



GIBS OCTOBER HEALTH WORKPLACE WELL-BEING REPORT



CONTENTS

4**FOREWORD****5****ABOUT**

5 Gordon Institute of Business Science

5 October Health

6**EXECUTIVE SUMMARY****7****INTRODUCTION**

7 New approaches for changing environments

8 The internal state of workers is important

9**METHODOLOGY****10****FINDINGS**

10 **The workplace environment**

12 Noting injuries and anxieties

14 Workplaces that aggravate or ameliorate

17 **External factors**

18 Economic uncertainty

20 The impact and cost of crime

21 **Domains of being**

22 Physical form

24 State of mind

26 Social connection

28**CONCLUSION****29****REFERENCES**

FOREWORD

While words are added to the English language regularly, the proliferation of new terms for old work-related behaviours is evidence that the world of work is in considerable flux. Much of the recent jargon, such as “the Great Resignation” and “remote work”, reflects the impact of the COVID-19 pandemic. However, some of it reflects the changing attitudes of employees who “quiet quit” by fulfilling basic deliverables, but eschew the idea of going above and beyond for their employers; or who “rage apply” to multiple jobs because they are extremely frustrated in their current position; or “boomerang employees” who either resign or are retrenched and then rejoin because their skills are still needed by their former organisation.

Nevertheless, beneath the seeming frivolity of this popular parlance is a widespread and concerning rise of individuals struggling with their mental health. These words are conceived to convey intense emotions, troubling events, and negative experiences. They reflect how rapidly the world is changing and how difficult it can be to navigate the unrelenting instability.

Across the globe, common mental health challenges in the workplace include stress, anxiety, depression, substance abuse and burnout. Employees may also struggle with issues related to work-life balance, chronic fatigue, and feelings of isolation or loneliness, especially in remote or hybrid work settings.

These mental health challenges can be extremely serious, not only impacting individuals’ well-being, but also their job performance, productivity, and overall job satisfaction. Severe cases can lead to prolonged absenteeism, diminished work quality, and even short- and/or long-term disability. According to the 2024 October Health *State of mind: South Africa* report, employee mental health challenges cost the economy an estimated R250 billion in lost productivity per year primarily through absenteeism and presenteeism. This alone reduces South Africa’s gross domestic product (GDP) by up to 4.5% each year.

Research studies (e.g., Angermeyer & Dietrich, 2006; Henderson et al., 2013) suggest that mental health holds a stigma in general society due to historical misunderstandings and cultural beliefs, which have led to widespread myths and misconceptions. Negative portrayals in movies and in the media further reinforce these prejudices, depicting individuals with mental illness as violent or incompetent. Additionally, a lack of education about mental health perpetuates ignorance and fear, while the unpredictability of mental illness can also contribute to societal stigmatisation.

In organisational settings, this stigma is exacerbated by corporate cultures that emphasise performance and resilience, often equating mental health challenges with weakness. Such corporate cultures operate with an either-or mindset, prioritizing either well-being or performance, rather than embracing a mindset that integrates both well-being and performance. Employees may fear job security and career repercussions, leading them to hide their struggles. The lack of supportive policies and inadequate training for managers further compound the issue. Peer pressure and organisational policies also play significant roles, making employees reluctant to discuss their mental health openly.

However, there are helpful tools, such as the October Health app, that provide employees with accessible and confidential support. Services like October Health can help destigmatise mental health challenges in the workplace.

Reflecting the work and expertise of each organisation, the Gordon Institute of Business Science (GIBS) and October Health have partnered to develop employee well-being thought leadership in South Africa. Working together on this workplace well-being report, we aimed to provide insights into the overall well-being of working South Africans and to elucidate factors that influence various domains of well-being. We intend to track:

1

The overall well-being of working South Africans as well as across the six dimensions of well-being;

2

The availability of well-being resources in the workplace; and

3

The evolving role of leadership in overall well-being.

Our findings reveal that overall well-being consists of distinct but related domains, and that leaders or managers can directly influence the mental and emotional state of employees. Mental health matters. Initiatives that boost the well-being of employees can significantly boost workplace productivity and resilience by reducing absenteeism, improving engagement, and fostering a supportive work environment. When employees feel supported, they are more likely to perform at their best, be highly engaged, and remain loyal to the organisation that gives them not just employment, but a sense of purpose and joy.

I remain hopeful that through innovation, education, prioritizing employee well-being, and promised policy reform, the South African labour force can transition into a more dynamic and inclusive system. My hope is that we can address the skills gap by improving education and vocational training programmes, better aligning them with the needs of our industries, while also recognizing the critical role of well-being in fostering a productive and resilient workforce. Another hope is that entrepreneurship and small business development, the major source of jobs, will thrive, supported by improved access to finance, government support, a conducive business environment, and a focus on the well-being of entrepreneurs. I also hope for greater worker well-being awareness among employers and availability of proactive worker well-being programmes that acknowledge that it is well-being and performance, not well-being or performance.

Dr Frank Magwegwe

Principal researcher and GIBS faculty



ABOUT

GORDON INSTITUTE OF BUSINESS SCIENCE

Proudly based in Africa, the Gordon Institute of Business Science (GIBS) is a globally renowned institution in Africa committed to serving, inspiring, and advancing world-class business practices across the continent and beyond. Founded in 2000 on the back of a significant endowment by Sir Donald Gordon, the University of Pretoria's business school was started as a "business school for business". It has built a reputation for entrepreneurial thinking and excellence, and continues to evolve in step with the needs of business, embracing technology and disruption, while addressing the importance of humanising the world of work. Research is an important focus of the School's identity, which conducts studies in Africa for

Africa, making business healthier. GIBS is dedicated to disseminating research findings to both academic and practitioner communities, publishing in high-impact journals and white papers, presenting at conferences, and actively engaging in knowledge-sharing activities. This commitment ensures that the School's research has a broader impact, influences policy decisions, informs industry practices, and contributes to the advancement of knowledge in various fields. In May 2024, GIBS was ranked amongst the world's top 50 business schools by the renowned United Kingdom's *Financial Times* Executive Education rankings, placing 26th for open-enrolment programmes – the highest-ranked African business school.

OCTOBER HEALTH

October Health is a mental health and wellness platform that provides support, resources, and community for proactive mental wellness. October Health utilises performance psychology and purpose-built technology to transform mental fitness into an aspirational goal. On the flagship October Health Solution, users can track and understand their mental health needs as they evolve, and leverage artificial intelligence coaching to build and learn new skills to implement into everyday life.

The company was co-founded by Allan Sweidan and Alon Lits, who were introduced by a mutual friend. Sweidan, a clinical psychologist, had built what became the largest psychiatric hospital group in Southern Africa, Akeso, while Lits was Uber's first employee in Africa.

When coming together as business partners, Sweidan and Lits embarked on a mission to disrupt the global mental health industry. Applying their unique skills, they have developed a service with the

potential to change the landscape of employee well-being in South Africa and beyond. Concerning research reveals that an estimated 80% of people who need mental health care do not get it because of issues including affordability, access to care, and stigma. Driven by increasing demand, October Health has grown into a multifunctional platform that is used by some of the world's most innovative companies. These companies have recognised that a healthy stable workforce leads to greater productivity per employee, while at the same time reducing unforeseen resignations by as much as 50%. Although many companies offer mental health/employee wellness programmes, October Health has unique features, such as the October Health Forest, which offers live sessions with registered mental health professionals up to 20 hours every day. This, together with other unique innovations and the latest use of artificial intelligence, generates industry-leading employee engagement – meeting the goals for October Health clients, while staying true to the October Health vision of transforming mental fitness into a superpower.



EXECUTIVE SUMMARY

Overall, well-being consists of distinct but related aspects. The *GIBS October Health workplace well-being report* looked into six domains: mental, physical, financial, social, emotional, and work. In examining the well-being results from our sample, it is noteworthy that, surprisingly, well-being scores except for financial were relatively high across the board, with most dimensions averaging in the low 70s out of 100. This indicates that most respondents' perceptions of their mental, physical, social, emotional, and work well-being are generally positive. Each domain captures a unique aspect of individuals' overall well-being, yet they are interlinked, forming a comprehensive picture of well-being.

Age, gender, and income had no significant associations with overall well-being. However, White compared to Black individuals reported lower overall well-being. A myriad of factors contribute to overall well-being and the results of the survey indicate that perceived well-

being matters. Across all well-being domains, there were statistically significant differences between poor and fair versus very good and excellent subjective perceptions. The significant positive predictors of well-being for workers were trust in the organisation and its leadership, belief that managers are equipped to support employee well-being, and a sense of job satisfaction. Surprisingly perceptions of organisational provision of well-being resources had no significant association with overall well-being. Role in organisation, work patterns (i.e., all in-person, hybrid, or all remote), and perceived healthy work environment also surprisingly had no significant association with overall well-being.

The study results convey remarkable levels of fortitude among workers. Scores suggest that, while workers face many challenges, they have cultivated strong coping mechanisms and support systems that allow them to maintain high levels of overall well-being.



INTRODUCTION

From the agricultural to the industrial to the digital revolution, analysis of the labour market has yielded detailed insights into the various eras of labour. However, much of this has centred on the systems of production, and not on the state of its producers. The advent and impact of disruptors like coal, steam, electricity, nuclear power, information technology, and artificial intelligence have been extensively studied. It is only in recent years that more attention has shifted to focus on the workers in these ever-changing workplaces.

Human capital is critical for the survival of organisations and, by extension, society at large. Industrial psychology has been an invaluable contributor to the growing consideration of the employee experience. Hugo Münsterberg, one of the pioneers of the field, wrote *Psychology and industrial efficiency* (1913), in which he started formulating a new science that would “intermediate between the modern laboratory psychology and the problems of economics” (p. 3). Münsterberg (1913) set out to answer three questions that his industry colleagues still ponder more than a century later:

How we can find the men whose mental qualities make them best fitted for the work which they have to do; secondly, under what psychological conditions we can secure the greatest and most satisfactory output of work from every man; and finally, how we can produce most completely the influences on human minds which are desired in the interest of business. (p. 190)

NEW APPROACHES FOR CHANGING ENVIRONMENTS

In early iterations, industrial psychology was a response to the urgent need to assign troops for duty during World War I and focused on predicting the work performance of individuals. Contrastingly, organisational psychology was more interested in the behaviour and emotions of workers, with one of its trailblazing contributors being industrial researcher and organisational theorist, Elton Mayo. During World War I, Mayo used his training in psychology to help returning soldiers recover from the stresses of war. He later studied how individual emotions and social relationships affected the productivity of workers, with the results of his research forming the nascent foundations of what would become the human relations field. Mayo wrote *The human problems of an industrial civilization* (1933), which had a worker-centric focus; demonstrated through chapters with titles like “Fatigue”, “What is monotony?”, “The meaning of morale”, and “The problem of the administrator”.

In subsequent years, numerous changes have been implemented in the field – from the variations in reference, such as industrial and

organisational psychology and occupational psychology, to expanding areas of research interest, including company culture, ergonomics, and performance coaching. Formed in 2009, the Alliance for Organizational Psychology is a global federation of Work, Industrial, & Organizational Psychology societies and bodies. South Africa is one of the member organisations alongside more than a dozen others, including Australia, Chile, Hong Kong, Japan, and the United States. Individually and together these institutions have contributed significantly to the study and understanding of workplace dynamics. While there has been growing focus on the importance of worker fulfilment and joy, recent events suggest this may not have been adequate.

According to Netter (2024) from the International Labour Organization's *Global Challenges, Global Solutions* podcast, "a torrent of change has triggered multiple job crises raising the magnitude and complexity of employment challenges to unprecedented levels". These include economic and political stressors like inflation and armed

conflicts in nations; and some that were not as much on the radar a decade ago, such as climate change and the contestation of return-to-office versus work-from-home policies.

The multiple crises impacting the world of work require new strategies, new roles, and even new bodies. In 2024, the World Economic Forum launched a new Chief Health/Medical Officers community in response to the recently developed C-suite position. This community

serves as an avenue for sharing best practices on topical concerns, understanding which investments actually impact workforce performance (including innovation, collaboration, etc.), and understanding how these investments can be understood more broadly as part of an organization's sustainability framework, such as ESG [environmental, social, and governance] reporting. (McCain & Sen, 2021)

THE INTERNAL STATE OF WORKERS IS IMPORTANT

It is no longer viable for companies to focus on profits and productivity without considering the comfort and contentment of those who must deliver these objectives. Employee well-being and mental health service providers like October Health can assist workers in their pursuit of happier, healthier lives within and outside of office hours. Aiming to equip individuals and companies with impactful workplace strategies, GIBS regularly offers conferences, masterclasses, forums, and programmes covering topics like "Building resilience, improving stress management, and coping with adversity", and "Well-being is the 4th bottom line: Strategies to improve mental health and well-being in the workplace".

Together, GIBS and October Health have worked on this workplace well-being report to measure the well-being of South African workers and identify the factors that influence their overall well-being. To effectively address and support mental well-being in the workplace, the distinction between mental health, mental ill-health, and mental illness needs to be clarified. According to the World Health Organization (WHO; 2022a), mental health refers to a state of well-being in which individuals can cope with the normal stresses of life, work productively, and contribute to their community. Contrastingly, mental ill-health encompasses a range of negative states of mind, such as stress, anxiety, and emotional distress, that may impact one's ability to function, but do not necessarily meet the criteria for a clinical diagnosis. Mental illness refers to diagnosable conditions that significantly affect an individual's thinking, emotional state, and behaviour, such as depression, anxiety disorders, and schizophrenia. Recognising these distinctions is crucial for creating appropriate support systems and interventions that cater to varying levels of mental health needs, including mental health communication without stigma.



Numerous studies confirm the importance of employee well-being initiatives. While there is an aspect of personal responsibility, organisations also have a weighty responsibility. Comprehensive meta-analysis by Montano et al. (2017) found that leadership behaviours promoting openness and support for mental health significantly improve the mental health and job performance of workers. These behaviours include providing emotional support, encouraging participation in decision-making, and fostering a sense of autonomy and competence among employees. Empowering leadership behaviours were associated with reduced levels of stress, burnout, and psychological strain, and employees under supportive leadership reported higher levels of job satisfaction, mental health, and overall well-being.

Employee well-being matters. Through our research, we have been able to get a better idea of the well-being of working South Africans across the domains of mental, physical, financial, social, emotional, and work well-being.



METHODOLOGY

To develop the *GIBS October Health workplace well-being report*, 501 study participants who were working full-time or part-time or were self-employed were recruited from the African Response research panel using an online questionnaire. Age, personal income, gender, and population group were mostly quota-controlled according to the Marketing All Product Survey (MAPS) 2023 South African working population. (Marketing Research Foundation South Africa, 2023). The resulting data was utilised to:

1

Confirm factor structure of the *GIBS October Health workplace well-being index*;

2

Create the *GIBS October Health workplace well-being report* to track the well-being of working South Africans;

3

Identify factors that influence workplace well-being in South Africa; and

4

Develop insights for the inaugural *GIBS October Health workplace well-being report*.

During September 2024, 501 participants were recruited for the workplace well-being study. Involvement was voluntary and participants were notified that they could withdraw at any time without penalty. All responses were confidential and no personally identifiable information was collected. The survey took approximately 20 minutes to complete.

To capture the broad and varied demographics of South Africa's labour force, the survey instrument covered age, race, and gender, with participants being able to select a fitting category. Generational span from Generation Z (ages 18–24) to the Silent Generation (ages over 65) was offered, while the inclusive gender categories on offer were male, female, and non-binary.

Other important data inputs were the size of the company the participants worked at; their current role from which they could select top management, senior management, middle management, junior

management or individual contributor; and their employment status of either full-time, part-time or self-employed. It was also important to elicit data on whether participants worked in-person, split between in-person and remote, or whether they were all remote.

For data on well-being, the survey offered a range of question types and well-being topics. These included describing the workplace experience as very toxic, somewhat toxic, somewhat healthy or very healthy; selecting “yes” or “no” on a broad list of employer-provided well-being benefits like free healthy snacks, financial planning support, flexible schedules, and smoking cessation programmes; as well as degrees of agreement or disagreement on the transformational leadership qualities of their supervisors/managers. The study used 33 questions from existing well-being scales found in well-being literature to measure mental, emotional, financial, social, physical, and work well-being.



The study results conveyed a remarkable level of resilience among workers. Scores suggested that, while workers face many challenges, they have cultivated strong coping mechanisms and support systems that allow them to maintain high levels of overall well-being.

THE WORKPLACE ENVIRONMENT

At 60%, most of the study participants worked full-time for an employer, while only 6% were students who worked part-time. In terms of region, the highest representation was Gauteng (43%), followed by KwaZulu-Natal (20%) and the Western Cape (14%). Just under half of the participants were fully office-based, with 26% being hybrid and only 6% being fully remote. Over three quarters (77%) of the participants reported their workplace as somewhat healthy or very healthy.

Table 1:

Work environment perceptions

Work environment	Percentage
Somewhat healthy	46%
Very healthy	31%
Somewhat toxic	18%
Very toxic	5%

Overall, the key findings revealed that demographic factors like age, gender, and income had no significant associations with overall well-being. However, White individuals reported lower overall well-being when compared with Black individuals.

A selection of psychological factors, including job satisfaction, perceived emotional and financial well-being, trust in the organisation and its leadership, and belief that managers are equipped to support employee well-being, had significant positive associations with overall well-being. However, perceptions of organisational provision of well-being resources had no significant association with overall well-being. Similarly, organisational factors, such as the role held at a company, work location (all in-person, hybrid, or all remote), and perceived healthy work environment, had no significant association with overall well-being. The significant positive predictors of well-being were trust in the organisation and its leadership, belief that managers are equipped to support employee well-being, and a sense of job satisfaction.

Table 2:

Regressions – overall, mental, emotional, and work well-being as measured by the respective indices and subjective performance

	Overall	Mental	Emotional	Work	Subjective performance
White (ref.: Black) people	-0.115** (1.742)	-0.012 (1.654)	-0.035 (1.586)	-0.017 (1.639)	-
I trust in the organisation and its leadership	0.278*** (0.735)	-0.004 (0.738)	-0.046 (0.707)	0.199*** (0.708)	-1.08 (0.199)
My manager is equipped to support my well-being at work	0.128** (0.64)	0.059 (0.617)	-0.04 (0.594)	0.095** (0.609)	-0.081 (0.169)
Overall, I am satisfied with my job at my organisation	0.172*** (0.561)	0.017 (0.560)	-0.043 (0.536)	0.168*** (0.531)	0.224*** (0.157)
Overall well-being index	-	-	-	-	0.287*** (0.013)
Perceived emotional well-being	0.150** (0.708)	-	-	-	-
Perceived financial well-being	0.110* (0.604)	-	-	-	-
Physical well-being index	-	0.198*** (0.044)	0.173*** (0.042)	0.064 (0.044)	-
Financial well-being index	-	0.087** (0.035)	0.025 (0.034)	0.018 (0.035)	-
Social well-being index	-	0.087* (0.046)	0.188*** (0.043)	0.149*** (0.045)	-
Emotional well-being index	-	0.429*** (0.050)	-	0.230*** (0.053)	-
Work well-being index	-	0.142** (0.053)	0.258*** (0.049)	-	-
Mental well-being index	-	-	0.434*** (0.046)	0.132** (0.052)	-
Observations	401	401	401	401	401
Adjusted R-squared	0.663	0.787	0.787	0.804	0.277

Note: Coefficient estimates from OLS regression. Age, gender, income, race (Colured, Indian/Asian), role in organisation, work patterns (i.e., all in person, hybrid, or all remote), and perceived healthy work environment are included in all the regression models but are not significant. Standard errors in parentheses *** p<0.001, **p<0.01, * p<0.05

Noting injuries and anxieties

The field of occupational health and safety had its early seeds in the 1700s, when health hazards experienced in more than 50 occupations were published by Bernardino Ramazzini (1700). Ramazzini highlighted the deleterious impact of health hazards like chemicals, dust, metals, repetitive or violent motions, and odd postures that people encountered in certain jobs. This became the first outline of occupational diseases and brought attention to the responsibility of employers. The importance of this is highlighted in South Africa's own Occupational Health and Safety Act 85 of 1993 (South African Government, 1993), which aims:



1

to provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery;

2

the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work;

3

to establish an advisory council for occupational health and safety; and

4

to provide for matters connected therewith.

For many organisations, this has resulted in the introduction of workplace injury policies and registration with the Compensation Fund, in line with the Compensation for Occupational Injuries and Diseases Act 130 of 1993. Some employers have opted to facilitate flu vaccines, employee assistance programmes, and on-site health assessments. However, many of these initiatives have focused on physical health and safety.

In recent years, a shift to also consider psychological safety has emerged. According to Edmondson (2018), psychological safety refers to a climate in which people feel safe to express their ideas and concerns without fear of negative consequences. Edmondson (2018) highlighted the value and impact of this sense of assurance:

When people have psychological safety at work, they feel comfortable sharing concerns and mistakes without fear of embarrassment or retribution. They are confident that they can speak up and won't be humiliated, ignored, or blamed. They know they can ask questions when they are unsure about something. They tend to trust and respect their colleagues. (pp. 15-16)

Physical safety measures in an organisation may involve how workers can prevent injury, such as wearing a hard hat or using certain machinery with great care. Nevertheless, psychological safety is not something within an individual's purview to create or prevent. It requires an organisational and teamwork environment in which

workers are certain that questions, concerns, and mistakes will not be punished or renounced. Workers in a psychologically safe environment are assured that any ideas, anxieties or fears they share will not lead to disadvantage. In short, vulnerability is encouraged and respected, fostering openness and trust within the workplace.

Participants in the study revealed that there is a moderate experience of trust, care, pride, and support at work. However, more work in boosting psychological safety may need to be done to improve experiences in categories including trust in the leadership, procedures for getting support, and an organisational openness to measure and share results about employee well-being.

It is quite common for employees to mask their struggles due to fear of stigma or repercussions. Many put on a brave face, adhering to the "show must go on" mindset, which can lead to worsening mental health over time. This facade of strength often prevents them from seeking the help they need and is common in organisations with low psychological safety, a low culture of self-care, and leadership mindsets that do not prioritise employee mental health.

Managers and leaders can set a positive example by openly discussing mental health and sharing their own experiences if appropriate. They should prioritise their own well-being, take regular breaks, and demonstrate a balanced approach to work. Encouraging a culture of openness and vulnerability can significantly reduce stigma and make employees feel safer to disclose their challenges.

Table 3:

Responses to “Thinking about your organisation, which of these statements do you agree or disagree with?”

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I trust my organisation and its leadership	5%	10%	18%	39%	28%
I am proud to work at my organisation	4%	4%	17%	44%	31%
I know the proper procedure for getting support for well-being	2%	8%	19%	44%	27%
My manager is equipped to support my well-being at work	6%	12%	19%	37%	26%
My organisation regularly measures and shares summary employee well-being and underlying factors	8%	12%	22%	40%	17%
Overall, I feel my organisation supports my well-being	5%	9%	21%	39%	25%
My manager is more concerned about the well-being of employees than in the past	6%	14%	23%	36%	20%

The role of managers should not be undervalued, nor the contribution of colleagues who can create a sense of emotional connection through times of success and hardship. Managers can proactively initiate a conversation if they notice an employee is not their usual self or showing signs of struggle. Waiting for the employee to address the issue may prolong difficulties and negatively impact performance and well-being. However, the approach should be gentle and supportive, emphasising concern for well-being, rather than focusing solely on work performance.

Table 4:

Responses to “Which of the following best describes your relationship with your manager/supervisor around your well-being?”

Statement	Percentage
Very unsupportive	2%
Unsupportive	5%
Neutral	25%
Supportive	36%
Very supportive	31%

Given the scholarly consensus on the impact leadership can have on employees’ overall work well-being, including mental health, it is imperative that leaders recognise their role in fostering a supportive environment. By addressing mental health issues promptly and compassionately, leaders can significantly improve employees’ mental health outcomes and overall job satisfaction.



Workplaces that aggravate or ameliorate

When it comes to what workers find helpful for their well-being at work, a number of different considerations were offered, with the results giving valuable insights. Refer to Table 5.

Table 5:

Responses to “Which of the following is most important when promoting well-being at your organisation? Please rank in order of importance”

Statement	Not ranked	1	2	3	4	5	6
Organisational leadership that prioritises employee well-being	10%	16%	20%	15%	12%	13%	14%
Managers/Supervisors who prioritise employee well-being	12%	12%	17%	15%	16%	15%	12%
Colleagues who prioritise employee well-being	13%	9%	9%	12%	16%	18%	23%
Self-care resources for employee well-being (e.g., mental health app, mindfulness programme)	11%	20%	12%	15%	11%	13%	17%
A safe and supportive culture for well-being at work (e.g., feel safe to talk about it, get support, etc.)	8%	19%	20%	18%	15%	12%	9%
A healthy and sustainable culture of work (eg, work-life balance, flexibility, etc.)	6%	19%	20%	18%	15%	12%	7%

Ratings, such as Best Employers, World’s Best Workplaces, and 100 Best Companies to Work For, often highlight the benefits these organisations offer that make them appealing. Alongside great salaries and a healthy, positive culture, companies that stand out offer resources, access, support, and opportunities. Some of the benefits that are not yet widely available in most organisations include fully paid paternity and maternity leave, as well as fully paid adoption leave. Ranked number one in the Great Place to Work and the *Fortune* list of 100 Best Companies to Work For in the US, Hilton’s benefits that are considered best in class include discounted travel, a global mental well-being curriculum, and access to debt-free education (Hilton, 2024).

For the South African research into well-being in the workplace, participants were given a list of 24 well-being resources and asked to select the ones provided by their employers. Cost-effective and impactful resources like volunteering programmes, emergency savings, access to a mental health app, resilience training, and mindfulness and meditation programmes were not widely available, with South African employers seemingly more committed to practical aspects. Nutritional support that can influence wellness was reported at only 15% of companies offering free healthy food and only 12% offering free healthy snacks.

Table 6:

Well-being resources provided by organisations

Top provided	Lowest provided
Paid maternity leave: 32%	Unlimited leave days: 10%
Flexible work schedules: 29%	On-site fitness centre: 10%
Paid paternity leave: 26%	Employee social clubs: 11%
Employee wellness programme: 25%	Resilience training: 11%
Team-building activities: 24%	Mindfulness and meditation programmes: 11%

Mental health initiatives can significantly boost workplace productivity and resilience by reducing absenteeism, improving employee engagement, and fostering a supportive work environment. When employees feel supported, they are more likely to perform at their best and remain loyal to the organisation, enhancing overall engagement and reducing turnover rates. This is supported by Isham et al. (2021), who found that employee overall well-being is closely linked to productivity. Their research highlighted that prioritising employee well-being leads to better performance outcomes and contributes to a healthier, more productive workplace.

Normal work demands, such as meeting deadlines, negotiating with frustrating service providers, and even travelling to and from work, can be expected. While these challenges cannot always be resolved or eliminated by organisations, awareness of their impact on mental health is a good starting point. The WHO (2022b) highlighted the rights and fair expectations of employees regarding mental health. WHO chief scientist Soumya Swaminathan explained:

Working people, like all people, deserve an inherent right to the highest attainable standard of mental health at work, regardless of their type of employment. And people living with mental health conditions have a right to access, participate and thrive in work. (WHO, 2022b, p. v)

While inherently challenging, work environments should never be so toxic and unhealthy that employees' ability to deliver is compromised, noted Swaminathan.

Governments and employers have a responsibility to uphold that right by providing work that simultaneously prevents workers from experiencing excessive stress and mental health risks; protects and promotes workers' mental health and wellbeing; and supports people to fully and effectively participate in the workforce, free from stigma, discrimination or abuse. (WHO, 2022b, p. v)

Some of the psychosocial risks to mental health at work that the WHO (2022) has identified, include:

1

Workload and work pace:

Work overload or under-load, machine pacing, high levels of time pressure, and continual subjection to deadlines;

2

Organisational culture and function:

Poor communication, low levels of support for problem-solving and personal development, high competition for scarce resources, over-complex bureaucracies; and

3

Interpersonal relationships at work:

Social or physical isolation, poor relationships with leaders, interpersonal conflict, bullying, harassment, mobbing, and microaggressions.

The WHO's (2022b) recommendations for organisational interventions include involving participatory approaches that could help workers reduce emotional distress and improve work-related outcomes; training managers to improve knowledge, attitudes, and behaviours for mental health support; and interventions that aim to build workers' skills in stress management, such as mindfulness, meditation, resilience and emotional intelligence training can be highly effective. These strategies not only help workers manage stress but also empower them to thrive in challenging situations and maintain long-term well-being.

Survey participants revealed that while many organisations may offer some of these interventions and approaches, mental health is not a frequently addressed concern, and a greater variety of options may be more helpful, as this could accommodate the different needs, personalities, and interests of employees. Refer to Table 7 for the participants' responses to the topic. Table 8 makes for interesting reading, as it highlights the specific well-being resource needs of workers, providing valuable insights for organisations. This is critical because successful well-being programmes are increasingly recognized as a co-creation effort between employers and employees (Johnson et al., 2018).



Table 7:

Responses to “How would you describe the well-being benefits/resources your employer provides?”

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My employer provides a wide range of resources that completely address my well-being needs	7%	9%	20%	42%	23%
My employer provides some resources for well-being, but I wish they would offer more	4%	8%	22%	41%	25%
My employer provides some resources for well-being, but I wish they would do it more often	4%	7%	21%	44%	23%
I think my employer provides some well-being resources, but I am not aware of what they are	10%	24%	26%	25%	14%
My employer does not offer any resources to address my well-being; I take care of my well-being on my own	18%	22%	20%	23%	16%

Table 8:

Responses to “Which of the following employee well-being benefits would you like to see being implemented at your organisation?”

Benefits	Percentage
Flexible work hours	27%
Employee wellness programmes	23%
The ability to work remotely	23%
Mental health or self-care leave	22%
A culture where both performance and overall well-being are prioritised	21%
A culture where managers encourage people to take care of their well-being	21%
Support for employees who are caregivers (assistance for childcare, eldercare, etc.)	21%
Company-wide well-being days (designated days where everyone takes a break from emails or takes the day off or some other action to reduce stress that day, etc.)	20%
Comfortable and low-pressure social gatherings (either virtual or in-person) to interact with co-workers	17%
People on-site who have received mental health training	15%
A culture where time off is respected	13%
A culture where breaks are encouraged	12%
A culture where only performance is prioritised	11%
Four-day work weeks	11%
A culture where only well-being is prioritised	10%
Meeting-free days	9%

EXTERNAL FACTORS

The general state of workers in South Africa is marked by a mix of challenges and resilience. On one hand, many workers face financial hardship, job insecurity, and the ongoing impact of South Africa's challenges – low economic growth, high unemployment, inequality, poverty, crime, poor service delivery, and the continued effects of the COVID-19 pandemic. On the other hand, there is a strong sense of resilience and a can-do attitude. While the current state reflects significant challenges, there is a growing optimism that the Government of National Unity (GNU) will bring the country back to the path of long-awaited economic growth and prosperity. A poll published by Ipsos in 2024 reported that “a growing proportion of South Africans have a definite sense of hope and confidence in the country's new trajectory”. Factor analysis conducted on the well-being data confirmed that the six domains – mental, physical, financial,

social, emotional, and work well-being – are related but distinct concepts. Each dimension captures a unique aspect of individuals' overall well-being, yet they are interlinked, forming a comprehensive picture of well-being. The clear differentiation among these domains underscores the importance of addressing well-being holistically, recognising that while they are interconnected, they cannot be substituted for one another.

In examining the well-being domains from our sample, it is noteworthy that well-being scores are relatively high across the board, with most domains averaging in the low 70s (see Table 9). This indicates that most respondents' perceptions of their mental, physical, social, emotional, and work well-being are generally positive. However, a difference is the financial domain, which registered lower than the others.

Table 9:

Well-being domain from study's sample

Domain	Average scores out of 100 (including perfect scores)	Average scores out of 100 (excluding perfect scores)	October Health sample out of 100 (n = 300)
Mental	71	67	68
Physical	71	66	59
Financial	56	53	61
Social	73	69	75
Emotional	73	69	70
Work	72	67	68
Overall well-being (average)	69	65	67

Interestingly, these averages were affected by perfect well-being scores of some survey participants, as shown below. In light of these scores, tests for extreme values were conducted to assess the integrity of the data. The results indicated that the distribution of the data was within acceptable limits and no extreme values were

found that would impact the analyses. Furthermore, the differences in average well-being scores with and without perfect scores were statistically significant. Taken together, these perfect scores suggest that these individuals may be thriving in the well-being domains where they reported perfect scores:

4

participants for financial well-being

42

participants for mental well-being

38

participants for physical well-being

56

participants for social well-being

52

participants for emotional well-being

56

participants for work well-being

Economic uncertainty

The formation of the GNU has led to increases in consumer and business confidence, which bodes well for economic growth. Since the formation of the GNU, the rand has strengthened almost 5% against the dollar and the Johannesburg Stock Exchange is trading at record highs. During its September meeting, the South African Reserve Bank’s Monetary Policy Committee cut the repurchase rate by 0.25% to 8% – the first cut since the start of the COVID-19 pandemic in 2020. The introduction of the two-pot retirement system on 1 September has provided some financial relief to workers who can now make withdrawals from their savings pots. The outlook may be positive, but for many South Africans, the reality is grimmer, hence the low financial well-being score.

The FinMark Trust (2024) annual FinScope Consumer South Africa for 2023 survey revealed that the rising cost of living has impacted South African households adversely, with the purchasing of daily necessities under strain. According to the study, living expenses, which include groceries, energy, transportation, and communication, account for about 85% of monthly income, while groceries make up 30.4% of expenses, followed by energy (11.5%), transportation (9.1%), communication (8.8%), and routine household maintenance, rental, and rates (8.5%). “The rising cost of living profoundly impacts people’s wallets, affecting their financial stability and overall wellbeing in several ways” (FinMark Trust, 2024). In a 20-year overview of the South African economy, FinMark Trust (2024) revealed that “the labour force has shrunk from 47% in 2003 to 39% in 2023, failing to keep up with the population growth”.

Over the past year, numerous companies across varied industries have announced retrenchments. These mass job cuts are decimating South Africa’s already low employment figures. The continued wave of retrenchments has exacerbated job insecurity, a stressor that directly



affects mental well-being. For example, on 17 September 2024, major mining company Seriti Resources announced that it had embarked on a Section 189A consultation process that is expected to result in the retrenchment of 1 137 workers.

The persistent high unemployment rate is particularly concerning among youth and recent graduates. Despite various government initiatives like the Youth Employment Service programme and learnerships, it remains difficult for a significant portion of the population to find jobs. This only exacerbates the strain placed on those who do earn an income. Financial scarcity, defined by Auger et al. (2024) as the subjective experience of financial resources being insufficient to meet one’s needs, is experienced on a moderate scale across South African workers. Using the scale of Auger et al. (2024), the financial scarcity score for our sample was 44 out of 100.

Table 10:

Responses to “When thinking about your finances, how often have you felt the following?”

Statement	Not at all	Sometimes	Most of the time	All the time
My income is scarce compared to others	25%	35%	26%	15%
I feel the burden of missed or late payment weighing down on me	33%	33%	22%	13%
I have less money than I feel I need	17%	32%	28%	23%
I am struggling to pay my bills and other essentials	36%	34%	20%	9%
My income is not sufficient to make a decent living	27%	32%	24%	17%
I do not have enough money to cover monthly expenses	32%	37%	21%	10%
Having limited income and savings makes me unsure about my future	20%	36%	26%	18%
I cannot help but think about lack of money	19%	38%	24%	19%
I worry about not having enough money	17%	33%	25%	25%

Table 11:

Personal monthly income

Income	18–24 years old	25–34 years old	35–44 years old	45–54 years old	55–64 years old	65+ years old
Up to R4 999	30%	8%	5%	4%	5%	0%
R5 000–R9 999	23%	19%	12%	11%	10%	0%
R10 000–R14 999	23%	13%	16%	16%	21%	23%
R15 000–R19 999	4%	22%	17%	5%	15%	8%
R20 000–R 29 999	13%	21%	24%	25%	23%	15%
R30 000–R49 999	2%	10%	18%	21%	21%	46%
R50 000+	4%	8%	7%	18%	5%	8%

Table 12:

Responses to “Having limited income and savings makes me unsure about my future”

Statement	18–24 years old	25–34 years old	35–44 years old	45–54 years old	55–64 years old	65+ years old
Not at all	26%	20%	20%	18%	18%	21%
Sometimes	32%	30%	40%	38%	38%	44%
Most of the time	23%	31%	23%	21%	21%	21%
All the time	19%	19%	17%	23%	23%	13%

Table 13:

Responses to “When thinking about your finances, how often have you felt the following? I have a lot of debt”

Statement	18–24 years old	25–34 years old	35–44 years old	45–54 years old	55–64 years old	65+ years old
Not at all	64%	48%	40%	48%	59%	62%
Sometimes	23%	23%	31%	27%	28%	23%
Most of the time	6%	21%	18%	16%	0%	15%
All the time	6%	8%	10%	9%	13%	0%

Table 14:

Responses to “Which of the following have played the biggest negative impact on your well-being at work in the past year?”

Factors	Percentage
My finances	35%
Lack of career growth opportunities	24%
High workplace stress and anxiety	20%
My family	19%
Job insecurity	19%
Lack of recognition for my contributions at work	18%
Poor communication practices within the organisation	18%
Lack of work-life balance	18%
Personal relationships outside of work	17%

The impact and cost of crime

Both extensive research and the lived experience of many South Africans show that the country is in the thrall of a crime epidemic. It is a feature of daily news bulletins and spans the gamut of types from petty incidences of smash and grabs to cash-in-transit heists and million-rand white-collar crime.

Fear of crime and safety concerns are stressors that directly affect mental well-being. Acknowledging that South Africa has one of the highest crime rates in the world, a recent study by Tsaneva and LaPlante (2024) found that increases in crime are associated with increased likelihood of depression symptoms. Commenting on the crime statistics report, police minister Senzo Mchunu (2024) said: “These numbers represent more than just figures on a page, they reflect the lived realities of our citizens — their fears, their losses, and their hopes for a safer tomorrow.”

Living and working with the constant and recurring possibility of crime has affected South Africans’ well-being. In the workplace, the effects are evident in how employees do or do not show up. Presenteeism refers to when individuals are physically present at work, but either due to physical or mental health reasons, are unable to be productive. Absenteeism is when individuals are absent from work frequently enough to affect meeting deliverables of their job.

Jones (2024) highlighted the economic effects of both. “Mental health presenteeism alone has been estimated to cost R235 billion (or 4,2%



of GDP), or R96 500 per employee annually. Absenteeism pales in comparison at a cost of R33 billion” (Jones, 2024, p. 3).

There is correlation between poor health and heightened worry about crime, noted Kondapura et al. (2023). Evaluating the impact of depression, anxiety, and somatoform disorders, they found that all three mental disorders can significantly affect work productivity. Their research revealed that working people diagnosed with depression lose 20% of total work, of which 81% of work loss is due to presenteeism and 19% is due to absenteeism.

Study participants reported a mix of figures for sleep – one of the most important health markers in managing stress and depression. Across the different levels of management and positions, the participants reflected only a range of 32% to 43% agreement that they slept well (see Table 15).

Table 15:

Responses to “I have been sleeping well and nothing has negatively impacted my rest”

Statement	Top management/ Owner	Senior management	Middle management	Junior management	Individual contributor
Strongly disagree	7%	3%	1%	10%	10%
Disagree	10%	2%	14%	19%	18%
Neither agree nor disagree	24%	22%	31%	13%	19%
Agree	37%	43%	32%	41%	32%
Strongly agree	22%	30%	21%	17%	21%

In their *Safety first: The economic cost of crime in South Africa* report, the World Bank (2023) estimated the cost of crime to be 10% of annual GDP. The report revealed that high crime rates damage the economy and contribute to the misallocation and inefficient use of resources.

Crime reduces firms’ competitiveness, crowds out productive private and public spending, damages basic infrastructure, and affects people’s quality of life, all of which contribute to the misallocation of resources in the economy, reducing the country’s growth potential and the welfare of its citizens. Given the difficulty in quantifying some costs, this is

a conservative estimate, and the overall economic and social impacts of crime are probably much higher. Ultimately, crime undermines the country’s development objectives of high and inclusive growth. (The World Bank, 2023, p. 26)

The costs of crime are felt by organisations and workers. Examples include when individuals miss a few hours of work because they need to go to the police station to get an affidavit or they come to the office but are so distracted and distraught that they are not able to functionally work.

DOMAINS OF BEING

The research conducted for this study elicited a variety of biographical data from the 501 participants. Diversity and representation in terms of age, race, gender, province, company size, and role were considered. Under the industry category, participants had 18 options to choose from, including armed forces, healthcare and social assistance, real estate, finance and insurance, transport and warehousing, retail, manufacturing, construction, and agriculture. While not exhaustive, this represented some of the most common industries of the South African labour system.

Survey questions also drew responses to give insight into the six domains of well-being (refer to Table 16). Covering different spheres reflects the different aspects that comprise the human experience. Each of these domains has singular importance and impact, but they are all interrelated. Stresses or challenges in one area can invariably affect functioning in another area.



Table 16:

Six well-being domains

Well-being domain	Definition	Reference
Mental	Individuals' ability to cope with stress, work productively, and make a meaningful contribution to their community.	WHO (2022a)
Physical	The optimal functioning of the body, including maintaining physical fitness, managing health conditions, and engaging in behaviours that promote physical health.	National Institutes of Health (2022)
Financial	Having control over your day-to-day and month-to-month finances, the capacity to absorb financial shocks, being on track to meet financial goals, and having the financial freedom to make choices that allow you to enjoy life.	Consumer Financial Protection Bureau (2015)
Social	The quality and quantity of an individual's relationships, including having supportive and meaningful connections with others, feeling a sense of belonging, and engaging in positive social interactions.	Keyes (1998)
Emotional	The ability to manage one's emotions constructively, understand and express feelings, and maintain a positive emotional state, contributing to overall mental health.	Diener et al. (1999)
Work	How individuals experience their work in relation to their health, productivity, job satisfaction, work-life balance, and how work impacts their broader sense of purpose and fulfilment.	International Labour Organization (2021)

By exploring participants' responses across these domains, a picture of the well-being of working South Africans is presented. While the demands and pressures of each domain can change depending on life stage, such as becoming a parent, following a promotion, inclement weather, bereavement or the interest rate, awareness and practices of care can be beneficial. Pursuing general well-being across all these domains can positively impact the working experience and foster a semblance of a work-life balance that is necessary for overall well-being.

A myriad of factors contribute to overall well-being and the results of the survey indicate that perceived well-being matters. This is how individuals personally assess and evaluate their own well-being across various domains, typically based on their experiences and feelings. The results reveal that across all well-being domains, there were statistically significant differences between poor and fair versus very good and excellent subjective perceptions (see Table 17).

Table 17:

Response to “How would you describe the following aspects of your well-being?”

Well-being aspects	Poor	Fair	Good	Very good	Excellent
Overall well-being	3%	11%	31%	34%	21%
Physical well-being (physical health)	2%	10%	31%	33%	23%
Mental well-being	4%	12%	27%	34%	23%
Social well-being	6%	11%	30%	32%	21%
Emotional well-being	6%	16%	27%	32%	19%
Well-being at work	5%	18%	33%	29%	15%

The relationship between well-being and impacting factors offers a unique lens to examine well-being. The key regression findings are as follows:

1

Demographic factors:

Age, gender, and income had no significant associations with overall well-being. However, White compared to Black individuals reported lower overall well-being.

2

Psychological factors:

Job satisfaction, perceived emotional and financial well-being, trust in the organisation and its leadership, and belief that manager is equipped to support employee well-being had significant positive associations with overall well-being. Perceptions of organisational provision of well-being resources had no significant association with overall well-being.

3

Organisational factors:

Role in organisation, work patterns (i.e., all in-person, hybrid, or all remote), and perceived healthy work environment had no significant association with overall well-being.

Physical form

Research from the World Obesity Atlas 2024 reveals that half of all adults in South Africa are either overweight (23%) or obese (27%) (Price, 2024). Reflecting on these findings on World Obesity Day, Gill Price (2024) – the Government Communication and Information System director of the Communication Resource Centre – noted that these statistics can reflect poor physical health: “The increased prevalence of overweight and obese people contributes to the onset of Non-Communicable Diseases (NCDs) such as type 2 diabetes, cardiovascular diseases, hypertension and cancer, which are currently the biggest threats to health and development among populations.” Participants in the *GIBS October Health workplace well-being* study assessed their physical health in a range of poor to excellent. For the category of excellent, the highest reported figure was 30% from the respondents aged 18–24. This was followed by those who were aged 25–34 (28%), 35–44 (22%), 55–64 (18%), 65+ (15%), and finally 45–54 (13%).



On the other end of the scale, the findings for poor health seemed to correlate with age, with a minor spike reported by those aged 65+ (8%), when compared with the 18–24, 25–34, and 35–44 age groups, which all registered only 2%. The figure was 5% in the 55–64 age range and 0% for 45–54 years old. Overall, the 45–54 age range reported the highest overall levels of physical health, followed closely by respondents aged 35–44.

Table 18:

Response to “How would you describe the following aspects of your well-being... Physical well-being?”

Statement	45–54 years old	35–44 years old	25–34 years old	55–64 years old
Poor	0%	2%	2%	5%
Fair	5%	10%	8%	21%
Good	41%	30%	27%	36%
Very good	41%	36%	35%	21%
Excellent	13%	22%	28%	18%

A critical marker of physical health, obesity has been referred to as South Africa's new HIV epidemic (Chandiwana et al., 2024). Research by National Department of Health et al. (2019) noted that by 2016, weight-related diseases had eclipsed tuberculosis and HIV as leading causes of morbidity and mortality. Global research into the effects of high body mass index (BMI), which is often an indicator of excess weight, shows links to cancer, liver and kidney disease, mental illness, and sleep disorders (World Obesity Federation, 2024).

Torres et al. (2020) evaluated the correlation between physical fitness and productivity. Their study showed that a 12-week exercise intervention programme offered on-site at a corporation had a significantly positive effect on the cardiovascular risk category and cardiovascular disease risk factors, as well as physiological, muscle strength, and cardiovascular fitness of employees. The authors noted that these health outcomes decreased employee productivity loss by

1.1%, as a result of a predicted reduction in absenteeism (0.4%) and a reduction in presenteeism (0.8%).

“It should be noted that the benefit of reducing the number of cardiovascular risk factors of employees is a reduction in their cardiovascular risk. The effect of the exercise intervention has benefits in addition to those of risk reduction” (Torres et al., 2020, p. 1047). The findings of Torres et al. (2020) “show that, in addition to the personal health benefits, financial benefits would result from the exercise intervention” (p. 1048).

Several key aspects contribute towards physical health, including exercise and regular physical activity, good nutrition, and routine preventative care. Study participants in the GIBS October Health research revealed sound understanding and application of some of these aspects (see Tables 19–24).

Table 19:

Response to “Which of these statements do you agree or disagree with?”

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel physically energised throughout the day	3%	12%	20%	40%	25%
I am able to maintain a healthy and balanced diet	3%	9%	22%	42%	24%
I engage in regular physical activity that I enjoy	2%	8%	15%	45%	30%
I am rarely sick	3%	10%	19%	41%	27%

Table 20:

Response to “I feel in control of my physical health”

Statement	18–24 years old	25–34 years old	35–44 years old	45–54 years old	55–64 years old	65 + years old
Strongly disagree	9%	2%	3%	0%	3%	0%
Disagree	4%	6%	4%	4%	8%	8%
Neither agree nor disagree	15%	14%	17%	18%	23%	31%
Agree	47%	43%	46%	50%	49%	31%
Strongly agree	26%	35%	29%	29%	18%	31%

Table 21:

Response to “I am able to maintain a healthy and balanced diet” by Personal Income

Statement	Up to R4 999	R5 000–R9 999	R10 000–R14 999	R15 000–R19 999	R20 000–R 29 999	R30 000–R49 999	R50 000+
Strongly disagree	3%	3%	9%	3%	1%	3%	0%
Disagree	18%	13%	14%	6%	8%	4%	2%
Neither agree nor disagree	18%	25%	30%	21%	23%	19%	10%
Agree	40%	36%	36%	49%	40%	53%	36%
Strongly agree	23%	24%	11%	21%	28%	21%	52%

Table 22:

Response to “I am able to maintain a healthy and balanced diet”

Statement	All in-person (you go into work every day)	Mostly in-person (you go into work on most days)	Equal split between going into work and working remotely	Mostly remote (from home, etc.)	All remote (from home, etc.)
Strongly disagree	4%	2%	1%	0%	10%
Disagree	7%	11%	9%	12%	13%
Neither agree nor disagree	22%	20%	27%	12%	23%
Agree	42%	39%	42%	54%	39%
Strongly agree	24%	28%	21%	23%	16%

Table 23:

Response to “I engage in regular physical activity that I enjoy”

Statement	All in-person (you go into work every day)	Mostly in-person (you go into work on most days)	Equal split between going into work and working remotely	Mostly remote (from home, etc.)	All remote (from home, etc.)
Strongly disagree	2%	2%	2%	8%	3%
Disagree	7%	6%	12%	12%	6%
Neither agree nor disagree	14%	15%	15%	19%	26%
Agree	45%	45%	48%	35%	45%
Strongly agree	33%	32%	23%	27%	19%

Table 24:

Response to “Physical health issues not related to work”

All in-person (you go into work every day)	Mostly in-person (you go into work on most days)	Equal split between going into work and working remotely	Mostly remote (from home, etc.)	All remote (from home, etc.)
13%	21%	9%	15%	32%

State of mind

Today, there are logotherapy institutes in Japan, Ireland, Serbia, Texas, Turkey, Canada, Mexico, and South Africa. However, just a few decades ago, the term logotherapy was not common in psychology. Developed by neurologist and psychiatrist Viktor Frankl (1946), logotherapy is a form of therapy founded on the premise that the primary motivational force of individuals is to find meaning in life. According to Frankl (1946),

We can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering and that everything can be taken from a man but one thing: the last of the human freedoms - to choose one’s attitude in any given set of circumstances. (p. 115)

Referencing the Greek word for meaning, *logos*, Frankl (1946) devised three concepts that represent the basic principles of logotherapy:

1

Freedom of will:

When circumstances cannot be changed, human beings are still able to exercise free will in response to circumstances. This choice can imbue meaning to actions and experiences in the face of suffering.

2

Will to meaning:

Our main motivation for living is our will to find meaning in life. Obstacles or denial of this search for meaning can lead to existential frustration and feelings of the meaninglessness of life.

3

Meaning of life:

Even in the most challenging and trying of times, life has meaning. Overcoming hardships can occur through a mindset shift away from notions of what is deserved to embracing responsibility of giving, sharing, and being hopeful, and the ultimate necessity to self-transcend to improve humanity.

As per Frankl (1946), “man’s search for meaning is the primary motivation in his life and not a ‘secondary rationalization’ of instinctual drives” (p. 104). Meaning needs to be specific and unique to an individual rather than conceived externally by a group and dictated to members. Consequently, “It must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own will to meaning” (Frankl, 1946, p. 104).

Psychologist Michael F. Steger (2009) posited that meaning is the umbrella term that spans key concepts, such as significance and

purpose. “Meaning in life captures the human capacity to make sense of life, to pursue purpose and to lead a life that is worthwhile and important” (Steger, 2009, p. 682).

Family, romantic relationships, religious activities, sports and hobbies, and volunteering are some of the ways people imbue their lives with meaning. Participants in the *GIBS October Health workplace well-being* study revealed their experience of mental health as it relates to purpose and meaning, and their internal states of being when it comes to positivity, stress management and resilience (refer to Table 25).

Table 25:

Aspects of mental well-being

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel like my life has purpose and meaning	2%	5%	15%	38%	40%
My mood in general has been positive over the last few weeks and I have enjoyed the things I usually do	3%	9%	19%	41%	28%
I find it easy to express my emotions in positive, constructive ways	4%	6%	20%	42%	28%
I am able to recognise when I am stressed and take steps to manage my stress	2%	4%	18%	47%	29%
I am resilient and can bounce back after a disappointment or problem	1%	4%	18%	44%	34%
I am feeling optimistic about the future	2%	5%	18%	43%	31%
I feel joy in a typical day	3%	5%	18%	48%	26%

For the average person, work takes up at least one third of the day. Then, outside of the physical hours spent on work matters, it consumes thoughts, emotions, and conversations. When work is a place of joy, this can bolster a general sense of happiness. Conversely, when work is fraught with tension or sadness, this can make it difficult to shake off these feelings during and outside of office hours. Mental well-being and a sense of satisfaction with work can influence how

individuals see their occupation. Wrzesniewski et al. (1997) explored how people relate to their work by categorizing their attitudes toward their jobs into three broad categories: jobs, careers, and callings and how the meaning attached to work can impact well-being. “People who have Jobs are only interested in the material benefits from work and do not seek or receive any other type of reward from it” (Wrzesniewski et al., 1997, p. 22). The authors added:

The work is not an end in itself, but instead is a means that allows individuals to acquire the resources needed to enjoy their time away from the Job. The major interests and ambitions of Job holders are not expressed through their work. (p. 22)

Contrarily, “people who have Careers” (Wrzesniewski et al., 1997, p. 22) are more deeply invested in their work and view monetary gain and job advancement as achievements. “Finally, people with Callings find that their work is inseparable

from their life. A person with a Calling works not for financial gain or Career advancement, but instead for the fulfilment that doing the work brings to the individual” (Wrzesniewski et al., 1997, p. 22).

Survey results indicated that participants viewed their work as careers or callings. The figures suggested that work can be meaningful, purposeful, and enjoyable. These general positive sentiments correlate with the figures shared for overall well-being and for the specific domain of mental well-being (see Table 26).

Table 26:

Mental well-being relating to work

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied with my work responsibilities	2%	5%	16%	47%	31%
In general, I feel fairly satisfied with my present job	4%	10%	18%	42%	27%
I find real enjoyment in my work	4%	8%	19%	43%	27%
I can always find ways to enrich my work	1%	5%	19%	46%	29%
Work is a meaningful experience for me	2%	5%	13%	50%	30%
I feel basically satisfied with my work achievements in my current job	3%	7%	21%	42%	27%

Social connection

“Just as we need vitamin C each day, we also need a dose of the human moment — positive contact with other people” (Hallowell, 2001, p. 3). This insight is part of the growing collection of scientific advocacy for the benefits of social interaction and integration. Fields ranging from epidemiology and theology to sociology and psychology have espoused the importance of social connection.

One of the seminal works on the topic is Abraham H. Maslow’s hierarchy of needs, in which social needs are presented as one of a handful of vital human needs. Referring to “love and belongingness” as one of them, Maslow (1943) suggested that being part of a community or team or pair is an essential desire of human beings and is important for health and happiness.

According to Martino et al. (2017), social connection is a pillar of lifestyle medicine: “Humans are wired to connect, and this connection affects our health” (p. 466). The authors added that “The opposite of connection, social isolation, has a negative effect on health and can increase depressive symptoms as well as mortality” (p. 466). Over the past few decades, various research has concluded that social support and feeling connected influence physical and psychological health. This includes maintaining a healthy BMI, controlling blood sugars, decreasing depressive symptoms, and avoiding harmful behaviours.

Neighbourhoods, sports clubs and gyms, places of worship, workplaces, family gatherings, alumni cohorts, and parenting circles offer opportunities for individuals to build and foster social connection. In these spaces and gatherings, emotional support during times of trial and triumph, companionship for outings, and practical assistance, such as lift clubs or house sitters, can be found. These relationships with family, friends, co-workers, and community



members can be of great mutual benefit. Stable and supportive connections provide the opportunity to receive love and to give love. During stressful times, this social integration can bolster resilience and survival.

For participants in the *GIBS October Health workplace well-being* study, scores for social connection were generally positive across different aspects (refer to Table 27). The high score of 47% agreement for maintaining boundaries indicated that while participants recognise the benefits of social connections, all these relationships need to be mutually beneficial, symbiotic, and healthy, rather than one-sided and therefore potentially harmful. The similarly high score (46%) for a support network that “brings out my best self” supported the research that individuals with healthy social interactions are more likely to make healthy choices, such as talking about their problems, engaging in regular exercise, and giving up habits of excess like smoking or drinking. In turn, these decisions can lead to better mental and physical health, which create capacity for deeper connection and openness to new friends within and outside the workplace.

Table 27:

The social domain of well-being

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have meaningful and supportive relationships with friends and family	2%	4%	17%	42%	35%
I have a strong support network that I can rely on in times of need	4%	7%	21%	40%	28%
I am able to maintain boundaries in my social relationships that support my well-being	2%	4%	17%	47%	30%
My support network brings out my best self	3%	5%	19%	46%	27%
I feel appreciated by my support network	3%	6%	19%	45%	27%

Aiming to position social connection as a global public health priority, the WHO Commission on Social Connection has a three-year project under way. It is part of a global effort to mobilise awareness, action, and much-needed support for solutions that tackle social isolation and loneliness.

Etienne Krug, director of Social Determinants of Health at the WHO, noted that three drivers have encouraged the organisation to step up action and ambition on social connection, namely: the scale of the issue, the severity of its impact, and the existence of promising solutions. When announcing the launch of the commission in November 2023, Krug wrote that reducing isolation and loneliness is “a job for us all” and that the voices of various partners, innovators, funders and, crucially, people with lived experience of social isolation and loneliness are needed. “The scale and severity of social isolation and loneliness are a challenge, but they are also an opportunity. A chance to reimagine and redefine how we connect with those around us” (Krug, 2023).

Applying new strategies and approaches to the concept of social connection has been particularly necessary following the COVID-19 pandemic and the changed nature of work locations. With a significant number of employees now working hybrid or fully remotely, creativity in creating opportunities for interaction has been necessary. Some ways that companies foster this include virtual lunch, coffee or happy hour dates; groups or channels for non-work banter akin to the random water-cooler conversations that take place in person; virtual charity events; games and competitions between teams or departments; and, when possible, face-to-face interactions at a predetermined minimum frequency of monthly or quarterly.

Results in the GIBS October Health study revealed that South African workers generally feel well supported, though there are significant differences in the results of mostly remote and all remote workers (see Tables 28–30). The mostly remote group reported a marked disagreement (27%) with the notion that they are well supported. This may be influenced by the fluidity of their work set-up, where mostly remote may have become the default but has not been planned for.

Table 28:

Response to “I have a strong support network that I can rely on in times of need”

Statement	All in-person (you go into work every day)	Mostly in-person (you go into work on most days)	Equal split between going into work and working remotely	Mostly remote (from home, etc.)	All remote (from home, etc.)
Strongly disagree	3%	1%	6%	27%	3%
Disagree	7%	5%	5%	4%	16%
Neither agree nor disagree	18%	27%	21%	15%	32%
Agree	41%	37%	42%	38%	39%
Strongly agree	31%	30%	27%	15%	10%

Table 29:

Response to “I have a strong support network that I can rely on in times of need”

Statement	Top management/ Owner	Senior management	Middle management	Junior management	Individual contributor (not currently in a managerial position)
Strongly disagree	2%	2%	2%	2%	3%
Disagree	6%	2%	6%	5%	3%
Neither agree nor disagree	18%	16%	16%	19%	16%
Agree	34%	41%	43%	40%	46%
Strongly agree	40%	38%	33%	34%	32%

Table 30:

Response to “I have meaningful and supportive relationships with friends and family”

Statement	Top management/ Owner	Senior management	Middle management	Junior management	Individual contributor (not currently in a managerial position)
Strongly disagree	2%	2%	2%	2%	3%
Disagree	6%	2%	6%	5%	3%
Neither agree nor disagree	18%	16%	16%	19%	16%
Agree	34%	41%	43%	40%	46%
Strongly agree	40%	38%	33%	34%	32%

CONCLUSION

Tracking the well-being of South African workers and the factors that influence their well-being has unveiled a story of resilience. The study’s results convey the remarkable fortitude of workers. Scores suggest that, while workers face many challenges, they have cultivated strong coping mechanisms and support systems that allow them to maintain high levels of overall well-being. Resilience allows individuals to maintain overall well-being by positively adapting to life’s challenges and adversities (Johnson et al., 2018).

In examining the well-being domains from our sample, it is noteworthy that well-being scores are relatively high across the board, with most domains averaging in the low 70s. This indicates that, for most respondents, their perceptions of their mental, physical, social, emotional, and work well-being are generally positive. However, a difference is the financial domain, which registered lower than the others. The 2024 Old Mutual Savings & Investment Monitor (Old Mutual, 2024) and the 2024 Sanlam Financial Confidence Index report (Sanlam, 2024) both speak to this, indicating that households are under financial strain, but people have found ways to cope and protect their overall well-being.

The general state of workers in South Africa is marked by a mix of challenges and resilience. On one hand, many workers face financial hardship, job insecurity, and the ongoing impact of South Africa’s challenges – that is, low economic growth, high unemployment, inequality, poverty, crime, poor service delivery, and lasting effects of the COVID-19 pandemic. On the other hand, there is a strong sense of resilience and a can-do attitude.

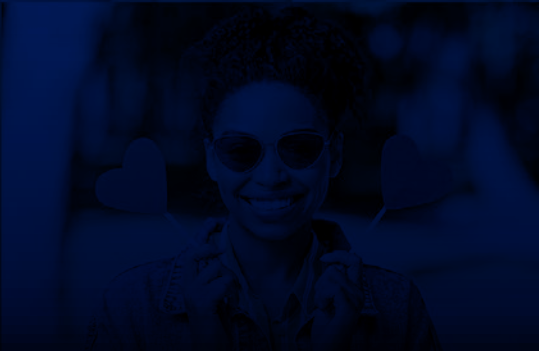
Given the findings of this report, the potential cost to economies and the extraordinary challenges South Africa faces, GIBS and October Health are interested in investigating these factors more deeply and broadly in the next phase of the report. In the context of global challenges experienced in mental health areas, our work is not yet done.

Future reports will yield further actionable insights and clear practical action steps in areas such as how to implement psychological safety initiatives, destigmatize mental health, and address skills that are needed to foster mentally healthy workplaces in South Africa.

REFERENCES

- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica*, *113*(3), 163–179. <https://doi.org/10.1111/j.1600-0447.2005.00699.x>
- Auger, V., Sommet, N., & Normand, A. (2024). The perceived economic scarcity scale: A valid tool with greater predictive utility than income. *British Journal of Social Psychology*, *63*(3), 1112–1136. <https://doi.org/10.1111/bjso.12719>
- Chandiwana, N., Venter, W. D. F., Manne-Goehler, J. M., Wade, A., Le Roux, C. W., Mbalati, N. L., Grimbeek, A., Kruger, P., Montsho, E., Zimela, Z., Yawa, A., Tshabalala, S., Rambau, N., Mpofu, N., Stevenson, S., McNulty, B., Ntusi, N. A. B., Pillay, Y., Dave, J. A., ... Nel, J. (2024). Obesity is South Africa's new HIV epidemic [Editorial]. *South African Medical Journal*, *114*(3), 1–4.
- Consumer Financial Protection Bureau. (2015, January). *Financial well-being: The goal of financial education*. https://files.consumerfinance.gov/f/201501_cfpb_report_financial-well-being.pdf
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, *125*(2), 276–302. <https://doi.org/10.1037/0033-2909.125.2.276>
- Edmondson, A. C. (2018). *The fearless organization: Creating psychological safety in the workplace for learning, innovation, and growth*. Wiley
- Financial Times. (2024). Executive Education: Business school rankings. <https://rankings.ft.com/business-education/executive-education>
- FinMark Trust. (2024, April 23). *FinScope consumer 2023, South Africa* [Media release]. <https://www.finmark.org.za/knowledge-hub/articles/finscope-consumer-2023-south-africa-media-release?entity=news>
- Frankl, V. (1946). *Man's search for meaning. An introduction to logotherapy*. Beacon Press.
- Hallowell, E. M. (2001). *Connect: 12 vital ties that open your heart, lengthen your life, and deepen your soul*. Pocket Books.
- Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help-seeking, and public health programs. *American Journal of Public Health*, *103*(5), 777–780. <https://doi.org/10.2105/AJPH.2012.301056>
- Hilton. (2024, April 4). *Hilton named no.1 best company to work for in the U.S.* [News release]. <https://stories.hilton.com/releases/hilton-named-best-company-to-work-for-in-the-us>
- International Labour Organization. (2021). *Decent work and the 2030 agenda for sustainable development*. <https://www.ilo.org/global/topics/sdg-2030/lang--en/index.htm>
- Ipsos. (2024, October 10). *South Africans showing some optimism: Are we turning the corner?* [Press release]. <https://www.ipsos.com/en-za/south-africans-showing-some-optimism-are-we-turning-corner>
- Isham, A., Mair, S., & Jackson, T. (2021). Worker wellbeing and productivity in advanced economies: Re-examining the link. *Ecological Economics*, *184*, Article 106989. <https://doi.org/10.1016/j.ecolecon.2021.106989>
- Johnson, S., Robertson, I., & Cooper, C. (2018). *Well-being: Productivity and happiness at work*. Palgrave Macmillan.
- Jones, R. (2024). *The human cost of crime to business in South Africa* [White paper]. Shanti Innovations.
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, *61*(2), 121–140. <https://doi.org/10.2307/2787065>
- Kondapura, M. B., Manjunatha, N., Nagaraj, A. K. M., Praharaj, S. K., Kumar, C. N., Math, S. B., & Rao, G. N. (2023). Work productivity (absenteeism and presenteeism) in persons with common mental disorders: An observational study from South India. *Indian Journal of Psychiatry*, *65*(4), 412–418. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_730_22
- Krug, E. (2023, November 15). *It's time to harness the power of connection for our health and well-being*. World Health Organization. <https://www.who.int/news-room/commentaries/detail/it-s-time-to-harness-the-power-of-connection-for-our-health-and-well-being>
- Marketing Research Foundation South Africa. (2023). MAPS24W2 – MAPS May 2024 release (January 2023–December 2023). Marketing Research Foundation South Africa.
- Martino, J., Pegg, J., & Frates, E. P. (2017). The connection prescription: Using the power of social interactions and the deep desire for connectedness to empower health and wellness. *American Journal of Lifestyle Medicine*, *11*(6), 466–475. <https://doi.org/10.1177/1559827615608788>

- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>
- Mayo, E. (1933). *The human problems of an industrial civilization*. Macmillan.
- Mchunu, S. (2024, August 30). *Minister Senzo Mchunu: Release of the quarterly crime statistics* [Speech transcript]. <https://www.gov.za/news/speeches/minister-senzo-mchunu-release-quarterly-crime-statistics-30-aug-2024>
- McCain, K., & Sen, N. (2021, September 16). *Is there a doctor in the boardroom? 6 health chiefs explain why employee wellbeing matters more than ever*. World Economic Forum. <https://www.weforum.org/agenda/2021/09/is-there-a-doctor-in-the-boardroom-here-s-how-6-organizations-are-prioritizing-employee-well-being/>
- Montano, D., Reeske, A., Franke, F., Hüffmeier, J. (2017). Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*, 38(3), 327–350. <https://doi.org/10.1002/job.2124>
- Münsterberg, H. (1913). *Psychology and industrial efficiency*. Houghton Mifflin Company.
- National Department of Health, Statistics South Africa, South African Medical Research Council, & ICF. (2019, January). *South Africa Demographic and Health Survey 2016*. <https://dhsprogram.com/pubs/pdf/FR337/FR337.pdf>
- National Institutes of Health. (2022). *Emotional wellness toolkit*. <https://www.nih.gov/health-information/emotional-wellness-toolkit>
- Netter, T. (Host). (2024, April 10). Addressing major labour market challenges in the world of work: What are the implications for promoting employment [Audio podcast episode]. In *Global Challenges, Global Solutions*. International Labour Organization. <https://www.ilo.org/resource/news/addressing-major-labour-market-challenges-world-work-what-are-implications>
- October Health. (2024). *State of mind: South Africa*. <https://state.october.health/l/South%20Africa>
- Old Mutual. (2024). *OMSIM 2024 key findings*. <https://www.oldmutual.co.za/news/omsim-2024-key-findings/>
- Price, G. (2024, March 15). Healthier lifestyles. *South African Government*. <https://www.gov.za/blog/healthier-lifestyles>
- Ramazzini, B. (1700). *De morbis artificum diatriba* [Dissertation on workers' diseases]. Typis Antonii Capponi.
- Sanlam. (2024). *Sanlam Financial Confidence Index 2024: Signs of progress amidst ongoing challenges*. <https://www.sanlam.com/productcatalog/Pages/sanlams-2024-financial-confidence-index.aspx>
- Seriti Resources. (2024, September 17). *Seriti confirms Section 189A consultation process*. <https://seritiza.com/news-media/announcements/2024/seriti-confirms-section-189a-consultation-process/>
- South African Government. (1993). *Occupational Health and Safety Act 85 of 1993*. <https://www.gov.za/documents/occupational-health-and-safety-act>
- Steger, M. F. (2009). Meaning in life. In S. J. Lopez, & C. R. Snyder (Eds.), *Oxford handbook of positive psychology* (2nd ed., pp. 679–687). Oxford University Press.
- Torres, G., Fouche, J., Redelinghuys, R., Brussow, B., Cronson, D., Zanuso, S., & Constantinou, D. (2020). The effectiveness of a corporate exercise intervention programme on cardiovascular risk profile, fitness and productivity: A South African view. *South African Medical Journal*, 110(10), 1045–1049. <https://doi.org/10.7196/samj.2020.v110i10.14517>
- Tsaneva, M., & LaPlante, L.-K. (2024). The effect of crime on mental health in South Africa. *Review of Development Economics*, 28(2), 674–696. <https://doi.org/10.1111/rode.13074>
- The World Bank. (2023). *Safety first: The economic cost of crime in South Africa*. <https://documents1.worldbank.org/curated/en/099111723083017868/pdf/P180139079ce0406a09305024e058b594e2.pdf>
- World Health Organization. (2022a, June 17). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2022b). *WHO guidelines on mental health at work*. <https://iris.who.int/bitstream/handle/10665/363177/9789240053052-eng.pdf?sequence=1>
- World Obesity Federation. (2024, March). *World Obesity Atlas 2024: Obesity and its consequences*. https://www.worldobesityday.org/assets/downloads/WOF_Obesity_Atlas_2024.pdf
- Wrzesniewski, A., McCauley, C., Rozin, P., & Schwartz, B. (1997). Jobs, careers, and callings: People's relations to their work. *Journal of Research in Personality*, 31(1), 21–33. <https://doi.org/10.1006/jrpe.1997.2162>



**Gordon Institute
of Business Science**
University of Pretoria

