	0.825943

Cronbach Coefficient Alpha

Variables Alpha

ffffffffffffffffffffffffffffffff

Raw 0.791366

Standardised 0.783570



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