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Staff Health and Wellbeing Plan (SHWP)

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¹ Plan owner: head(s) of responsibility centre(s) in which the plan functions

² Plan curator: administrative head of the division responsible for the implementation and maintenance of the plan

List of Abbreviations

Campus Health Service (CHS)

Employee Assistance Program (EAP)

Employee Value Proposition (EVP)

Gender-Based Violence (GBV)

Health Metrics Scorecard (HMS)

Higher Health (HH)

Human Resources (HR)

Institutional Committee for Business Continuity (ICBC)

Institutional Committee for Staff Health and Wellbeing (ICSHW)

International Labour Organization (ILO)

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual + (LGBTQIA+)

Maties Risk of Non-communicable disease (MaRoON)

Return on Investment (ROI)

Sexually Transmitted Infections (STIs)

Staff Health and Wellbeing (SHW)

Staff Health and Wellbeing Plan (SHWP)

Stellenbosch University (SU)

World Health Organization (WHO)

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Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. (WHO, 2006)

Introduction

This Staff Health and Wellbeing (SHW) Plan covers six key areas. The first section looks at SHW as an institutional priority at Stellenbosch University (SU). The second section details the parameters for SHW. Thirdly, a discussion of central terminology is offered, highlighting the relationship between SHW and institutional thriving. In the fourth section of this Plan, factors in the local, national and global contexts that impact on SHW are briefly discussed. The fifth section consists of an operational plan for SHW. The sixth section of the Plan covers the Institutional Committee for Staff Health and Wellbeing.

1. Staff health and wellbeing: An institutional priority

SHW is a priority at SU. This is confirmed by Vision 2040 and the Strategic Framework 2019–2024, the employee value proposition (EVP) and various explicit SHW decisions and actions of the University.

1.1 Vision 2040 and Strategic Framework 2019–2024

Vision 2040 and Strategic Framework 2019–2024 positions SU as “Africa’s leading research-intensive university, globally recognised as excellent, inclusive and innovative, where we advance knowledge in service of society”. The mission statement articulates that “Stellenbosch University is a research-intensive university where we attract outstanding students, employ talented staff and provide a world-class environment; a place connected to the world, while enriching and transforming local, continental and global communities”.

The University has six core strategic themes, namely a thriving SU, a transformative student experience, purposeful partnerships and inclusive networks, networked and collaborative teaching and learning, research for impact and employer of choice.

One of its objectives as employer of choice is to “enhance the wellbeing of our people by creating and promoting an enabling, inclusive, equitable, healthy and safe working and learning environment that encourages our diverse staff to maximise their productivity, and where they feel valued and contribute to SU’s excellence”. The strategic theme of employer of choice confirms the commitment of the University to SHW on policy and Council level:

In support of SU’s vision, mission, values and aspirations, it is imperative to support the health and wellbeing of our people. In SU’s pursuit to be the employer of choice, we envisage an enabling environment that includes the principles of co-creation and appropriate participation and embodies the characteristics of an inclusive campus culture.

(Vision 2040 and Strategic Framework 2019–2024)

SU’s values relate to the beliefs and attitudes that guide our behaviour. All the values are equally important, are interconnected and will inform SU’s ethics code. The values are excellence, compassion (recognition of, and care for, the wellbeing of all our staff and students), accountability, respect and equity.

SU is accordingly committed to the health and wellbeing of its staff and students. It actively seeks to model a culture of health and wellbeing and provide the necessary support and structures that will lead to practices promoting health and wellbeing.

In order to ensure a systemically sustainable and a systemically transformed organisation, it is imperative to SU to promote and indeed prioritise the health and wellbeing of its staff and students. Staff and student health and wellbeing should be distinguished, but not separated because of their connectedness

1.2 SU's employee value proposition

SU's EVP is an indispensable tool for giving content to and implementing comprehensive health and wellbeing.

The EVP is explained in Appendix 1, but is essentially the value an employee perceives she or he receives from working for an institution and is a function of the systemic interaction between a number of interrelated elements, namely the following:

- Affiliation – the feeling of employees that they belong to an admirable organisation, e.g., shared values
- Satisfaction derived from work – variety, challenge, autonomy, meaningfulness, feedback and workload
- Talent management – career advancement, personal growth, training and development, job security and recognition
- Compensation and recognition – competitive remuneration, fairness and internal parity
- Benefits – affordability and range of benefits
- Systemic wellbeing – the composite element that is dependent on the state of each of the individual elements.

See also Appendix 2 for a list of existing SU health and wellbeing services provided to staff.

1.3 Decisions and actions that prioritise SHW

Although the health and wellbeing of staff and students were always highlighted as a priority to the SU leadership, health and wellbeing indicators over recent years indicated concerns among both groups.

1.3.1 SHW was included in the institutional risk register of the University, which is regularly submitted to the Audit and Risk Committee of Council and to Council.

1.3.2 SHW was adopted as a “red-light priority” of the University by the 2019 Winter Institutional Management Forum. The lack of an integrated and comprehensive strategy resulted in a silo approach, with poor coordination between enablers and efficacy of services, further contributing to the current health and wellbeing concerns.

1.3.3 The first Staff Climate and Culture Survey was conducted in 2017, and the second one in 2019. The following priorities emerged from the 2017 survey: a focus on mental health and emotional support; enhancing a culture of engagement and a customisation of the wellbeing culture; flexible work arrangements; and coaching of all staff, especially junior academic staff and new staff. The 2019 Staff Climate and Culture Survey, which is currently under discussion in all University environments, indicates similar findings (see Appendix 3).

1.3.4 A major institutional colloquium on SHW was held for the first time in 2019.

1.3.5 Various other critical engagements among the campus community, such as the discourse on gender-based violence (GBV), challenges faced by SU's Lesbian, Gay, Bisexual,

Transgender, Queer/Questioning, Intersex and Asexual + (LGBTQIA+) community, and rape culture have also taken place.

1.3.6 The Rectorate mandated the appointment of a task team, supported by a panel of internal experts, to develop an institutional strategy for health and wellbeing for the entire campus community. The Task Team has been constituted comprising the following members: Pierre Viviers (chair), Nico Koopman, Victor Mothobi, Shibu Mamabolo, Munita Dunn-Coetzee, Nicolette van den Eijkel, Claire Kelly and Joanne Williams (coordinator). In addition, an advisory panel of experts was constituted to support the work of the Task Team and consists of the following members: Profs Lizette Rabe, Anneke Rudman, Wayne Derman, Daniel Malan, Aletta Odendaal and Gina Görgens Ekermans.

2. Parameters for health and wellbeing at SU

The following parameters for health and wellbeing are adopted at SU:

2.1 SHW should be established as an embedded responsibility at SU. This means that all environments take responsibility for health and wellbeing, and that specific structures, entities and functionaries with relevant expertise fulfil a coordinating, guiding, facilitating, empowering and enabling role with regard to the advancement of health and wellbeing.

2.2 SHW should be defined in a comprehensive and holistic manner to ensure that all relevant dimensions of health and wellbeing are addressed.

2.3 Health and wellbeing are both an institutional and an individual responsibility. The onus cannot be on the institution alone, or on the individual only, to build a workplace that is conducive to health and wellbeing. Employer and employees are jointly responsible for health and wellbeing.

2.4 While being aware of the risk of corporatising, commodifying or economising health and wellbeing, it should, however, be acknowledged that where health and wellbeing are prioritised in organisations, a remarkable return on investment (ROI) is secured. This is evidenced by high staff performance and staff morale, high productivity, successful staff recruitment, high staff retention figures and a flourishing university staff and student community.

2.5 The logic subscribed to is that the budgetary priorities of a flourishing institution are driven by the strategy of the institution, and more so by the people who are responsible for implementing the strategy.

2.6 Health and wellbeing are to be defined in a comprehensive, integrated fashion. All dimensions of health and wellbeing, the connectedness of health and wellbeing, the focus on both therapeutic and preventative approaches, etc., should be explored.

2.7 To secure health and wellbeing, the best data, information, science, impulses, insights and practices should be acquired from various sectors of society, both educational and corporate, as well as from local and international contexts.

2.8 A systematic approach was proposed to identify possibilities that take the current reality of health and wellbeing among staff and students of SU as point of departure. This is seen as the ideal. Together with the future realities, this will inform the strategic options and choices about health and wellbeing. When a proper health and wellbeing landscape is drafted, following these early steps, a robust business model to implement these choices should be developed. Attention to global, national and regional partners within the higher education sector will drive assumptions. In a dynamic fashion, data-informed, research-based, locally

and internally benchmarked health and wellbeing plans, processes and structures should be developed. While the focus of this plan is SHW, it can be applied to students as well.

3. SHW terminology

Some minimal institutional consensus regarding central terminology is required to practise SHW optimally.

3.1 Health

3.1.1 The World Health Organization (WHO, 2019) defines health as follows: “Health is a state of physical, mental and social wellbeing in which disease and infirmity are absent.” This definition also emphasises that health is not only about the treatment of disease, but also includes the prevention of disease and the creation of conditions that actively advance comprehensive health. Health is comprehensive and shaped by a dynamic interaction between biological, psychological and interpersonal factors (Lehman & Gruber, 2017).

3.1.2 “Biological dynamics” refer to the health of the body and advances respect and reverence for bodies and bodiless. Biological dynamics capture the physical elements of the body that affect and determine health. Systems such as the immune, cardiovascular, neural and endocrine systems are included and the complex interconnectivity between cell and structures of these systems explains multi-system diseases, e.g., such as diabetes mellitus (Lehman & Gruber, 2017).

3.1.3 “Psychological dynamics” include cognitive, emotional, motivational, attitudinal and behavioural systems that have an impact on health. Therefore, the active interplay of factors such as identity, personality, coping strategies, personality, stress, emotions, anxiety, depression and health behaviour (including substance use or misuse) on the health dynamic of an individual can be explained (Lehman & Gruber, 2017).

3.1.4 “Interpersonal dynamics” include the effects of actual or perceived social contacts on health. Suls and Rothman (2004) state that these dynamics are the most neglected in comparison to biological and psychological dynamics. Dynamic interaction of factors such as family, work environment, friends, community, local health resources, a spouse’s work environment, co-worker immunisations and physical activity will largely influence interpersonal dynamics as well as the individual’s health dynamics.

3.1.5 “Contextual dynamics” include broad issues such as culture, norms, policies and values. Although health is influenced by contextual dynamics, at the same time, contextual dynamics are also influenced by the health of individuals.

The active interplay (interaction) between these dynamics is best described as shown in Figure 1.

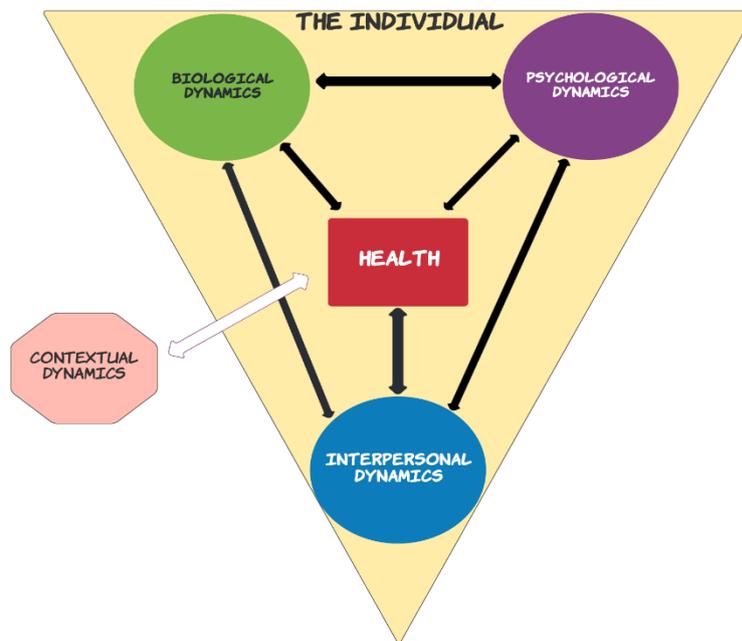


Figure 1: Dynamic interaction of biopsychosocial model (Source: Lehman & Gruber, 2017) The contextual dynamics would relate to various cultural knowledges as practices.

The negative health implications of GBV, as an example of a contextual dynamic, are explained in the context of the biopsychosocial dynamics. However, there is also an established link between experiences of less obvious discriminatory behaviour, such as modern forms of sexism, homophobia and racism, to both physiological (Harrell, Burford, Cage, Nelson, Shearon, Thompson & Green, 2011) and mental (Swartz, Mahali, Moletsane, Arogundade, Khalema, Cooper & Groenewald, 2018) health. Wellbeing of especially women, queer and gender non-conforming and black people is a transformation issue, as well as one of organisational performance. All these perfectly fit into the described dynamic interplay between interpersonal and biological, psychological dynamics. Contextual dynamics, as described, are also important in the determination and sustaining of health in an individual.

The detrimental effects of burnout on organisational outputs (which relate to productivity, motivation, strategic focus, etc.) also spill over to other areas, including home, work and social life. The chronic stress that the body is exposed to affects the immune system and results in the individual being vulnerable to illnesses such as colds and flu and has a further impact on absenteeism. Risk factors contributing to burnout are workload, lack of control, inadequate reward (money, recognition and satisfaction), community (isolation or frequent conflict with colleagues), fairness (inequality) and values (unethical work or conflicting goals).

3.2 Wellbeing

Health and wellbeing are interwoven and interdependent. Together they include all dimensions of human life. Wellbeing is viewed as the experience of health, happiness and prosperity and is determined by various biological, psychological and social factors. Wellbeing is associated with a life of dignity, flourishing and thriving.

The SU EVP tabulates the constituent elements of wellbeing in the workplace. These are, among others, affiliation, engagement, job satisfaction, talent actualisation, growth, autonomy, recognition, sense of belonging, cohesion, good relationships and sense of purpose.

According to the International Labour Organization (ILO) (2019), “[w]orkplace wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organisation”.

Wellbeing is advanced where the notion of work-life integration is adopted instead of work-life balance. Work-life balance speaks to a binary, either/or, notion of work and life. Work-life integration seeks to create synergy between all areas that define “life”, namely work, home, family, community, broader society and citizenship.

3.3 Wellbeing instead of wellness

The notion of *wellness* has a reductionist connotation and is often associated with ad hoc and incidental activities for staff. Moreover, it is activity-focused. On the other hand, *wellbeing* has a more inclusive and comprehensive connotation. It includes all dimensions of human life. Moreover, it is explicitly person-focused, as indicated by the word “being”. For the purposes of this Plan, “Wellbeing” is therefore SU’s point of departure.

3.4 SHW advances institutional flourishing

One of the strategic themes of SU is to be a thriving and flourishing institution. The Times Higher Education ranking for the Sustainable Development Goal: Good health and wellbeing looks at universities’ research on the key conditions and diseases that have a disproportionate impact on health outcomes across the world, their support for healthcare professions and the health of staff and students.

Studies have shown that institutional and individual thriving is positively associated with the critical health and wellbeing indicators of employees, such as health, high job performance, reduced absenteeism and ill health (sick leave) absence, innovative work behaviour, organisational citizenship behaviour, organisational commitment, development and job satisfaction, as well as lower levels of burnout, job strains, turnover intentions and actual turnovers (Mahomed & Rothmann, 2019).

According to the ILO (2019), “[w]orkers’ wellbeing is a key factor in determining an organisation’s long-term effectiveness. Many studies show a direct link between productivity levels and the general health and wellbeing of the workforce”.

Companies and organisations that perform well with their workplace health and wellbeing programmes tend to perform better than their peers. Evidence exists that health and wellbeing are strong determinants of skills acquisition, educational achievement, productivity, morale and retention and therefore influence overall performance of organisations as well as individuals within the organisation.

The multinational company Johnson & Johnson reported an ROI of almost US\$3 for every US\$1 spent on their comprehensive health and wellbeing programmes. The ROI, however, on well-run, comprehensive employee health and wellbeing programmes can be expected to go as high as US\$6 for every US\$1 spent. Therefore, it is clear that the health and wellbeing of an organisational workforce is a material issue for an organisation and its individuals. SHW is identified as a key driver of socio-economic progress worldwide and of the overall performance of an organisation.

4. Contextual factors that have an impact on SHW

Health and wellbeing need to be considered within the global, national and local institutional contexts. The world has been shaken in an unprecedented way by the Covid-19 global pandemic. Its resulting impact is affecting all aspects of global society and individual lives, especially health and wellbeing. We are in uncharted territory, which is requiring us, more than ever, to heed the call to prioritise health and wellbeing.

4.1 Global context

At the ILO Centenary Conference held in Geneva in June 2019, the ILO Centenary Declaration for the Future of Work was adopted. The Declaration calls for a “human-centred approach to the future of work” that focuses on increasing investment in people’s capabilities, in the institutions of work and in productive employment and decent work (ILO, 2019).

The Fourth Industrial Revolution / digital age challenges the future of work, the sustainability of organisations, employment, job quality, skills, vocational education and human resource management. Technological advances such as artificial intelligence, automation and robotics will create new jobs and new possibilities for businesses and the improvement of working conditions and management. Digitalisation presents an opportunity to improve the quality of working lives, expand career choices, close the gender gap and create new jobs (ILO, 2019). Indeed, the arrival of the Covid-19 global pandemic has fast-tracked the need to prepare for the future of work and to address the associated challenges. SU has had to respond to the challenges posed by the pandemic during 2020 by establishing an Institutional Committee for Business Continuity (ICBC) with separate workstreams focusing on different aspects of operations impacting the organisation. One of these workstreams is a workstream with a focus on staff and HR and health and wellbeing matters affecting staff. This has highlighted the need to address and manage health security concerns for staff.

Klaus Schwab (2018), founder and executive chairman of the World Economic Forum, highlights that the disruptive nature of the Fourth Industrial Revolution offers completely new ways of creating value for organisations and employees. In addition, this Revolution is a powerful driver of unprecedented, increased wellbeing and has an unprecedented ability to transform systems (Schwab, 2018:19). Madeleine Albright highlights that a mindset shift needs to happen, as we cannot navigate 21st-century technologies with 20th-century mindsets and 19th-century institutions (cited in Schwab, 2018:15).

In order to meaningfully address the challenges of the Fourth Industrial Revolution, we need to harness the collective wisdom of our minds, hearts and souls. Very importantly as well, is to nurture and support our personal health and wellbeing, and that of others, to activate what is required for transformation at the individual and system level (Schwab, 2016:99). Schwab (2016:102) describes this as follows:

Contextual, emotional and inspired intelligence are all essential attributes for coping with, and benefitting from, the Fourth Industrial Revolution. They will, however, require the vital support of a fourth form of intelligence – the physical one, which involves supporting and nourishing personal health and wellbeing. This is critical because as the pace of change accelerates, as complexity increases, and as the number of players involved in our decision-making processes increases, the need to keep fit and remain calm under pressure becomes even more essential.

In recent years, concerns have grown about productivity, overwork, wellbeing and burnout. In the 2019 Deloitte Global Human Capital Trends survey, respondents ranked compensation, flexibility, learning and development, and health and wellbeing benefits as the most important rewards “in engaging the alternative workforce” (Volini *et al.*, 2019). Deloitte’s 2020 survey identified the wellbeing of individual employees as a top priority and indicator of a successful

organisation. In addition, Deloitte advocates designing work for wellbeing by: increasing employee autonomy, using technology for connection and collaboration, increasing flexibility, increasing remote work opportunities, introducing day-to-day wellness behaviours and re-designing the physical workspace (Deloitte, 2020). If one looks at the higher education context, specifically from a global perspective, one finds a range of on-campus medical and mental health services and health promotion services being offered for staff and students. By providing these services, institutions are making a major investment in the health of staff and students. According to the American College Health Association, easy access to quality, affordable, convenient health and wellness services and programmes delivered by professionals who can address the unique needs and stressors of students has an impact on the retention, progression, and graduation of students. The mental health agenda is being promoted at higher education institutions, as well as the monitoring of student depression and suicide and the prevention of work-induced mental health problems for staff (Holbeche, 2019:9). Staff and student health and wellbeing are prioritised at institutions all over the world.

4.2 National context

It is of strategic value to align local institutional SHW efforts with the South African higher education sector. Statutory investment into sector research highlights the sector-specific challenges and coordinated interventions. Nationally, Higher Health (HH) (formerly HEAIDS) focuses on health, wellness and development and a higher quality of life for students, which will lead to their overall success at universities and TVET colleges in South Africa. Reduction of the incidence of health conditions such as HIV, sexually transmitted infections (STIs), TB and unplanned youth pregnancies is on the HH agenda, as are other health issues such as GBV and serious mental illnesses that occur during tertiary studies and often result in students abandoning their studies. Furthermore, HH acknowledges the importance of institutions providing accessible, quality and youth-friendly healthcare for the above health conditions, with easy access on campuses for students. This can be achieved by building infrastructure, implementing health, wellness and psychosocial services and delivering programmes to reduce their impact on affected students and to enable them to complete their studies.

The higher education sector in South Africa specifically attends to SHW as well. Although initially focused on matters of HIV/TB/STI among students in higher education, with a primary focus on disease and supportive educational programmes and service programmes to mitigate disease, the aim shifted to a targeted approach focusing on the broader aspects of health, wellbeing and personal development programmes of the entire post-school environment. The historical focus on students alone has also shifted to include staff and there is no clearer confirmation than the recent efforts of HH to combat the Covid-19 pandemic with a complete and integrated approach towards the health and wellbeing of staff and students.

4.3 SU context

In the SU context, SHW is receiving increasing focus and prioritisation. The COVID-19 pandemic has brought this into even sharper focus. As an institution we wish to embody the values of compassion, empathy and care with respect to the health and wellbeing of our employees at all levels of the organisation. Our desire is for all our employees to feel empowered and supported.

In 2019, the Human Resources (HR) Division's Wellness Office consulted with a total of 250 employees. Work-related issues prompting the consultations were predominantly workplace relationships and stress. In 2019, SU Campus Health Service (CHS) saw a monthly average of 85 occupational health visits and 48 primary healthcare visits. Many of these consultations resulted in long periods of absenteeism and work incapacity claims.

The most recent report from Discovery Medical Aid on members, representing 1 946 SU employees, confirms that only 43% are healthy. A snapshot in 2015 among SU employees showed a total cost of absenteeism to the value of R57 114 939. During that year, there were 4 482 incidents of sick leave lasting between one and three days. The highest risk factor among employees is high body mass index. Approximately 36% of employees are registered on the chronic illness programme and 50% of these conditions are preventable. Out-of-hospital doctor visits add to the time away from work, which have an impact on expected outputs. Healthy employees only paid 408 visits compared to the 2 228 visits by those classified as not healthy, i.e., 1 729 employees. Besides surgical reasons for admissions to hospital, depression and bipolar mood disorders are among the top reasons for admissions to hospital. Only one infective condition (sinusitis) featured in the top 10 reasons for out-of-hospital doctor visits – the others were dominated by non-communicable diseases (or complications thereof) and mental health conditions, of which most are preventable.

This information correlates with existing trends seen at SU’s CHS among staff visiting the campus clinics or those who participated in the routine health risk assessments offered by the occupational health programme. Considering that the four main risk factors (physical inactivity, poor diet, tobacco use and excessive alcohol use), which lead to four chronic lifestyle diseases (respiratory disease, diabetes, cancer and cardiovascular disease), are responsible for 60% of all deaths worldwide, the current health profile of SU employees requires intervention, not only to prevent or sustain good health, but also to limit the impact on productivity and organisational performance.

In the reporting period (2019), 33 incapacity cases were assessed by HR and the Occupational Health team with the following breakdown:

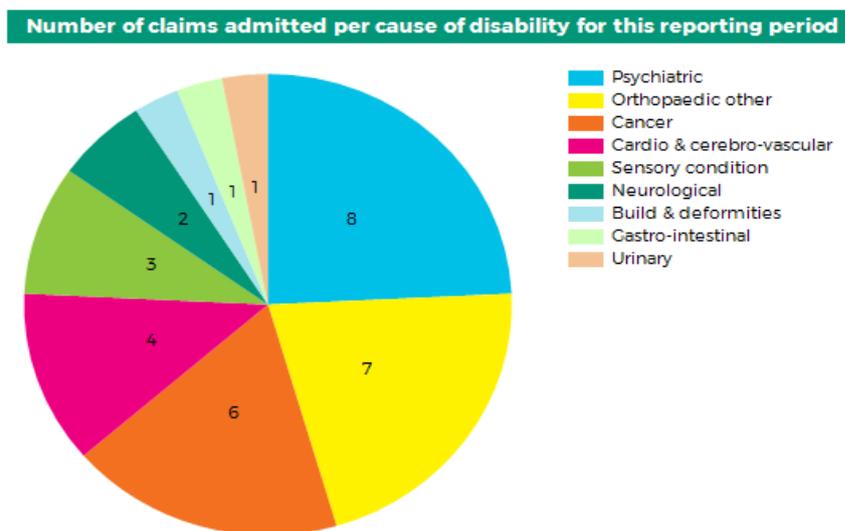


Figure 2: SU incapacity cases in 2019

With the new EAP service, it will be possible to proactively identify absenteeism as a potential indicator of incapacity. The service, which encourages proactive health-seeking behaviour aims to impact the cost of absenteeism as well.

Presenteeism is also a factor in the work environment, where employees are present in the workplace, but are not functioning fully due to health or other wellbeing-related factors. This

plan can also proactively address this challenge through the EAP and other services (such as staff training and development).

5. Operational plan for SHW

The strategic objectives are aligned with those of HH, the consortium guiding health and wellbeing in the post-school training and education sector and the overarching strategic themes of SU. These strategic objectives are as follows:

- To prevent and reduce the risk, duration and effects of physical conditions (physical health)
- To prevent and reduce the risk, duration and effects of psychosocial conditions
- Integrated institutional reporting (e.g., to the Rectorate/Senate/Council)
- Change of institutional behaviour, culture and practices to enhance SHW
- Change of individual behaviour, culture and practices to enhance SHW.

The operational plan will be driven by the aspired strategic objectives and could include staff and students. The ideal is that an institutional plan for SHW should be implemented, including staff and students, in an integrated and embedded way to best enhance SHW among the institutional community of SU across all the SU campuses. The confidentiality of staff will be protected and maintained at all times.

Following the previously discussed biopsychosocial approach, operational roll-out of the strategic objectives are found in the table on the next page. The actions and plans are dynamic and will in future be adapted to fit the specific institutional needs (of staff or students) through careful and continuous measurement of outcomes. Importantly, the governance, management plans and actions are also included in order to ensure central involvement and momentum to achieve the strategic aspirations.

Best practice indicates measurement of SHW outcomes, not only to implement interventions, but also to calculate ROI. Besides improvement of SHW, results will also encourage institutional investment. The choice of measurement, which will inform the integrated reporting, is based on a Health Metrics Scorecard (HMS), included in the operational plan. The HMS measures on three levels:

- Governance
- Management
- Evidence of success.

The MaRoON (Maties Risk of Non-communicable disease) Health Passport is a facilitative and interactive tool identified by SU and its Health and Wellbeing Task Team to assess health and wellbeing and, through imbedded algorithms, facilitate early interventions among the staff and student population of SU across all campuses. It will simultaneously help create a safer environment on campus and further the strategic aims of SU. This initiative also fulfils a secondary role of a powerful, longitudinal research and an educational tool, enabling investigators to assess whether non-communicable disease-related risk profiles differ between the respective cohorts, and will allow for the evaluation of the efficacy of interventions and changes in the overall health landscape of the SU campus over time.

Below follows a table including the operational outlay of a comprehensive and embedded SHW for SU. It is important to note that many of the plans and actions have already been implemented or are in the process of implementation at SU. However, the silo approach between the staff and student plans, different reporting lines and lack of integration are

obvious throughout the institution and may influence the desired outcomes and the current status of SHW at SU. Therefore, the proposed structure that follows the operational plan will best support an integrated and embedded institutional approach to SHW at SU, but focuses on staff, as within the current mandate. However, it is flexible to include both staff- and student-specific initiatives.

A request for a budget to implement the plan and sustainably support it is registered and will follow the institutional budgeting process. Finalisation of content and structure will inform the resources and financial requirements for implementation.

Strategic objective	Plans	Actions
Prevent and reduce the risk, duration and effects of physical conditions (physical health)	1. Healthy and safe working environment	1.1. Health and safety policies: <ul style="list-style-type: none"> - Non-smoking policy - Substance abuse policy (including alcohol) - Public health emergencies - GBV and sexual-based violence 1.2 Occupational Health and Safety Plan as guided by the Occupational Health and Safety Act: <ul style="list-style-type: none"> - Baseline health screening - Health risk assessment - Health surveillance - Injury on duty management - Incapacity management - Return to work reintroduction programmes - Workplace hygiene (noise, industrial pollution, etc.) - Occupational ergonomics programme and healthy office design
	2. Smoking cessation	2.1 Smoke-free environment 2.2 Stop smoking advocacy 2.3 Smoking cessation programmes and support (Tygerberg Campus is smoke-free)
	3. Vaccinations	3.1 Influenza vaccination programmes and incentivisation 3.2 Adult immunisation programmes 3.3 Mandatory immunisations – healthcare workers and students at risk
	4. Nutrition	4.1 Food security 4.2 Healthy eating plans 4.3 Access to healthy food (workplace/residences)

	<p>5. Physical activity for health</p>	<p>5.1 Create active societies:</p> <ul style="list-style-type: none"> - Best practice campaigns to heighten awareness - Advocacy of community-based programmes - Regular cultural and socially appropriate mass participation initiatives - Training of non-health-/fitness-related persons to facilitate physical activity initiatives <p>5.2 Create active environments (spaces and places)</p> <p>5.3 Create active people:</p> <ul style="list-style-type: none"> - Enhance provision and opportunities for programmes increasing physical activity and decreasing sedentary behaviour <p>5.4 Create active systems:</p> <ul style="list-style-type: none"> - Enhance data systems to support surveillance of physical activity - Strengthen institutional research and evaluation capacity to stimulate application of digital technologies and innovation to accelerate initiatives to increase physical activity and decrease sedentary behaviour
	<p>6. Primary healthcare and public health (general and occupational)</p>	<p>6.1 Baseline health screening (physical and mental health as well as age-specific screening)</p> <p>6.2 Dedicated screening:</p> <ul style="list-style-type: none"> - Breast and cervical cancer - Prostate cancer - TB <p>6.3 Health surveillance</p> <p>6.4 Injury on duty management</p> <p>6.5 Incapacity management</p> <p>6.6 Sexual and gender health programme:</p> <ul style="list-style-type: none"> - STIs - Unplanned youth pregnancies - Male circumcisions <p>6.7 HIV/AIDS counselling, testing and management:</p> <ul style="list-style-type: none"> - Condom education - Condom distribution - PrEP and PEP (pre- and post-exposure prophylaxis) programmes - Antiretroviral therapy and medical/psychological support
	<p>7. Mental health (public mental health approach based on organised efforts and informed choices)</p>	<p>7.1 Systematic collection of good data:</p> <ul style="list-style-type: none"> - Self-assessment tools - Longitudinal surveys <p>7.2 Focus on prevention resilience, including:</p> <ul style="list-style-type: none"> - Early identification of individuals/groups at risk - Short courses focusing on resilience and psychological skills training - Stress management programmes - Sleep management programmes - Substance abuse prevention programmes (including alcohol) <p>7.3 Evidence-based interventions:</p> <ul style="list-style-type: none"> - Access to good clinical care (mental health first aid) <p>7.4 Crisis service:</p> <ul style="list-style-type: none"> - Access to a 24-hour service for mental health crises

	8. Preparedness for public health emergencies (including disease outbreaks)	8.1 Education and promotion of health behaviours (e.g., hand sanitising and social distancing) 8.2 Infectious disease prevention, surveillance, control and response 8.3 Health screening evaluation and medical clearance for specific institutional activities 8.4 Compliance with statutory and institutional vaccination schedules
	9. Specialty services	9.1 Sport and Exercise Medicine 9.2 Physiotherapy and rehabilitation services (biokinetics) 9.3 Referral network to ancillary primary care services (dentistry, vision care, dietetics and nutrition, occupational therapy, etc.) 9.4 Referral networks to medical specialties 9.5 Access to laboratory services for all patients (medical aid and private)
	10. Health networks	10.1 Local authorities and community clinics 10.2 State hospitals (primary, secondary and tertiary): - Stellenbosch - Paarl - Tygerberg 10.3 Private primary and specialist hospitals: - Medi Clinic - Institute of Orthopaedics and Rheumatology, Stellenbosch
Prevent and reduce the risk, duration and effects of psychosocial conditions	1. Employee Assistance Programme	1.1 Face-to-face and telephone consultations: - Personal difficulties - Family and relationship concerns - Substance and gambling abuse - Stress and life changes - Violence and trauma - HIV/AIDS - Grief and work-related matters 1.2 Financial assistance 1.3 Health information 1.4 Legal assistance
	2. Self-assessment tools	2.1 Mental health conditions (depression and anxiety) 2.2 GBV 2.3 Vulnerable persons (staff/students)
	3. Early interventions	3.1 Screening systems to identify at-risk individuals 3.2 Access to good clinical care 3.3 Mental health crisis service

Integrated institutional reporting (HMS)	1. Governance	<p>1.1 Corporate climate survey</p> <p>1.2 Leadership structure: Health and Wellbeing</p> <p>1.3 Internal and external benchmarking (quality assurance programme)</p>
	2. Management	<p>2.1 Health policies, programmes and practices</p> <p>2.2 Strategic communications</p> <p>2.3 Physical environment – health and wellbeing service:</p> <ul style="list-style-type: none"> - Welcoming and inviting spaces (ensuring privacy, confidentiality and safety of patients) - Adequate reception (ensuring privacy) - Adequate consultation spaces/sub-waiting areas - Multifunctional spaces - Seamless data connectivity (staff and patients) <p>2.4 Physical environment – campuses</p> <p>2.5 Institutional capacity:</p> <ul style="list-style-type: none"> - Appropriate funding model to ensure access for all
	3. Evidence of success	<p>3.1 Health status questionnaire</p> <p>3.2 Health risk assessment</p> <p>3.3 Absenteeism (sick leave report)</p> <p>3.4 Job satisfaction and turnover</p>
Change of institutional behaviour, culture and practices to enhance health and wellbeing (this will include the introduction of indicators to monitor and measure behavioural change)	1. Training and development	<p>1.1 Coaching services for executive, senior and middle managers (coaching should include a diversity, inclusion and equity focus)</p> <p>1.2 Empowering of line managers</p> <p>1.3 Coaching services extended to all staff</p> <p>(Training and development in alignment with SU's Transformation Plan)</p>
	2. Equality	<p>2.1 LGBTQIA+ destigmatisation, sensitisation and training</p> <p>2.2 Disability sensitisation and training</p> <p>2.3 Reasonable placement in workplace of persons with disabilities</p> <p>2.4 Racism sensitisation and training</p> <p>2.5 Access for all</p> <p>2.6 Cultural competence in healthcare which includes various cultural knowledges and practices.</p> <p>2.7 Gender sensitisation</p> <p>2.8 Sexual violence education and fair trauma-informed reporting procedures</p> <p>2.9 Robust structures for survivor support</p> <p>(Equality in alignment with SU's Transformation Plan)</p>

	3. Equity (through active implementation of the Employment Equity Policy and Code of Management Practices	3.1 Diverse and equal opportunities 3.2 Recruitment and retention programme 3.3 Benefits and conditions (Equity in alignment with the Code of Management Practices for Employment Equity)
	4. Family-friendly approach working conditions	4.1 Childcare 4.2 Flexible working hours arrangements 4.3 Working remotely 4.4 The right to disconnect from work outside of agreed working hours
Change of individual behaviour, culture and practices to enhance health and wellbeing	1. Health coaching (physical, mental)	1.1 GBV 1.2 Personal and sexual relationships 1.3 First Things First HIV/AIDS activation 1.4 Peer-to-peer education and support programmes (staff and students which offer support rather than counselling): - Mental health - Personal security - Risky behaviours, etc. 1.5 Physical wellbeing: - Frederick van Zyl Slabbert course (students, roll-out to staff)
	2. Emotional intelligence	2.1 Self-management 2.2 Self-awareness 2.3 Social awareness 2.4 Relationship management
	3. Financial intelligence	3.1 Money-savvy 3.2 Investing for the future
	4. Incentivisation and recognition	4.1. Active and healthy lifestyles (MaRooN Health Passport) 4.2. Excessive workloads

Toolkits to support managers and staff to practically address challenges can be found in Appendix 4. This list of resources will be developed further over time.

6. An Institutional Committee for Staff Health and Wellbeing

The intention is to constitute an Institutional Committee for Staff Health and Wellbeing (ICSHW) that is mandated by the Rectorate to advance the institutional mandate for health and wellbeing and reports at least twice a year to the Rectorate. Furthermore, the ICSHW will submit special reports relating to specific issues of importance, such as GBV and staff burnout. The ICSHW will revise and draft enhancements to the institutional Staff Health and Wellbeing Plan (SHWP). The ICSHW will ensure that the SHWP is an accessible and illuminating instrument that envisions, guides, directs, coordinates, advances, facilitates and enables health and wellbeing practices at SU. An important role of the ICSHW will also include the development of key performance areas and strategic management indications in an effort to enhance health and wellbeing as an embedded practice at the institution, for which the institution and all staff members take joint responsibility. The Committee will also make exceptional effort to facilitate behavioural change throughout the institution and among staff and students to understand their individual responsibility towards health and wellbeing. The ICSHW will play an advisory role with regard to health and wellbeing matters in the responsibility centre and functionalities of the VR (SI, T & P) as well as all other applicable line functions (e.g., Student Affairs).

The ICHSW will be constituted as follows: Vice-Rector (SI, T & P) (chair), Senior Director SHW (vice-chair), Director CHS, Director Wellbeing, Chief Director: HR, Chief Director: Facilities Management and Chief Director: Sport and one representative from each of the faculties and responsibility centres, Disability Unit, Equality Unit, Matie Sport and the Transformation Office.

7. Conclusion

SU is committed to SHW through this plan and its operationalisation, setting up institutional committees and aligning this plan and its work with existing structures and plans, including the Transformation Plan, Employment Equity Plans and the Discrimination and Harassment Policy.

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Appendix 1

SU employee value proposition



SU's EVP is underpinned by the fundamental concepts of truth, good, wealth and aesthetics, and relates to employees' composite perception and experience of SU in terms of these concepts that support or undermine the EVP. The concepts entail the following:

- *Truth*: Although it may appear to be almost a given for any university, from an employee perspective, special meaning is attached to this concept: The employees want to be associated with an university that provides significant value to society and wants to be recognised for their individual value that they add to the composite value output of the university. The employees also, in terms of experiencing 'truth' regarding what the University promises, have a need for consistency and security in their careers at SU.
- *Good*: The employees want to be associated with an institution that is a 'good' citizen at the local, country, regional and global level, hence the notion of an engaged citizen – a university that boldly engages with the complex challenges that face society at different levels. In the South African context, this has special relevance. The employees want to feel that they are making a difference in dealing with, among others, the challenges of the South African context.
- *Wealth*: The employees have a need to benefit in both financial and non-financial terms from the value that they contribute to the University.
- *Aesthetics*: In the EVP context, this can be described as the 'beauty of work'. The employees want to derive satisfaction from their daily work and in terms of ergonomics, they also need to do their work in an aesthetically pleasing and safe physical work environment.

Appendix 2

Enhanced SU Employee Assistance Programme (EAP)

1. Introduction

This new EAP service is a value add to the existing services – it supports and enhances the services which are already in place. It is defined by a proactive approach to wellbeing which encourages health-seeking behaviours in staff. For managers, data provided will identify risk factors and trends, whilst maintaining the confidentiality of individuals at all times. It seeks to create an environment of support where employees feel cared for at work. The fact that the service extends to the employee's immediate family members as well, is in acknowledgement of the employee as a whole being.

The service supports the needs of sign language employees.

2. The new EAP service

The reach of our Staff Wellness Office through a partnership with an external service provider, *Life Employee Health Solutions (Life EHS – Careways Group)* has been extended. This resource aims to assist staff and their families with a variety of personal and professional concerns within an environment of **complete confidentiality**. The service will be available 24 hours per day and seven days a week every day of the year.

The service will enhance our current Employee Assistance Programme in the following ways:

- Face-to-face and/or virtual counselling on matters such as: personal difficulties; family and relationship concerns; alcohol or drug abuse; gambling or other addictions; stress and life changes; violence and trauma; the impact of acute and chronic illness; grief and work-related concerns;
- Debt counselling: personal budgets; managing debt and retirement;
- Health information: general health and wellbeing guidance, including dietary information;
- Legal assistance: professional telephonic legal support and assistance with drafting of basic legal documents, such as wills and testaments, power of attorney, residential leases and general sales agreements.

These services can be accessed as follows:

- Call the National Care Centre on 0800 004 770 toll-free.
- SMS your name to 31581 and the Care Centre will call you back within 60 minutes.
- Email requests to: ewp@carewaysgroup.com
- Employee Assistance Programme website: [Click here](#)

The Employee Wellness Office will provide virtual orientation sessions for staff on how to utilise the service optimally. *Life EHS* in partnership with the University's Employee Wellness Office will render practical training to managers on how to make use of the service as a

management support tool.

Please contact Ms Shibu Mamabolo, Head of the Human Resources Staff Wellbeing Office, in case of uncertainties and enquiries at shibu@sun.ac.za or tel: 021 808-4824.

The offering of these support services to our colleagues is an important strengthening of the staff health and wellbeing imperative of the University.

3. Guidelines for referral

The following referral guidelines are provided for accessing the services of the EAP, which function in partnership with various role players:

- Voluntary or self-referral:
 - The employee may arrange an appointment for her-/himself.
 - Line managers must be informed timeously of appointment times and, if possible, of the number of sessions the employee will be attending (if services are accessed during working hours).

- Informal referral:
 - Any professional person, family member or friend/colleague may refer a staff member.

- Formal referral:
 - A line manager can make a formal referral.
 - An EAP referral form must be completed by line managers and is available on the Human Resources webpage.
 - Line managers are provided with progress reports without compromising confidentiality.

4. The EAP and the Equality Unit

The Equality Unit is responsible for the promotion of collective action towards social justice and discourse regarding social asymmetries at SU. The Unit coordinates, educates, teaches and raises awareness on sexualities, gender, sexual harassment, HIV/AIDS and anti-discrimination through the Unfair Discrimination Portfolio, the HIV and Sexualities Portfolio and the Gender Non-Violence Portfolio.

Any staff or student member who experiences a form of unfair discrimination, victimisation, sexual harassment or harassment within the University may report their complaint to the Unfair Discrimination Portfolio by either sending an e-mail to unfair@sun.ac.za or by visiting their offices at Simon Nkoli House, 39 Victoria Street, Stellenbosch.

The HIV and Sexualities Portfolio oversees the implementation of the HIV/AIDS Policy and drives the various components of a wide-ranging institutional response to HIV, including free HIV testing and counselling, condom distribution and support services to the LGBTIA+ community.

The Gender Non-Violence Portfolio coordinates and monitors matters related to gender-based violence by assisting in the development of a comprehensive institutional response to gender-based violence and rape culture.

5. The EAP and Campus Health Services

5.1 The primary goal of Campus Health Services (CHS) is to ensure longer lives free of preventable disease, injury, disability or premature death through integrated healthcare programmes to staff and students of SU.

5.2 This implies that all aspects that sustain or improve the physical and mental health of individuals should be addressed through the existing primary medical care, occupational health and physiotherapy programmes. Mental health interventions are done mainly through external service providers. In-house psychological counselling services for both academic and professional academic support services staff are currently being investigated.

5.3 The occupational health programme forms a crucial platform for the identification of risks for the health and wellbeing of staff. It furthermore ensures a healthy environment in which staff can perform their daily tasks. Close alignment with Human Resources (incapacity, absenteeism, etc.) and Facilities Management (radiation, noise management, etc.) ensures a more holistic engagement.

5.4 Current services at CHS available to staff include the following:

5.4.1 Primary healthcare programmes:

- Adult immunisation programme: This programme includes annual flu and MMR (mumps, measles and rubella) vaccinations and immunisations for DPT; meningitis; human papillomavirus (HPV), important in the prevention of cervical cancer; hepatitis A/B, essential for healthcare workers/handlers of human tissue (herd immunity); and in cases of outbreaks such as measles, H1N1 flu, etc. Usually, this service is provided in collaboration with local or provincial health departments.
- Reproductive and gender health programme: Free oral contraception and advice (Western Cape Department of Health guidelines), free sexually transmitted disease treatment (Western Cape Department of Health guidelines), HIV/AIDS screening and counselling (including PrEP and PEP programmes), pregnancy testing and advice, clinical breast exams, cervical cancer screenings (PAP smears and HPV advice) and prostate screening tests for men. Programmes are based on the specific gender-based needs and focus mainly on screening for cancer and lifestyle diseases.
- Diabetic foot programme: This programme is mainly based on a comprehensive foot assessment for the prevention of foot and lower-limb complications and to treat foot disease among diabetics.
- Chronic disease programme: This programme includes extensive medical screening for risk factors and early chronic disease (including mental and lifestyle disease). Therefore, the screening includes a comprehensive history, detailed physical examination, assessment of current medication, physical activity assessment (including musculoskeletal assessment), nutritional assessment and baseline psychological assessment.
- Travel medicine programme: Services in this programme are aimed at protecting the health of travelling staff and students through necessary preventative interventions (appropriate medication or immunisations) and health education applicable to the destination.

5.4.2. Occupational health programme:

An internal specialised team renders services in this programme and aims to ensure a healthy working environment for all staff as well as compliance with the Health and Safety Act of South Africa. As an integral part of the medical offerings at CHS, valuable health data are generated through health surveillance programmes. This division also manages incapacity and disability in the workplace. It also conducts health risk assessments to ensure that the environment in which staff work does not have a negative impact on their health and wellbeing. This division engages closely with Human Resources and Facilities Management to ensure statutory compliance.

5.4.3. Physiotherapy programme:

Physiotherapy treatment aims to restore motion and reduce pain. All services are closely aligned with the medical and occupational health divisions to support rehabilitation back to the same level as before an incident. Furthermore, this division, in conjunction with the occupational health team, renders a service that does an ergonomic assessment of the workplace.

Document compiled by the Division of Human Resources, June 2019

Appendix 3

2019 Staff Climate and Culture Survey

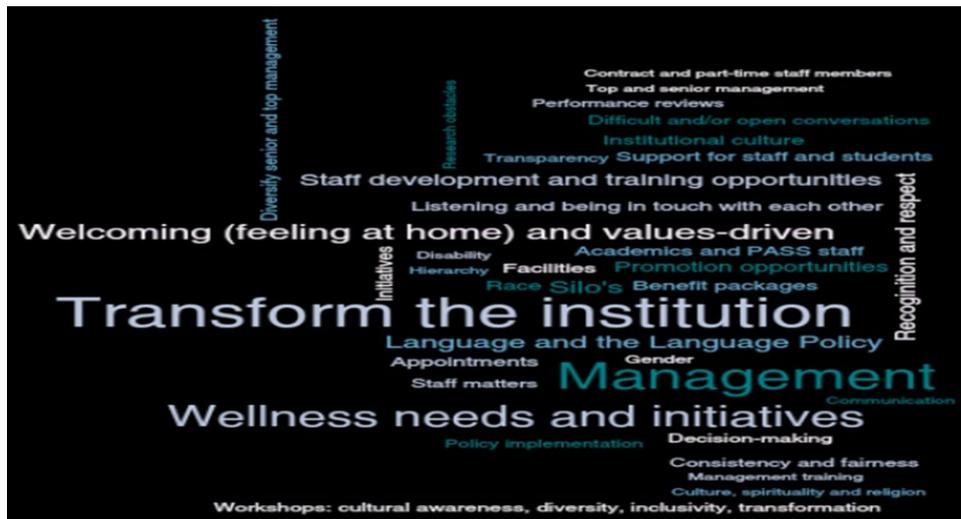
Recent general findings of the 2019 Staff Climate and Culture Survey indicate the following:

Main concerns (from quantitative and qualitative data)

- Wellbeing development of staff
- Transformation of the institution
- Recognition, appreciation and providing promotion opportunities
- Equal treatment of staff (including women and black staff).

Feelings about SU

From a qualitative perspective, the following words capture the feeling of staff regarding the institution:



Why SU is NOT an employer of choice?

1. Wages too low
2. Insufficient communication on the part of management
3. Little or no recognition for achievements
4. Combined ratings of items related to bullying at SU is below the average rating
5. Significant difference between the ratings of post levels 1–4, 5–8 and 9–12 with reference to the item "People in senior positions get away with workplace bullying at SU"
6. Women not treated equally
7. Lack of integration of black staff
8. Wellness promotion received a lower rating than the SU average rating for all culture and climate items.

Why is SU your/an employer of choice?

- 1. Top three evidence-based contributing factors to a happy working environment present:
 - Feeling that your contribution truly makes a difference
 - Feeling that your work is worthwhile
 - Friendly co-workers / good atmosphere
- 2. Vision 2040 and the Strategic Framework 2019–2024 have strong support
- 3. Strong to very strong ratings were recorded for:
 - “I am proud to be an employee of SU”
 - “I am positive that SU has a bright future as an academic institution”
 - “My work is important”
- 4. SU’s approach towards transformation is rated above average.

Creative thinking about possible wellbeing, culture and climate solutions during consultations with faculties and responsibility centres may include topics and processes such as:

- Nudging – making it easy to do ... (nudging to influence choices and behaviour)
- Cues – it’s normal to ... (that is how we do it at SU, in line with values) cues are signals that affect learning and behaviour.

Health and wellbeing practices aligned with SU values:

- Individualised wellbeing development
- Appreciative inquiry (define, discover, dream, design, deliver) (possibly has relevance for an institutional health and wellbeing workshop).

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