

**A need assessment for an Employee Assistance Programme at the
Johannesburg Hospital**

BY

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**Submitted in partial fulfilment of the requirements for the degree MA (SW)
Management
in the faculty of Humanities
in the Department of Social Work
at the University of Pretoria**

**Pretoria
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May 2003

Declaration

I hereby declare that this dissertation is my own unaided work. It is being submitted for the degree of MA (SW) Management at the University of Pretoria. I gave full acknowledgement of the sources that I have used.

Date: _____

Margaret Peggy Kamko

Acknowledgement

I would like to thank the following people without whose support the study would not have been possible:

- Dr Taute, my research supervisor, for her unending patience and guidance.
- Mr. Pillay the CEO of Johannesburg Hospital, for giving me permission to conduct the study in the hospital.
- The employees of Johannesburg Hospital for their participation and support in the study.
- Mrs. Kriel, the head of Social Work Department, for her continuous support, guidance and preparation of the report of the study.
- My family, especially my eldest daughter Mandisa, for being there to make things happen.

Abstract

Employee Assistance Programme is a work-site based programme design to assist in the identification and resolution of productivity problems associated with employees impaired by personal, legal, emotional, stress, or other personal concerns, which may adversely affect employee job performance (Terblanche, 1999:4).

The researcher was motivated to conduct this study by her observation of social problems at the hospital as well as and the hospital's CEO's interest in the EAP. The literature review had little on the concept of EAP in hospitals. The majority of information used in this study is on the rationale, goal and the functions of EAP. Secondly, the researcher consulted the experts and pilot tested the questionnaire.

This study was aimed at exploring a need for the employee Assistance Programme at Johannesburg Hospital. The sample comprised of 74 staff members chosen from different disciplines in the hospital.

The approach of this study is a quantitative approach, the type of research is applied research and the research design is exploratory research.

Research procedures and strategy used is a hand delivered questionnaire. The information gathered was presented through tables and figures.

The researcher found that there is a need for an Employee Assistance Programme for the employees of the Johannesburg Hospital.

The form and type of service required were that of internal or indigenous EAP, with offices in the social work department and should be run by the social work

department. Based on the researcher's opinion, a combination of the internal and external EAP is more beneficial in that the two have the scope of practice that is advantageous when blended together. For instance internal EAP will provide resources such as counselling while external EAP will provide rehabilitation resources.

Key concepts of the study were:

- Employee Assistance Programme
- Need assessment
- The troubled employee

TABLE OF CONTENTS

	Pages
Declaration	i
Acknowledgement	ii
Abstract	iii
CHAPTER 1: Introduction and General Orientation	
1.1 Introduction	1
1.2 Motivation for the choice of subject	2
1.3 Problem formulation	3
1.4 Goal and objectives of the study	3
1.5 Research question for the study	4
1.6 Research approach	4
1.7 The type of research	5
1.8 Research design	5
1.9 Research procedures and strategy	6
1.10 Pilot study	7
1.10.1 Literature study	7
1.10.2 Consultation with experts	7
1.10.3 Feasibility of the study	8
1.10.4 Pilot testing of the questionnaire	9
1.11 Description of the research population	
boundaries of the sample and the sampling method	9
1.11.1 Population and boundaries of the sample	9
1.11.2 Sampling and the sampling method	10
1.12 Ethical issues	11
1.13 Definition of key concepts	13
1.14 Contents of the research report	15
1.15 Limitations of the study	16
1.16 Summary	17

CHAPTER 2: Theoretical background of EAP

2.1 Introduction	18
2.2 Identification of troubled EAP	18
2.3 The rationale for EAP	20
2.4 The goals for EAP	22
2.5 The functions and approaches to EAP	24
2.6 EAP components and implementation	26
2.7 Broad service component	30
2.8 Accessibility and referral	31
2.9 EAP awareness	32
2.10 Models of EAP	33
2.11 The need for an EAP	36
2.12 Summary	41

CHAPTER 3: Empirical investigation

3.1 Introduction	43
3.2 Research methodology	43
3.3. Interpretation of data	44
3.3.1 Section 1: Demographic data	45
3.3.2 Section 2: Rationale for an EAP	47
3.3.3 Effects of problems on job performance	54
3.3.4 Section 3: The goals and need for EAP	55
3.3.5 Effects of the problems on the Johannesburg Hospital as the employer	56
3.3.6 Approaches of employees to problems	58
3.3.7 Preferred supervisory approach to employee problems	62
3.3.8 The need for EAP at Johannesburg Hospital	65
3.3.9 Type of EAP service preferred	66
3.3.10 Personnel preferred to render an EAP service	68
3.3.11 Beneficiaries of EAP	71
3.3.12 Benefits for using EAP	72

3.3.13 Personnel responsible for running EAP	73
3.3.14 The location of EAP offices	74
3.3.15 Access to EAP services	75
3.3.16 Confidentiality	76
3.3.17 Marketing EAP	77
3.3.18 EAP training	78
3.3.19 General suggestions	78
3.3.20 Summary	79

CHAPTER 4: Conclusions and the recommendations

4.1 Summary of the study	80
4.2 Summary of the main findings	81
4.3 Conclusion of the study	82
4.4 Recommendations for practice	83
4.5 Limitations of the study	
4.6 Concluding statement	85
5. BIBLIOGRAPHY	86

6. LIST OF APPENDICES

▪ Appendix A. Signed consent form by the CEO	90
▪ Appendix B. Letter to the CEO	91
▪ Appendix C. Informed consent	92
▪ Appendix D. Questionnaire	94

7. LIST OF TABLES and FIGURES

Tables

▪ Table 1: Age	44
▪ Table 2: Gender	45
▪ Table 3: Marital status	45
▪ Table 4: Job description	46

Figures

- Figure 1: Rationale (reasons) for an EAP 47
- Figure 2: Effects of problems on job performance 54
- Figure3: Goals and need for an EAP 55
- Figure 4: Effects of the problems on Johannesburg Hospital as the employer 56
- Figure 5: Approaches of employees to problems 58
- Figure 6: Preferred supervisory approach to employee problems 62
- Figure 7: The need for an EAP at Johannesburg Hospital 65
- Figure 8: Type of EAP preferred 66
- Figure 9: Personnel preferred to render an EAP service 68
- Figure 10: Beneficiaries of EAP 71
- Figure 11: The benefits for using EAP 72
- Figure 12: Personnel responsible for running the EAP 73
- Figure 13: The location of EAP offices 74
- Figure 14: Access to EAP services 75
- Figure 15: Confidentiality 76
- Figure 16: Marketing the EAP 77
- Figure 17: EAP training 78

CHAPTER 1

INTRODUCTION AND GENERAL ORIENTATION

1.1 INTRODUCTION

Employee Assistance Programme (EAP) is a relatively new concept to some organizations whilst in other organizations it is fully functional. Misconceptions about the programme are still prevalent in some companies and this causes a delay in the helping process. According to Du Plessis (1990:35) the helping process of EAP depends on a variety of reasons, such as seeking alternative ways of managing poor work performance, giving expression to the concept of internal responsibility and that employees have personal problems that impact on their performance and mental health.

Furthermore, for the researcher any organization that aspires to fully operate and attain maximum productivity without experiencing any kind of problem that interfere with its productivity, lives in a vacuum. The fact of the matter is that a variety of problems of employees namely: health, marital, family, financial, alcohol, drugs, legal, emotional, stress, or other personal concern exist, and calls on the employer to identify the problems and then handle them. Being able to deal with employees of such a large number, in this case 3692 employees of Johannesburg Hospital, requires an effective EAP to be set in motion. The employees of the hospital cannot achieve this without a thorough needs assessment. The hospital management has indicated support for such a programme.

In this chapter the researcher focused on the following: motivation for the choice of the subject, problem formulation, goals and objectives of the study, research question for the study, research approach, the type of research, research design, research procedures and strategy, pilot study, description of the research population, boundaries of the sample and the sampling method, ethical issues, definition of key concepts, contents of the research report, limitations of the study and summary.

1.2 MOTIVATION FOR THE CHOICE OF SUBJECT

According to Brown in (Fouché and De Vos, 1998:51), topics for social work research should come from the day-to-day activities and interactions in the work situation. This, for the researcher has been the driving force for this study. Having worked at the hospital for six years now, the researcher has observed and came into contact with colleagues requiring help that a fully-fledged EAP service could render.

For example, problems such as a high rate of absenteeism, work related-accidents, abuse of sick leave and financial problems have been labelled as a concern by the hospital management as well as the employees.

Grinnell (1993:14) stated that researchers may be drawn into projects simply because researchers are there, and the support is available to conduct such a study. This study came about partly due to Johannesburg Hospital management's suggestion that an EAP service must be established in the near future, and as the researcher is part of the EAP committee, she was given support to do research about the hospital employees' needs for an EAP.

Furthermore, the researcher's own values as indicated by Bailey (1994:22) had an influence on the choice of the study. Basically, the researcher's feelings that it is unethical to professionally assist one's colleague as a client, plays a major role in influencing the choice of this study in that for the past six years of the researcher's employment, colleagues made self-referrals to the researcher's department, jeopardizing ethical issues of confidentiality and independence. Therefore the researcher is of the opinion that a proper needs assessment will influence the bringing about of a professional Employee Assistance Programme at Johannesburg Hospital.

1.3 PROBLEM FORMULATION

According to Fouché and De Vos (1998:61) problem formulation forms an initial, tentative formulation of the problem. In essence the researcher has to answer the question: what is it about my field of interest that I want to research?

For the researcher, the fact that no formal Employee Assistance Programme exists in Johannesburg Hospital, limits the extent to which employees' problems such as abuse of sick leave or abuse of alcohol at work can be systematically addressed and consequently uplift employees' moral, job performance and the overall productivity of the organization.

The research problem was formulated as follows: exploration of the need for an EAP at Johannesburg Hospital.

1.4 GOAL AND OBJECTIVES OF THE STUDY

According to De Vos, Schurink and Strydom (1998:7), a goal is a broader, more abstract conception of the end toward which effort or ambition is directed, while objective denotes the more concrete, measurable and more speedily attainable conception of such end toward which effort or ambition is directed.

The goal of the study is to explore the need for an Employee Assistance Programme at Johannesburg Hospital.

The objectives of this study were:

- To describe the theoretical framework of EAP as a service.
- To explore employees' need for an EAP through an empirical study.
- To provide recommendations for the development of an EAP for Johannesburg Hospital.

1.5 RESEARCH QUESTION FOR THE STUDY

According to De Vos (1998(a): 115-6) research always commences with one or more questions or hypotheses. Questions are posed about the nature of real situations, while hypotheses are statements about how things can be. Reid and Smith cited in De Vos (1998(a): 116) stated that in social work research, not enough is known about phenomena to be studied to justify the formulation of hypotheses. The research question helps to narrow down the problem to a workable size.

The research question for this study is: is there a need for an EAP at Johannesburg Hospital?

1.6 RESEARCH APPROACH

According to Leedy (1993:139) all research rests upon a bedrock action. The nature of data and the problem for the research dictate methodology. Furthermore all data, all factual information and all human knowledge must ultimately reach the researcher either as words or numbers. In support of this, Grinnell (1993:38) distinguishes between a quantitative (positivistic) approach applied in problem solving and the counting and correlating of data in numerical form, and a qualitative (naturalistic) approach that uses situations or behaviours, and generalizes about them.

The researcher used a quantitative approach that has an advantage of being more highly formalized and more explicitly controlled (Mouton and Marais 1990:155). Furthermore, as this study purposed to explore the need for an EAP, the researcher used data collection methods that avoided adding own impressions or interpretations and this can be facilitated within a quantitative approach.

1.7 THE TYPE OF THE RESEARCH

Research can be roughly classified as applied or pure. Pure research involves developing and testing theories and hypotheses that are intellectually interesting to the investigation and might thus have some social application in the future, but has no application to social problems in the present.

Applied research covers a wide range of social science areas, including education that is used to achieve racial integration, drug addiction and drug abuse among other things (Bailey, 1994:24). Furthermore, according to Grinnell (1993:14) applied research focuses on practical problems and develops solutions to problems and applications in practice.

This study used applied research by exploring the needs for an Employee Assistance Programme within Johannesburg Hospital. For the researcher this denotes a practical application to the problems experienced during the present time as argued by (Bailey, 1994:25).

1.8 RESEARCH DESIGN

According to Bless and Higson-Smith (1995:63) a research design is the planning of any scientific research from the first to the last step. In this sense it is a programme to guide the researcher in collecting, analysing and interpreting observed facts.

According to Grinnell (1993:94) many factors come into play when selecting and classifying the research design. The researcher intends using three important factors namely, the purpose of the research, availability of knowledge about the problem and mode of observation.

Mouton and Marais (1990:43-46) distinguish research design as being those that are exploratory, descriptive and explanatory in nature. Exploratory design denotes investigation of new issues, or those that researchers had written little on. The researcher's goal is to formulate more precise questions that future research can answer.

Descriptive research presents a picture of specific detail of a situation, social setting, or relationship, while explanatory research looks for causes and reasons, going beyond focusing on a topic or providing a picture of it (Neuman, 1997:21).

Based on the three research designs, the researcher is of the opinion that the topic under study is exploratory research; a new issue will be investigated in order to learn about it: therefore this study proposed to explore the need for an EAP at Johannesburg Hospital.

1.9 RESEARCH PROCEDURES AND STRATEGY

This is a step-by-step research used in gathering information. It consists of the selection of the relevant data collection method and measuring instruments from those available (De Vos, 1998:42). Furthermore, the choice of data gathering methods for the researcher working from a quantitative perspective will be checklists, indexes and scales.

This study used questionnaires delivered by hand and this according to Fouché (1998:155) has an advantage of saving time, raising response rates because of personal contact and that the researcher merely distributes the questionnaires and does not bother the respondents at an inconvenient time.

The respondents that experienced some difficulties with the questionnaires clarified the matter with the researcher on her return. For example there was a language problem for the general assistants.

Basically, as the respondents in this study consisted of the researcher's accessible colleagues at Johannesburg Hospital, the researcher was of the opinion that hand delivered questionnaires could be easily distributed and collected personally without any delay.

1.10 PILOT STUDY

This is a process whereby the research design for a prospective survey is tested (New Dictionary of Social Work, 1995:45). Huysamen in (Strydom, 1998a:179) is of the opinion that the purpose of a pilot study is to investigate the feasibility of the planned project and bring possible deficiencies in the measuring procedure to the fore.

1.10.1 Literature Study

Neuman (1997:58) states that reviewing accumulated knowledge about a question is an essential process; it is best to find out what is already known before trying to do it. In order to undertake this task, the researcher utilized the facilities of the Academic Information Centre at the University of Pretoria to obtain literature on the research topic. Other Universities such as the University of the Witwatersrand and Rand Afrikaans University's libraries were used for additional reading material.

The researcher consulted the Human Science Research Council in Johannesburg to trace if any similar research study has already been done and used the literature for this study's background information.

1.10.2 Consulting With Experts

Strydom (1998a: 180) states that in spite of the wealth of literature, it usually represents only a section of the knowledge of people involved daily in the specialized field. It is therefore most valuable to prospective researchers to utilize these resources. The following experts were consulted for this study.

- Professor, L.S. Terblanche: Chair of the EAP standard committee and associate professor at the Department of Social Work, University of Pretoria. His expertise on the subject EAP dates back to 1980. He particularly influenced the choice of this study for the researcher when he presented an excellent paper on EAP standards. He personally encouraged the researcher to undertake a study in the EAP field as not much has been done within hospitals.

- Mrs. Janine Harrison: Senior lecturer at the School of Social Work Department, University of the Witwatersrand. Her expertise in the EAP field dates back to 1992. She contributed current information on EAP in the South African context.
- Mrs. Beverly Kriel: Head of the Johannesburg Social Work Department and member of Employee Assistance facilities since 1988. She suggested that the researcher be part of the EAP committee that is currently planning the feasibility of an internal EAP within Johannesburg Hospital. She helped to facilitate that the researcher undertakes this study to provide background information to the planned EAP service.
- Mr. S. Pillay, Chief Executive Officer of Johannesburg Hospital. He is the initiator of the topic EAP during the year 2001 as part of hospital development. The researcher received a positive approval from him to undertake this study.
- Mr. S.S Mathlafunya, the Human Resource Manager of Johannesburg Hospital. He provided the researcher with incidents related to EAP matters such as the high rate of absenteeism, abuse of sick leave and the high rate of deaths in the hospital. He said that these are some of the indicators of a need for an EAP in the hospital.

1.10.3 Feasibility of the Study

According to Grinnell (1993:22) feasibility of the study is an exercise in reality, considering the resources available, which include funds, access to data, the expertise of the researcher, co-operation of people and time consideration. This study was feasible because of the availability of respondents; the researcher has reasonable working hours and all parties concerned recognized the study that is the Human Resource Department and hospital management.

Furthermore, the researcher used four weeks to hand deliver and collect the questionnaires, and no funding was necessary nor were there any travelling demands. Issues of confidentiality were maintained by use of the questionnaire that

required no respondent's name, address or work unit. A letter of approval from the employer was provided for this study (see Appendix A).

1.10.4 Pilot Testing of the questionnaire

According to Singleton, Straits, Straits and McAllister (in Strydom, 1998a: 178) the pre-testing of a measuring instrument consists of trying it out on a small number of persons with characteristics similar to those of the target group of respondents. The pilot study must take all heterogeneous factors into consideration. It can alert a prospective researcher to possible unforeseen problems that may emerge during the main investigation.

In this study the researcher handed questionnaires to five of Johannesburg Hospital employees. These respondents were not part of the main study.

The findings were that the questionnaires were clear and understandable. The language used to be adjusted to suit all the categories of respondents particularly the general assistants.

1.11 DESCRIPTION OF THE RESEARCH POPULATION, BOUNDARIES OF THE SAMPLE AND THE SAMPLING METHOD

1.11.1 Population and Boundaries of the sample

According to Powers, Meenaghan and Toomey in (Strydom and DeVos, 1998:190) the population is defined as a set of entities for which all the measurements of interest to the practitioner or researcher are represented. The entities may be people such as clients, things such as all the research books kept in a specific library, events or organization units.

The population of this study consisted of 3692 employees of Johannesburg Hospital divided into 363 medical staff, 244 allied health services workers, 1180 nurses, 687 administrative and auxiliary workers, 1078 general assistants, 15 laundry

administrative and auxiliary workers, 2 laundry technicians and 123 laundry support staff.

With regard to a sample, Seaberg in (Strydom and DeVos, 1998:191) states that a sample is a small portion of the total set of objects, events or persons, which together comprise the subject of the study. It is not an end in itself, but rather a means for helping to explain some facet of the population.

For this study the researcher has used a 2% sample of 3692 employees of the Johannesburg Hospital. Seventy four (74) respondents were the actual sample for this study. This number resulted after the total number of employees and their job descriptions have been controlled at a 2% sample criteria (Grinnell and Williams, 1990:127).

1.11.2 Sampling and Sampling Method

According to Bless and Higson-Smith (1995:85) sampling is a technical accounting device to rationalize the collection of information and to choose in an appropriate way the restricted set of objects, persons, or events from which the actual information will be drawn.

Without doubt, if one wants to collect information about a group of persons or things that will give an accurate picture, the best way is to examine every single member or element of the group. But it is also possible to reach an accurate conclusion by examining only a portion of the total group.

This study used 74 of the 3692 employees of Johannesburg Hospital. A probability sampling method, namely stratified random sampling was used. This sampling method is suitable for heterogeneous populations because inclusion of small sub-groups percentage-wise, can be ensured Van der Walt in (Strydom and De Vos, 1998: 197).

Furthermore, it is argued that stratification consists of the population being divided into a number of strata that are mutually exclusive, and the members that are

homogeneous with regard to some characteristics such as gender, home language or age. In this study, homogeneous characteristics revolve around job description of employees at Johannesburg Hospital.

The stratification of the sample of this study at 2% was as follows: seven medical staff, five allied health service workers, 24 nursing staff, 14 administrative and auxiliary workers, 22 general assistants and two laundry technical staff/workers.

1.12 ETHICAL ISSUES

Dane (1990:44) maintains that an ethical obligation rests with the researcher to protect subjects against any form of physical discomfort that may emerge within reasonable limits from the research project. However, emotional harm to subjects is often more difficult to predict and to determine than physical discomfort. Thus Strydom (1998b:25) suggests that ethics, as a set of moral principals which offer rules and behavioural expectations about the most correct conducts towards experimental subjects and respondents, be adhered to. The following ethics were identified for this study:

- **Informed Consent by Respondents**

According to Strydom (1998b: 25) obtaining consent implies that all possible or adequate information on the goal of the investigation, the possible advantages, disadvantages and the dangers to which the respondents may be exposed and the credibility of the research, be rendered to potential subjects or their legal representatives.

Every respondent was given a form to sign prior to responding to the questions of the study, and as the researcher used questionnaires delivered by hand, she explained verbally to respondents that there were no financial gains to participate in the study and that their names were not required in any part of the study.

- **Confidentiality**

The research questionnaire was treated with utmost confidentiality by explaining to respondents not to include their names, unit of work and any information and that could identify them. The researcher collected every questionnaire delivered.

- **Violation of Privacy**

Privacy is defined as that which normally is not intended for others to observe or analyse, Sieber in (Strydom: 1998:27). It is the right to decide when, where, to whom and to what extent the individual's attitudes, beliefs and behaviour could be revealed. The researcher assured her respondents that their right to privacy would be respected by ensuring that the information they provided remain anonymous.

- **Emotional Harm**

According to Dane (1990:44) subjects can be harmed in a physical and emotional manner. One can accept that harm to respondents in the social sciences will mainly be of an emotional nature, although physical injury cannot be ruled out completely. Respondents should be thoroughly informed beforehand about the potential impact of the investigation.

Babbie (1990:340) mentions the more concrete harm that respondents can experience is related to respondent's family life, relationships or employment situation.

The researcher prevented any harm to respondents by not extracting sensitive and personal information unless such information was crucial for the research goal. In this instance, employees' job descriptions were the only personal information given by the respondents.

- **Restoration of Respondents**

According to Dane (1990:49) after completion of the project, the researcher has to rectify any misperceptions that may have arisen in the minds of participants. Such

interviews are described as a procedure by which any relevant information about the project that has been withheld or misrepresented is made known to participants.

From this study, respondents had high expectations that an EAP service would be brought about after the project. The researcher communicated with the hospital management about these expectations and the researcher offered a debriefing process to all participants.

1.13 DEFINITION OF KEYS CONCEPTS

- **Employee Assistance Programme (EAP).**

According to Terblanche (1999:4) an employee assistance programme is a work-site based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal, legal, emotional, stress or other personal concerns, which may adversely effect employee job performance.

For Klarreich, Francek and Moore (1985: 1) EAP is a job-based programme within a work organization for the purpose of identifying “troubled employees”, motivating them to solve their troubles and providing access to counselling or treatment for those employees who need these services.

Based on the two definitions of EAP, the researcher is of the opinion that EAP is a management operational tool created within the workplace, to assist employees with prevention and treatment of personal problems that, when left alone might cause poor performance and affect the overall productivity of the organization.

EAP prevention level lies in the fact that, their mere existence within the workplace deters apathy and alleviates the stress of having to seek for unknown services outside their workplace.

- **Needs assessment**

Kim (1988:173) defines needs assessment as a process of verification and mapping out the extent and location of the problems at which any programme can be directed.

Myers (1984:72) takes needs assessment as an activity that involves determining the precise nature of an employee's problem, the service necessary to treat the problem, and the best qualified service provider who can meet the client's needs.

Based on the above definitions, the researcher is of the opinion that, although employee needs are gathered through a needs assessment, they cannot be gathered in isolation from organizational behaviour, thus needs assessment is a two-fold process of obtaining employee needs in relation with what is happening within the organization.

- **The troubled employee**

A troubled employee is an employee suffering from any personal work-related problem, resulting in lack of optimal economic and social functioning (EAPA-SA in Terblanche, 1999:6).

According to Sonnenstuhl and Trice (1986:1) the term troubled employees refer to those individuals whose personal problems such as alcohol abuse, drug addiction, marital difficulties and emotional distress, preoccupy them to the extent that in either their or their supervisors' judgment, their work is disrupted.

In the researcher's opinion, a troubled employee is an individual in the workplace who is experiencing work-related problems resulting in poor job performance.

In other words, the researcher is of the opinion that employees as human beings, experience social problems such as marital or financial problems among others, and these in turn determine how they perform at work.

1.14 CONTENTS OF THE RESEARCH REPORTS

Chapter 1

Introduction and general orientation regarding the choice and method of the research.

Chapter 2

Literature review concerning the topics Employee Assistance Programme, troubled employee and needs assessment.

Chapter 3

An empirical study, which entails the needs assessment of the employees for an EAP, the interpretation of the empirical data and findings by means of charts, graphs, tables and diagrams.

Chapter 4

The conclusion regarding the topics and its findings, which will feature in the recommendation for an Employee Assistance Programme as described by the researcher in this proposal.

1.15 LIMITATIONS OF THE STUDY

This study limitations were as follows: -

- This study was limited where the general assistance had to fill in the questionnaire itself, as they needed more clarity on the terminology used in EAP.
- Secondly, although the unions were informed about the study, almost all the general workers had to discuss their participation with their unions. Time was consumed in this way.
- The research concentrated on the subordinate employees views only. No persons in management positions took part in the study thus limiting opinions, on the need for an EAP at Johannesburg Hospital.
- The research sample, although comprised by all the categories of employees, had limitations in that the stratified sample comprised of unequal numbers of the required strata, in this case job description. There were more nurses and general assistants than all the other categories of employees. The follow-up study should consider equal numbers of all categories of employees through the use of controlled random sampling.
- The Social Work Department was preferred to run the EAP, however the researcher is of the opinion that this was biased in that the researcher is a social worker and this could have influenced the respondents' opinions. An EAP co-ordinator might yield a different response.
- The research study took longer than the initial planned time in 2001. The hospital has already implemented some stages of the EAP before the research findings.
- All in all the study was successful. All the questionnaires that the researcher handed out were returned.

1.16 SUMMARY

This chapter discussed the overall research methodology starting from the motivation for the choice of the subject, to the contents of the research report.

The next chapter discusses the theoretical background of an Employee Assistance Programme starting with identification of troubled employees, rationale for an EAP, the goals of an EAP, the function of an EAP, EAP components and implementation, broad service component, accessibility and referral, EAP awareness, models of an EAP, the need for an EAP and summary.

CHAPTER 2

THEORETICAL BACKGROUND OF EAP

2.1 INTRODUCTION

The place of employment and the work-role over time have come to occupy a central role in the life of an individual worker. A job provides one with economic security as well as social satisfaction and emotional stability. Workers expect more out of the time and energy expended in their jobs than a pay-cheque.

They expect more of a challenge and fulfilment and they are growing to expect management to provide services that will help them cope when stress and tension reduce their ability to function on the job or at home (William, Hutchison and Renick, 1985:66).

According to Van Den Bergh (2000:1) it may be the case that one of the most important workplace innovations of the 20th century was the development of EAP. Initially born from a concern with alcohol impaired employees, EAPs have grown to serve employees affected by a variety of stressors associated with working in rapidly changing workplaces, as well as the exigencies associated with a balance between work and family issues.

It is therefore essential that if work is such an important element in the life of a worker and that EAP provides services that ensure stability in the workplace, it is justified that there should be EAPs in the workplace.

2.2 IDENTIFICATION OF THE TROUBLED EMPLOYEE

According to Myers (1984,1) 20% of employees in the US workforce have job related problems caused by alcoholism, drug dependency, mental or emotional disorders, compulsive gambling, financial difficulties, marital discord, family problems, legal difficulties or a combination of these.

These troubled employees cause the majority of performance deficiencies in attendance, conduct, safety, and work quality and quantity. Secondly, troubled employees cause problems in such areas as employee theft, sabotage, accidents, insurance claims and disability benefits. Early treatment of these problems leads to the success of the companies and organizations' deficiencies that may not be evident to management.

- **Absenteeism**

According to Starker (1986:19) common indicators of deteriorating and unsatisfactory job performance that should be recorded are the following: Excessive sick leave, taking frequent Monday's off, long weekends and absence immediately after pay days, a higher absenteeism rate than other employees for colds, flu and gastritis, instances of unauthorized leave, peculiar and increasing improbable excuses for absences and lateness in the mornings at the commencement of shifts or on returning from lunch.

- **On the “job” absenteeism**

Continued absence from office, desk, machine or work post. Frequent trips to the toilet, coffee machine or water fountain. Long coffee breaks, leaving work early or going to sleep on the job.

- **High accidents rate**

Accidents on the job, accidents off the job (but affecting job performance, for example loss of license) and other employees involved in accidents caused by this person.

- **Generally lowered job efficiency**

Difficulty in concentration, spasmodic work patterns, difficulty in recalling instructions, details or own mistakes, increasing difficulty in handling complex assignments, missed deadlines, high error rate, poor judgment, wastefulness,

complaints from consumers of services or products, improbable excuses for poor job performance, avoidance and involvement in conflicts or fights.

- **General presentation and behaviour**

Coming to or returning to work in an obviously abnormal condition, smelling of alcohol coupled with other unusual behaviour. Reactive actions that may draw comments or complaints from customers or the general public.

2. 3 THE RATIONALE FOR EAP

According to Challenger (1988: 5) there has been a continual escalating of the cost nationally of work-related problems over the years, most of the cost that could be resolved through Employee Assistance Programmes.

In the formation days of Alcohol Recovery Programmes, a team usually comprising a “caring” physician and a recovering alcoholic, provided a system within the organization that enabled many sufferers to begin the long journey to become once again a productive and healthier human being. The team of two was usually hard pressed to handle just the obvious problem cases and had little time, and in some cases lacked the expertise to measure results in a truly acceptable academic manner.

Any policies and procedures that dealt with these effects were: limited in content and scope, not disseminated throughout the organization, reactive in nature, absent of any education on preventative measures, lacking inclusion of family members and solely directed at alcoholism.

According to Challenger (1988:5) there are five major reasons for the implementation of an EAP:

- **Reduction of costs**

The opportunity to drastically reduce the enormous cost burden that the workplace bears, the containment of health care costs through early identification and treatment prior to a crisis situation, the possible prevention of potential problems through training and education of all, and potential for an increase in productivity for a minimum investment.

- **Rehabilitation rate**

The capacity of retaining 70% to 80% of the troubled employee population, through family coverage and investment is the opportunity to reach into the homes for domestic problems. This can be achieved through utilization of improved and sound economical treatment modalities, maintain a high-level recovery value and provision of support for use of self-help groups.

- **Enhancement of labour/management relation**

The opportunity for labour and management to jointly tackle a problem that will benefit all concerned, to jointly remove the “game played” by troubled employees.

- **No-lose situation**

The opportunity to provide a benefit to employees and families that returns more than its cost.

- **Humanitarian aspects**

The capacity of projecting a “caring” image internally and externally, fulfilling a corporate responsibility within the community, the possibility of saving valued employees and their jobs, the possibility of restoring families and the capacity to save lives.

In summary, the rationale for an EAP can be deduced that developing EAP depends on diverse reasons ranging from the need to create a job position, to a well planned programme based upon needs assessments, inquiry, research and study. Most organizations sincerely care for the health and welfare of their employees and their dependants.

The primary reasons are humanitarian, but it also makes good business sense to invest into the development of human resources. People maintenance contributes to maximizing human potential and resources. Thus monetary returns on investments can be realized, work attendance is improved, hospital, medical and surgical costs are reduced, as well as the curbing of other expensive benefits (Challenger, 1988:5).

2.4 THE GOALS OF EAP

According to Magruder (1988:252) the goals of EAPs typically include promotion of employees' health, moral and productivity. At the most abstract level, EAPs have a goal of helping employees cope with personal issues in order to enable them to be productive and effective workers on the job (Herliny, 2000:40).

In support of this goal, Jerrell and Rightmyer (1988:251) state that companies and employers would institute EAPs in their organizations and businesses because they care about their employees and the quality of their lives. They want to be helpful to them.

Du Plessis (1990:260) states that an EAP aims to provide assistance to supervisors and line managers in situations where personal problems are affecting an employee's job performance. According to Starker (1986:24) the supervisor who is acutely aware of the progressiveness and fatality of alcoholism for instance, released from the contractions imposed by the job performance criteria, can intervene at an earlier stage on the basis of knowledge gained from the EAP.

Secondly, an EAP provides confidential assistance to all employees. Employees who self-refer are given the assurance that their personal issues will be kept

confidential and that the employer's interest are in maintaining a safe and productive workforce.

According to Maller (1988:22) there are twofold EAP aims. Firstly, the reason why management may back such a programme is its promised results in terms of improved job performance and work productivity. The EAP is explicitly defined as the specific policy, structures, procedures and programmes that make it possible to provide those employees and their dependents who have developed or may develop psychological and/or social problems that impair or threaten the work performance of employees, with the necessary assistance as soon as possible in order to restore or improve their well-being and/or work performance.

Secondly, the personnel officer who co-ordinates the programme may well be motivated by a desire to improve employee well-being in the context of the company's stated commitment to social responsibility. In essence, EAPs emphasis is on promoting employees' loyalty to the company by the provision of positive incentives as well as on counteracting the effects of alienation still prevalent in modern industry.

While the two aims of EAP are not mutually contradictory, differences may well arise in expectations of the programmes. If productivity spin-offs cannot be accurately measured or are not immediately demonstratable, then management may not continue to finance the scheme. On the other hand the EAP professionals may be forced to compromise their undiluted concern for employee well-being in the quest for raising productivity levels.

Therefore the potential for a conflict of interest between the caring professional and the finance –oriented management may have serious implications for the ongoing nature and direction of EAP, if not its very survival.

All in all Employee Assistance Programmes have the potential for increasing productivity enhancing employee moral and containing health cost. As such EAPs are an investment in human resources (Gould and Smith, 1988: 42).

2.5 THE FUNCTION AND APPROACHES TO EAP

Myers (1984:112) states that EAP's might differ both in operation and structure. The two major approaches to employee assistance are known as the primary prevention approach that is concerned with preventing employee problems and the performance or confrontation approach that is concerned with the problem employee whose job performance is adversely affected.

Cagney (1999:60) indicates that some EAPs deliver assessment and referral services only, others add clinical services in the form of short-term problem resolution. Others are fully integrated with behavioural health benefits and take on a more clinical appearance.

Whatever the collateral services offered and no matter how they are packaged, the core functions of an EAP are:-

- Consultation with, training of, and assistance to work organization leaders (managers, supervisors and union stewards) seeking to manage the troubled employee, enhance the work environment and improve employee job performance, and outreach to and education of employees and their family members about EAP services.
- Confidential and timely problem identification or assessment services for employees to address problems that affect job performance.
- Use of constructive confrontation, motivation and short-term intervention with employees to address problems that affect job performance.
- Consulting with work organizations in establishing and maintaining effective relations with treatment and other service providers and in managing provider contracts.
- Consulting with work organizations to encourage availability of and employee access to health benefits covering medical and behavioural problems, including but not limited to: alcoholism, drug abuse and mental and emotional disorders.

- Identification of the effects of EAP services on the work organization and individual job performance.
- Follow-up and after-care services are of the utmost importance especially if the employee has been removed from his environment and placed into an institution for treatment.

A problem employee is extremely vulnerable after discharge when he/she is back in the environment with all the usual schedule. Periodical follow-up with the employee to inquire whether he/she has had a relapse, particularly in the case of alcohol and drug abuse, is an important function.

In conclusion of EAP functions, it can be stated that an EAP can be designed to deliver services with an aim towards productivity restoration as well as productivity enhancement. EAP has evolved to offer education and prevention services including health promotion, stress claim prevention and supervisory coaching programmes.

Co-ordination with other department and organizational services that lend themselves to productivity enhancement, such as supervisory training, violence teams and work group team building make use of the EAP professional's training. EAP also helps employers comply with legislative and regulatory mandates such as Drug Free Workplace Act and Department of Transportation Drug Testing (Cagney, 1999:63).

The challenge, however, is to build all these collateral services around the core EAP activities. Easy access while ensuring confidentiality is however an overriding concern.

2.6 EAP PROGRAMME COMPONENTS AND IMPLEMENTATION

Employee Assistance Programmes are extensive and widespread, their goal, structures and types of personnel vary extensively in order to meet specific

programme needs for which they were developed. However, to reach a high degree of effectiveness, every EAP requires minimum standards. Dickman (1988:110) proposes the following standards:

- **Management endorsements.**

It is absolutely necessary that management at its highest level, endorse and actively support their EAP. Top management backing can ensure that doors will be open to EAP personnel at all other levels of management, adequate financial support to the EAP will be made available for mail-outs, lower supervisory training, and initial diagnostic sessions and enthusiastic support of middle and lower management activities. A beginning to enlist the support of local top management will be maximized.

- **Labour endorsement.**

According to Dickman and Emener (1988:123) a union's primary stated purpose is to help its workers (members). This is also the primary purpose of the EAP. Thus when a union supports the efforts of an EAP, it essentially is doing what it is primarily designed for, that is to help employees.

According to Myers (1984: 125) unions' responsibilities in relation to an EAP are to emphasize prevention and early identification and treatment of employee problems. To meet this responsibility, the unions need to conduct workshops and seminars on different problems of employees.

The unions must publish articles in the union newsletter concerning causes, symptoms and treatment of problems. Where possible, the union will establish an EAP committee to aid communication among EAP personnel and union members. The EAP committee members will be fully committed to the EAP goal accomplishment. Committee representatives will develop communication networks where members are employed. When employee problems become known, a committee representative will encourage employee self-referral to the EAP.

Furthermore, the value of labour-management co-operation is crucial when the industry involved is union organized and will increase EAP participation by a meaningful degree .The bottom line is that where labour is involved, it is imperative to secure its support.

- **Policy statement**

Every industry instituting an EAP must have a clear policy statement as to the philosophy and intent of the programme. The policy statement makes it clear that these problems often interfere with work performance, and rather than terminate the impaired troubled employee, the company would prefer to restore the employee to full capacity by improving the appropriate assistance in a confidential and professional manner.

According to Starker (1986:24) an organization must adopt a written policy on alcohol and drug dependency as well as other problems covered by the EAP.

This should be signed by the chief executive and union head where appropriate, and should reflect management and labour attitudes and agreements as to the programme objective. The EAP need not in any way alter management's responsibilities or authority and union prerogatives component of the programme.

According to Sonnensthal and Trice (1986:9) there are three principles in a policy which are as follows: -

- **Principle 1: The EAP is a job-based strategy for helping employees solves their problems.**

Everyone has problems, and to believe otherwise is absurd. How people define these problems, with whom they choose to discuss them, and how they resolve them is the individual's choice. In most cases the problems do not disrupt employee's work. When they affect performance, however, the company has an obligation and legitimate right to help employees resolve these problems.

- **Principle 2: Constructive confrontation is used to motivate employees to resolve their problems and overcome denial.**

In some instances workers may be unaware that they have a problem, either because no one has pointed it out to them or because when someone has pointed it out, they have denied its existence.

Supervisors may become aware of employees' personal problems in the give and take of everyday activities, and offer them friendly advice or encourage them to seek help from the EAP. When employees' work deteriorates, supervisors confront employees and help them correct their performance. Such confrontation occurs within the company's established quid lines for due process, and at each step employees are encouraged to solve the problem on their own or through the EAP.

Constructive confrontation provides powerful motivation for employees to solve their problems one way or the other, because it demonstrates both the consequences of in action and a way to help resolve the problems.

- **Principle 3: Counselling is used to solve problems when it is clear that they are beyond the employee's control.**

As employees look for solutions, they may eventually conclude that their own resources are exhausted and that the problems are beyond their control. At this point, troubled employees are most susceptible to seeking professional help.

Rushing them into treatment at an earlier stage put them unnecessarily at risk of being labelled "mentally". In the process of looking for help, however, employees may learn, in conversation with their supervisors and with co-workers who have used the services of EAP, to overcome the fear of stigma. When employees do go to the "EAP" they want to be assured that EAP will treat their case confidentially and that using the EAP service will not jeopardize their current and future position with the company.

According to Dickman (1988:112) an effective policy statement makes clear that, to have problems is human, the workplace is not immune and that the company prefers the interfering problem to be dealt with professionally as early as possible. Problems brought to the EAP will be treated confidentially and records will not become a part of an employee's personnel file. Alcoholism and other drug abuse are diseases to be treated and not behaviour to be punished.

Lastly, the EAP exists to assist employees and their families not as a substitute for usual disciplinary principles and policies. In no case will an employee be coerced to use the EAP.

- **Confidentiality**

Dickman (1988:113) further argues that confidentiality is the cornerstone of an effective EAP. All employees have a right to seek help for their problems and know that their problems will be kept in the strictest confidence. When a worker is referred to the EAP by a supervisor, he or she needs to know that under no circumstances will this information be noted in any official files. Furthermore, any employee needs to know that nothing of the nature of his or her problems will get back to the supervisor or anyone else.

Only the employee him or herself may - and often does - reveal his or her treatment, but no one else may, including the referring supervisor or labour steward, manager, or the EAP personnel who are bound by professional ethics.

- **Supervisor and labour steward training**

It is recommended that supervisory training be conducted at least once a year and certainly more extensively as the programme is initially instituted. Further, it is a helpful practice to have labour stewards and supervisors in training groups together. This stresses the fact that the EAP is a joint management labour venture. Likewise, when top local management is orientated to the programme, local labour executives should be included for the same reason (Dickman, 1988:116).

- **Professional personnel**

According to the drafted EAPA-SA Standards for EAP in Terblanche (1999:16) there should be staffing criteria that are followed by all organizations adopting EAP. The staffing standards state that each EAP shall retain professionals qualified to perform their duties, and those staff shall adhere to all legal and professional regulations in their scope of practice. This includes looking at the level of experience of the practitioner, education and registration with a recognized body. The EAP staff should also have knowledge of the needs of employees and be able to identify resources and make referrals.

Secondly, EAPA-SA in Terblanche (1999:20) states that all EAP practitioners should have professional liability cover or insurance in order to be protected.

Furthermore, central to a successful EAP there should be an EAP co-coordinator with expertise in the following general rehabilitation areas: alcoholism and alcohol treatment, marriage and family counselling, general emotional problems, other typical problems for example financial, legal and basic interview/counselling techniques and case management.

For Myers (1984:13) in all but the largest organizations co-coordinator duties would be added to some job in the organization. In other organizations they rely on a “hot line” service whilst in others the job may not even exist.

2.7 BROAD SERVICE COMPONENT

The EAP must be designed to help respond to a wide variety of employee problems. Such a concept is known as “brood-brush” approach to industrial counselling, and is different from the historically earlier occupational alcoholism programmes. The advantage of the broad-brush approach is that more employees get help with problems, which definitely have an effect on productivity and the employees’ well-being.

An obvious disadvantage is that practically such an approach attracts private practitioners who have little knowledge in EAP and often no training in alcoholism and other drug abuse rehabilitation (Dickman, 1988:120).

2.8 ACCESSIBILITY AND REFERRAL

Employees need to be able to get to their EAP site in a timely, convenient, and efficient manner. According to Cagney (1999:61) an EAP targets both the employees whose work performance shows a pattern of decline which is not readily explained by supervisory observation of their job performance, and employees who are aware or personal difficulties that may be affecting or may start to affect their work lives.

The majority of EAP clients are from the second group and access the EAP through self-referral. These employees have insight into their problems and avail themselves of the easy access offered by the employer's EAP. They get assurances that their personal issues will be kept confidential and that the employer's investment is in maintaining a safe and productive workforce. They contact the EAP to receive assessment service and referral to qualified local providers or to short-term solution-focused counselling provided by the EAP system.

The second referral system is supervisory referral. As valuable as self-referral service is, it is the EAP service delivered to the employees on the bases of job performance problems that make EAP unique and valuable to employers.

Googins and Godfrey (1987:126) support supervisory referral for their positioning in companies. They state that supervisors are assigned the responsibility of monitoring, assessing and evaluating the employee job performance or execution of tasks.

When an employer has a functional EAP, he does not have to wait for the employee to contact one of the panel providers or wait where fitness for duty or workers compensation systems are called to play. The EAP offers a tool that allows supervisors to combine their concern with an offer of assistance and progressive

disciplinary action. Supervisors are provided with a means to intervene at an early stage of dysfunctioning and to refer the employee to a professional.

The EAP provides supervisory training and consultation and guides them through intervention and referral known as constructive confrontation. Progressive procedures offered by the EAP for supervisory interventions are:-

- Supervisory observation of a performance problem.
- Documentation of observation performance deficit.
- Review of the performance with the employee.
- Identification of specific problem areas and delineation of improvements sought.
- Referring to the EAP for assistance in resolving personal problems that may be contributing to poor performance.
- Establishing follow-up steps and the consequences if performance does not improve (Cagney; 1999:61).

2.9 EAP AWARENESS

To be effective, the EAP requires constant marketing. According to Googins and Godfrey (1987:126) “no programme can survive without visibility, recognition and exposure”. For Francek (1985:28) keeping current and meaningful information readily available to all employees is one of the mainstays of successful programme utilization.

Van Zyl (1990:17) states that publicity efforts (getting the word out) are part of a maintenance area that keeps EAP healthy. Some ideas to consider in this area include articles, EAP question/answer column in newspapers, presentation to certain target groups, posters, pamphlets and brochures and direct mailing to employees’ families (periodical).

The Standard for EAP marketing says that EAP should be available and promotional material and educational activities should reach all employees, supervisors, union and even family members of employees (EAPA-SA, in Terblanche 1999:32).

2.10 MODELS OF EAP

According to Phillips and Older (1988:133) several different models for the delivery of Employee Assistance Program services to business, organizations have evolved. Part of the diversity comes from the variation in the size of the organization, the availability of internal resources to devote to employee assistance services and the willingness of the organization to expend resources either in money or people.

Du Plessis (1990:35) states that EAP might be structured in the one of two main ways, “in-house” versus “contracted out” options. The in-house model refers to programmes that are run by staff employed by the organization to whose employees services are given. Here programmed staff and programme participants share an employer. Contracted out models are those in which organizations purchase the services of outside agencies, which may be welfare organizations, non-profit, or for profit EAP service providers.

- **In-house or internal model**

Persons who are employees of the organization are identified as “the programme”. The program functions as a point of referral to the community resources or internal counselling resources.

They can be categorized as programmes providing, assessment and referral services, assessment, referral and counselling services, and internally-based programme services with an off-site location for assessment and referral services. (Phillips and Older, 1988:133)

The internal programme responsibilities include the co-ordination of all client activity from within the work environment. They focus on problem assessment and referral to treatment resources outside the company programme. Follow-up and feedback are co-ordinated by the statement resource and designated EAP staff within the programme.

Staff qualifications vary according to the programme approach. A programme providing counselling within the organization required staff with formal training and experience. Those programmes without counselling services still require staff with some clinical training to enable referral to an appropriate resource externally.

The advantages are that programme control is completely internal; knowledge of organization ownership of programme is more credible with some supervisors and the on-site problem assessment capacity (Phillips and Older, 1988:134).

The disadvantages are the problems of confidentiality or the appearance of such problems. Only large organizations can justify full-time staff. A part-time person for smaller organizations usually will mean an inadequately trained person with insufficient time and the level of persons in the programme will usually limit the level of employees participating. Numerous roles to be filled by limited staff, skills and expertise limited by a small staff and a possibility of staff “burnout” whilst a one-person programme.

To conclude, the internal EAP model allows closer management of EAP professionals. Clinical supervision and quality assurance functions are routinely performed. The EAP is not relying on a far-flogged panel of independent affiliates to deliver services. An internal EAP is positioned to deliver high-quality organizational services designed for that specific organization (Cagney, 1999:64).

- **Contracted or external models**

Many small employers began contracting with external vendors to have ready access to behavioural health services that were not covered in their benefit plan. This model also provides small employers access to human resource consultation services that they are lacking (Cagney, 1999:66).

However, as a corporation seeks to outsource any service not related to its primary product and needs to access EAP in multiple sites, external vendors become the norm rather than exception. The models of delivering external EAP services differ as the organizations do that contract for the services:

A traditional external model has a centrally located employer contracting with a local external vendor. The external EAP has offices near the employer and operates on a staff model or may form alliances with other EAP firms and individual clinicians who deliver care in outlying areas. The employer contracts with an outside vendor who has a management system in place that verifies eligibility and screens the employee to determine the major complaint. The employee is then channelled to the appropriate affiliated clinician for assessment, short-term problem resolution, or referral for more intensive treatment. Any ongoing treatment is accessed through the employee benefit plan or community resources.

The employer contracts with one external vendor that offers both EAP and managed care services. The employee accesses the EAP or directly accesses treatment providers who are part of the network (Cagney, 1999:66).

The advantages are that they are less costly for small or medium size employers, confidentiality easy to maintain, off-site counselling, better identification and utilization of community resources, increased range of employees served, better communications with professionals in community resources and more diverse and professional staff.

The disadvantages are that usually there is no on-site counselling capability, no ownership, some supervisors are reluctant to deal with outsiders, lack of knowledge about the organization and communication between service centre and organizations are sometimes difficult.

- **Union-based model**

The union at the union office or hiring hall provides EAP services within this programme structure.

Motivation for assistance is done at the work-site by union co-ordinators and followed by a treatment referral. External treatment resources are utilized and follow-up from treatment is co-ordinated by the EAP. The union approach does not

prohibit management from making referrals of union members to the EAP office (Phillips and Older, 1988:138).

The advantage is credibility with union members, confidentiality and no cost to work organizations. The disadvantage is that the union-based model does not serve non-union employees; companies sometimes view this with suspicion and skills and expertise may be limited.

- **Consortium model**

One other model worth mentioning is a consortium. An EAP consortium is generally initiated and developed by common consent of those organizations interested in receiving EAP services or benefits available through association with the consortium. It is governed by its member organization, which collectively owns the system of service delivery (Isenberg, 1981:60).

2.11 THE NEED FOR AN EMPLOYEES ASSISTANCE PROGRAMME

- **Needs Assessment**

A needs assessment forms the foundation for the designation of any programme. This entails the formulation of an organizational/community profile. The following needs assessment standard has thus been set by EAPA-SA (in Terblanche 1999:9) and is as follows: Programme design shall be based on an assessment of organizational and employee needs as they relate to EAP utilization. The background information and organization data to be considered for a programme will include at least: organizational profile, employee needs, supervisors and union representatives needs and health care profiles and needs.

Secondly Myers (1984:100) states that needs are identified in order to determine the necessity of an EAP within the organization. For Maynard and Farmer (1985: 31) too often, EAP practitioners have overlooked the importance of the initial implementation steps in establishing an EAP.

The activities and the approach taken during the start-up phase of a programme set the tone for a long time to come. It is these initial activities that will greatly determine who supports the programme, how many employees will use its services and for what type of problems, how many supervisors and managers will allow themselves to benefit from the expertise and assistance of EAP staff, and what contribution the programme will make to the company's goals.

According to Dickman and Emener (1988:123) EAP has benefits to the union, management and the employees.:–

- **Benefits to the union**

According to Dickman and Emener (1985:123) consistent with the union mission, the EAP is designed to help workers, and helping workers is the stated reason for the union's existence.

The second benefit is building of cohesiveness. In most instances, a union's strength and power, which comes from its members, is contingent upon the member's perceptions of the extent to which the union is "caring"; the extent to which it cares about the well-being and wellness of its members. An excellent way for a union to demonstrate its "caring" for its members is through meaningful involvement in a successful EAP, which is helpful to employees (the union members). And as most unions appreciate this, it is an important message to communicate.

Thirdly, real help versus sympathy. To help initiate, plan, support, implement, evaluate and improve an effective EAP, is an excellent way for a union to say (figuratively): "we want to support each member's access to expert assistance".

Lastly, help versus arbitration: another option. Arbitration is expensive, not only to management but to the union as well.

Too often the situation emerges as a "win-lose" situation, and frequently "to win" or "to lose" is not a solution for an employee. A management victory in the absence of

an enlightened joint program (EAP) might result in punitive action rather than in urgently needed treatment.

Based on the four benefits for the union it can be deduced that EAP saves the company money and thereby increases profits. The bottom-line consideration for a union is that higher wages are more easily negotiated from a profitable than a non-profitable company, therefore unions are compelled to play an active role in the initiation, planning, implementation, evaluation, and refinement of an EAP (Dickman and Emener, 1988:123).

- **Benefits to management**

An EAP involves key personnel in what is frequently called “supervisory training”. It focuses on intervention techniques, referral procedures, signs to look for the troubled employee, and review and discussion of company policies and procedures.

Importantly, supervisors, management representatives, stewards and other labour representatives typically are trained together and training experiences such as these, facilitate closer co-operation and increase togetherness among leaders within the environment, which is good for the company (Dickman and Emener, 1988:125).

Secondly, an EAP enhances moral. Low moral and other related concerns including high absenteeism, high turn-over and apathy frequently are discussed in businesses and has been meaningfully related to reductions in productivity.

Nonetheless it has been experienced that when union and management co-operatively work together to help troubled employees and their families through the auspices of an effective EAP, worker moral tends to increase and be more positive. On behalf of the management of a company, this spin-off outcome would appear to be very appealing.

Thirdly more troubled workers are helped. For numerous reasons, philosophical and utilitarian, companies want to help their troubled employees. Identifying them

and convincing them that they need assistance and then helping them is easier said than done. Nonetheless when the union and management co-operatively work together within an EAP, the likelihood of a higher penetration role exists and hence a greater likelihood of reaching more troubled workers who need help.

The fourth benefit is to increase alternatives and options to problem resolution. According to Dickman and Emener (1988:126) there is an indication that both high level management and union officials alike do not enjoy disciplining a troubled employee who requires disciplinary action or arbitration. Often they are troubled in some way and seeks cheaper, better and more effective helping alternatives via the EAP.

Reasons such as the above, while not all-inclusive, provide a compelling rationale for management to work co-operatively and closely with labour in initiating, planning, implementing, evaluating, and refining the EAP for workers. In effect management has much to gain and very little (if anything) to lose.

- **Benefits to the employee**

First of all it is important to remember that the mere existence of a good EAP, in and of itself, is a meaningful employee benefit. Moreover, those that are joint labour-management supported, tend to be more efficient, more effective and helpful to a larger proportion of the employees and their families who have access to them. They also facilitate the existence of other positive qualities within the workplace, for example, high morals.

The second benefit is the whole notion of real help in response to one's "cry for help". In most instances it takes caring, trained and co-operating individuals to recognize and helpfully respond to a hurting employee's cry for help. When the union and management co-operate and work together in trusting ways with an effective EAP, a troubled employee wants to be identified and helped.

The third benefit is stigma reduction. When both labour and management jointly communicate and demonstrate that to be troubled is human, a much more trusting

environment exists and employees tend to feel more comfortable asking for, and accepting help and assistance. It is not easy for an employee and a family to admit that they need help.

The cultural stigma that suggests that people should be able to solve their own problems without help from others, can be a very powerful influence on a troubled employee and render him or her as being reluctant to seek assistance. However when a person's supervisor and labour steward jointly recommend that he/she seeks help from the EAP, an altogether different atmosphere exists; one which is ultimately much more helpful to the troubled employee.

The fourth benefit is the result of a feeling of being cared for as a person. According to Dickman and Emener (1988:130) no one advocates coddling, especially in the workplace.

At some time however, a worker does not like to feel as if he or she is a 'dispensable tool', a "number" or a temporarily needed piece of machinery. When employees have feelings like these, moral tends to decrease, job satisfaction dwindles, and quite often productivity suffers.

In environments where labour management and the Employee Assistance Programme co-operate, trust and mutually work together, employees feel that others care about them as people. This environmental attitude in turn tends to enhance moral, job satisfaction and productivity.

The last benefit is affordable access to help. One of the primary reasons why employees seek help and assistance early from an EAP is that they can afford to. An effective EAP is well financed, at least to the extent that feared economic hardship is not an up-front deterrent to seeking help and assistance.

Affordability in terms of the perceptions of troubled employees also means that they can seek help without immediate fears that it could cost them their jobs, benefits, and opportunities for promotion.

In conclusion, identifiable, mutual and co-operative tasks and activities are not only beneficial to the union, employees and management, but to the EAP itself. The EAP benefits in that there will be increased probability of success, increased referrals, freedom of movement in the plant, joint training and early intervention.

The bottom line is there are many benefits resultant from mutual co-operation brought about by an EAP and consequently an identifiable need for such programmes in the workplace. Professionals need to foster this trust early in the planning, implementation, evaluation and refinement of the programme.

2.12 SUMMARY

In this chapter the researcher discussed the rationale, the goals and the functions of an EAP. The rationale included the reasons for the implementation of an EAP.

The EAP has been explained to exist because of a need for the reduction of costs, rehabilitation rates, no-lose situation and for the humane aspects.

The goals included aspects such as the promotion of employee health, moral and productivity; to strengthen relationships between and among groups of employees, management and labour unions.

The functions of EAP were discussed as a component created to address work productivity issues and client concerns that affect job performance. The functions included issues of consultation and training, confidential problem assessments, use of constructive confrontation, troubled employee referrals, networking and aftercare. The researcher also discussed the ingredients of an effective EAP. Other writers take these as elements, components or standards of EAP. All these indicate the basis of an effective and successful implementation of EAP.

The ingredients discussed included management endorsement, labour endorsements, policy statement, confidentiality, supervisor and labour steward training, financial aspects and insurance coverage, broad service components, accessibility, EAP awareness and program evaluation. Furthermore, the different

models and approaches were discussed with the advantages and the disadvantages for consideration before the EAP establishment.

Lastly the need for an EAP was discussed by indicating the beneficiaries of EAP and the importance of such comprehensive programmes in the workplace. Throughout the discussion the term troubled employee was discussed in relation to different headings of this chapter.

The following chapter discusses the data analysis and the interpretation of the data.

CHAPTER THREE

EMPIRICAL INVESTIGATION

3.1 INTRODUCTION

This research was undertaken in order to assess the need for an Employee Assistance Programme at Johannesburg Hospital. The researcher did a pilot test with five respondents in order to ascertain whether the questionnaire will alert the researcher to possible unforeseen problems, which may emerge during the main investigation. These 5 respondents were not part of the main study. At the end 74 questionnaires were distributed to the respondents and all 74 questionnaires were received back.

The researcher undertook this study as a result of the social problems she observed as an employee at Johannesburg Hospital and because the CEO had an interest to create an EAP for the hospital. In this chapter, an analysis and interpretation of the research results were discussed.

3.2 RESEARCH METHODOLOGY

The research approach undertaken was a quantitative research approach, the type of research was applied research as the findings of this study will be applied in the recommendations for an EAP at Johannesburg Hospital.

3.3 INTERPRETATION OF DATA

Graphical presentations are used in order to introduce the research results in this chapter.

3.3.1 Section 1: DEMOGRAPHIC INFORMATION

Table 1: Age

Age	Number of Respondents	Percentage
20-25	1	1.35%
26-35	20	27.03%
36-45	31	41.89%
46-55	16	21.62%
56-65	6	8.11%

Table 1 gives an indication of the age of respondents who participated in this study. The age range was from 20-65 years. There is 1 (1.35%) respondent in the age category 20-25 years, 20 (27.03%) respondents in the category 26-35 years, 31 (41.98%) respondents in the age category 36-45 years, 16 (21.62%) respondents in the category 46-55 years and 6 (8.11%) respondents in the category 56-65 years. Throughout the analysis and interpretation of data the age categories were combined as only three categories, 28.38% for the category 20-35 years, 41.89% for the age category 36-45 years and 27.73% for the category 46-65 years.

From the interpretation of the demographic information the largest component of employees seemed to be in the age group of 36-45 years of age.

Table 2: Gender

Gender	Number of Respondents	Percentage
Male	11	14.86%
Female	63	85.14%

In terms of gender 11 were males (14.86%) and 63 (85.14%) were females. It seems that there is more female employees than men working at Johannesburg Hospital.

Table 3: Marital Status

State of Respondent	Number of Respondents	Percentages
Single	31	41.89%
Married	28	37.84%
Separated	2	2.70%
Widowed	5	6.76%
Divorced	6	8.11%
Re-married	2	2.70%

Table 3 above indicates that 31 (41.89%) of the respondents were single, 28 (37.84%) were married, two (2.70%) were separated, five (6.76%) were widows, six (8.92%) were divorced and the last two (2.70%) had remarried. Most of the employees are single, divorced or widowed.

Table 4: Job Description

Medical Staff	7	9.46%
Allied Health Services	5	6.76%
Nurse	24	32.43%
Administration Staff	14	18.92%
General Assistance	22	29.73%
Laundry Staff	1	1.35%
Technical Staff	1	1.35%

The respondents' job descriptions were, seven (9.46%) medical staff, five (6.76%) allied health services staff, 24 (32.43%) nurses, 14 (18.92%) administration staff, 22 (29.73%) general assistants, one (1.35%) laundry staff and one (1.35%) technical staff. As indicated in the population the largest staff component is the nurses.

Of the 74 respondents only 31 participated in the question concerning the length of employment and their mean was 14.79%. It can also be deduced that about 10% of the respondents had more than 20 years service while 90% of the group had 10 years or more years of service.

3.3.2 SECTION 2: RATIONALE (REASONS) FOR AN EAP

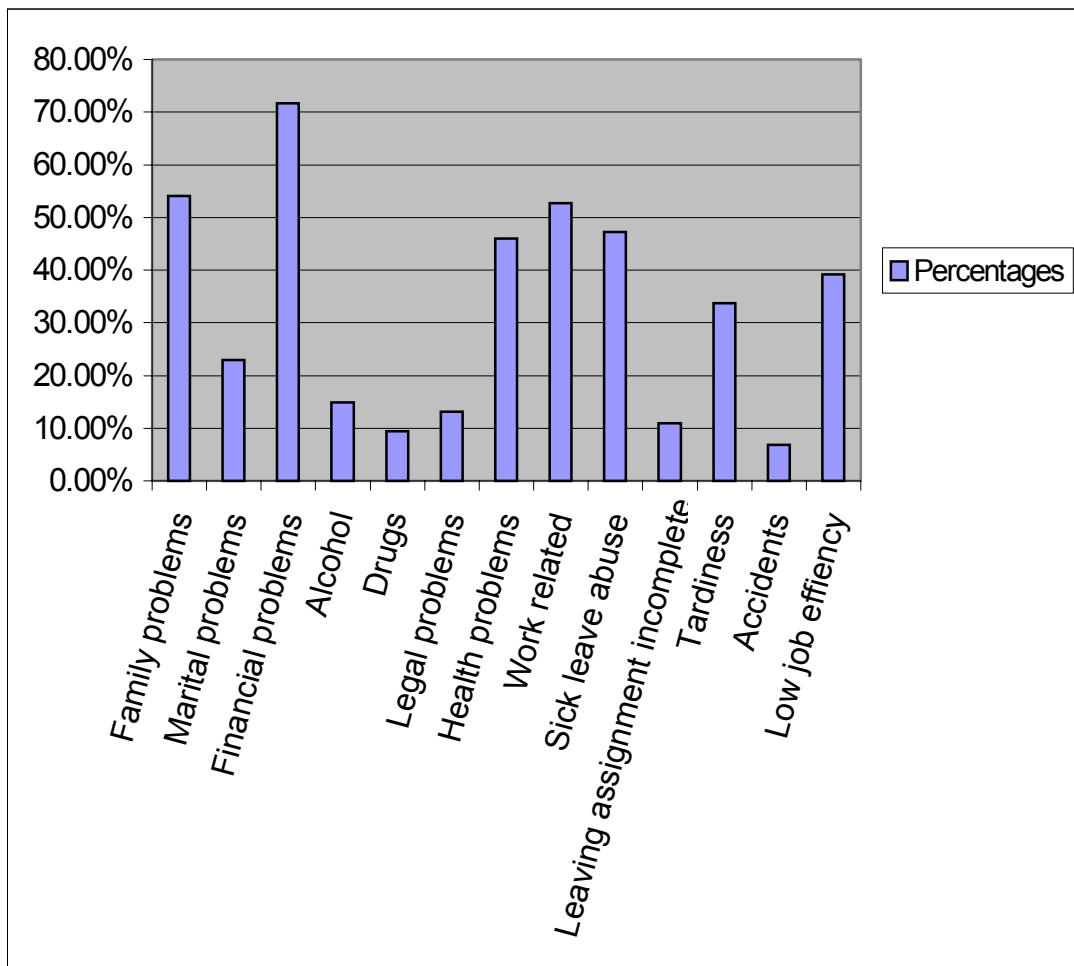


Figure 1: Problems Experienced

- **Family problems**

Of the 74 respondents who participated in the study, 40 (54.05%) experienced family problems. Based on age it seems as though the older respondents (68.18%) had experienced more family problems than the younger respondents.

The female respondents had a slightly higher response (55.56%) to family problems than their male counter parts. Marital status indicated that the response in the category of widowed, separated, and divorced (69.23%) was slightly higher than the married respondents (56.67%) and the single respondents (45.16%).

Furthermore, based on job descriptions the general assistants had 73.91% response to family problems, which is very high, compared to the other employee categories.

The length of employment showed that the respondents in the period 21-34 years service had 80% response to family problems.

- **Marital problems.**

About 17 (22.97%) said they had experienced marital problems. The older group had 31.82% responses, the younger group had 28.81% and the middle group had 16.13% responses. The male responses were slightly higher (36.36%) than that of the females (23.36%). The married respondents who identified marital problems with nine responses (30%) are slightly higher than the other categories of marital status.

Based on job description, six administration staff (42.86%) claimed to have marital problems; in comparison other staff had lower ratings. It also seemed that the respondents who have service of 21-34 years, experienced more marital problems (40%) than their colleagues of 11-20 years service (21.43%) and those in the category 4-10 years service (11.76%).

- **Financial problems.**

The majority of the respondents, 53 (71.62%) said they had financial problems; 25 (80.65%) were from the middle age group, the older group were 15 (68.18%) and 13 (61.90%) were younger respondents. The females had a 73.02% response as compared to the males with 63.64%.

Marital status indicated that all categories had a high response with category of widowed, separated and divorced at the top with 76.92% above the single respondents at 70.97% and the married at 70%.

In terms of job description the administration staff had 85.71%, followed by nurses (79.17%), then the general assistants (78.26%), and the least (25%) medical and allied health services staff.

The one technical staff member had 100% response to financial problems. The response to financial problems by employees with 4-10 years service was the highest (88.24%), followed by those with 11-20 years service (71.43%) and 21-34 years service (60%).

- **Alcohol problems.**

Only 11 (14.86%) identified alcohol as a problem. The older respondents had a slightly high response (22.73%) while the other two groups had an insignificant percentage (12.90%) middle aged and (9.52%) younger respondents.

The males had 27.27% as compared to the females with 12.70%. The married respondents had 23.33% compared to 15.38% responses of widow, separated and divorced, and 6.45% of single respondents. The administration staff had 35.71% responses compared to nurses (16.67%), medical and allied staff (8.33%) and general assistants (4.35%). The length of employment made no difference, all the categories scored around 17.65% for 4-11 years, 17.86% for 11-20 years and 20% for the 21-34 years group.

- **Drug problems**

The drug problems scored only seven (9.46%) responses. The older respondents seem to have more experience with this problem (22.73%) compared to that of the younger respondents (9.52%).

There is a slight increase of responses (15.38%) for the category of widowed, separated and divorced, while the married and remarried had 13.33% and the single respondents had 3.23% responses. The males had 18.18% responses while the females had only 7.94%.

Furthermore, in terms of job description, the administration staff had a slightly higher response of 35.71% to drug problems as compared to 8.33% of the allied and medical services and 4.35% of the nurses. Lastly the length of employment indicated that those who worked for the period 21-34 years were more likely to experience a drug problem at 30% compared to 11.76% response of respondents in the 4-10 category and the 7.14% of those with 11-20 years service.

- **Legal problems**

Legal problems had 10 (13.51%) responses. The older respondents account for 31.82% compared to 9.52% of the younger respondents and (3.23%) of the middle aged respondents. There was a slight difference between the males (18.18%) and the females (12.70%) when it came to legal problems. The respondents in the category of widowed, separated and divorced had 30.77% responses as compared to 12.90% of the single responses and 6.67% married respondents.

The job description showed that the general assistants had a slightly higher response of 17.39% as compared to the administration staff (14.29%), the nurses (12.50%) and the medical and allied health services (8.33%).

Legal problems in relation to length of employment indicated there was a 40% chance that the respondents with 21-34 years service might experience more legal problems compared to the respondents with short service of 4-10 years (17.65%) and 11-20 years service 7.14%.

- **Health problems**

The health problems had 34 (45.94%) responses. It showed that the older respondents experienced more health problems (63.64%) than the younger group (42.86%) and the middle aged group (35.48%). The females were 46.03% higher than the 45.45% male responses. Furthermore, it also seemed that the respondents falling under the widowed, separated and divorced had a slightly higher response (69.23%) than the married and remarried (50%) than the single respondents (32.26%).

Job description indicated that the nurses had more health problems (54.17%) than the general assistants (52.17%), the administration staff (35.71%), and the allied health and medical staff (25%). In the researcher's opinion this might be due to the awareness of health problems they have when nursing patients on a daily basis. The one technical respondent had a 100% to this factor. The length of employment showed that the respondents in the period 21-34 years had 70% responses to health problems as compared to those in the period of 4-10 years service (47.06%) and those with 11-20 years service (39.29%).

- **Work related problems**

Work related problems had 39 (52.70%) responses. The younger respondents scored 71.43% compared to older respondents (63.64%) and the middle aged respondents (32.26%). The males had a slightly higher score at 54.55% as compared to their female counterparts with 52.38%

The marital status showed that the respondents in the category widowed, separated and divorced had 76.92%, which is higher than the single group (48.39%) and the married respondents (46.67%).

Based on job description, the results indicated that the majority of the medical and allied health services staff experienced more work related problems (91.67%) than the nurses (58.33%), the administration staff (35.71%) and the general assistants (34.78%). The one technical staff member also indicated this problem (100%).

In terms of length of employment both categories of 11-20 years service and 21-34 years service had a 50% response as compared to those respondents with 4-10 years service (47.06%).

- **Sick leave abuse problems**

Sick leave abuse as a problem had 35 (47.30%) responses. There seems to be the most sick leave abuse problems in the older group (68.18%) than the middle aged (41.94%) and the younger age (33.33%).

More females (47.62%) experienced this problem than males (45.45%). The widowed, separated and divorced group had 61.54% responses, the married and remarried group had 53.33% and the single group had 35.48%.

Job description indicated that general assistants were more prone to abuse sick leave (56.52%), followed by the nurses (50%), then the administration staff (42.86%), and lastly the medical and allied health staff (33.33%). Most people in the period 21-34 years service were prone to sick leave abuse (60%), followed by 11-20 years service (57.14%) and then the 4-10 years service (47.06%).

- **Leaving assignments incomplete**

Leaving assignments incomplete scored eight (10.96%) responses. This was recognised by the older group who had 22.73% and 10% by the middle aged respondents.

The males, about 27.27% had this problem and the females 8.06%. The widowed, separated and divorced (23.08%) experienced this problem while 10% of the married and remarried group and 6.67% of the single respondents experienced the problem to a lesser degree. About 25% of the allied and medical services staff identified this problem as compared to administration staff (14.15%), general assistants (8.70%) and the nurses (4.35%). 21-34 years service had 20% response to the problem of leaving assignment incomplete. The other two categories of 11-20 years service had 10.71% and 4-10 years service had 17.65%.

- **Tardiness**

Tardiness or coming late had 25 (33.78%) responses. About 40.91% of the older respondents said that they had experienced the problem of coming late to work. The middle aged scored 32.26% and the younger respondents had 28.57%. The females also seemed to have more problems with tardiness (34.92%) while their male colleagues had a score of 27.27%. The married and remarried group showed a slight increase in responses for tardiness (36.67%) than both the single (32.26%) and the older respondents (30.77%).

There was a 50% response from the administration staff, 43.48% from the general assistants, 29.17% from the nurses and 8.33% from the medical and allied health services, 40% from employees with 21-34 years service, 41.18% from employees with 4-10 years and 32.14% from employees with 11-20 years service.

- **Accidents at work**

The lowest rated problem was the problem of accidents at work with five (6.76%) responses. All the demographic data indicated that almost all the respondents took the problem of accidents at work as being of no significance.

The medical and allied health staff showed a slightly increased response of 16.67%. The period of service also showed that there is a likelihood of accidents at work for employees who have been employed for 4-10 years. They had 11.76% responses as compared to the others.

- **Low job efficiency**

Low job efficiency had 29 (39.19%) responses. The younger respondents had 47.62%, followed by the older groups (45.45%) and 29.03% of the middle aged respondents. The males seem to experience more problems with lower job efficiency (45.45%) compared to their female counter parts with a score of 38.10%. Respondents in the category of widowed, separated and divorced scored 53.85% followed by the single respondents (38.71%) and the married respondents 33.33%. The medical and allied workers had a higher score of 50%, followed by the general assistants (47.83%), then the administration staff (31.71%) and the nurses (29.17%). The category of 21-34 years work experience scored 50% followed by the 11-20 years work experience (42.86%) and the 4-10 years (41.18%).

- **Other problems**

The other difficulties labelled by the respondents were shortage of staff, a high workload and a high death rate (15.07%). The second category of difficulties (4.11%) was lack of supervisory training.

About 9.59% said they had problems of being paid less, no job motivation and no creativity. Only 1.35% said that there is a problem of post-traumatic stress.

An overall interpretation for EAP rationale showed that all categories of employees irrespective of gender, age, marital status, length of employment and job description experienced problems that EAP can address. Financial problems were on top of the list.

3.3.3 EFFECTS OF PROBLEMS ON JOB PERFORMANCE

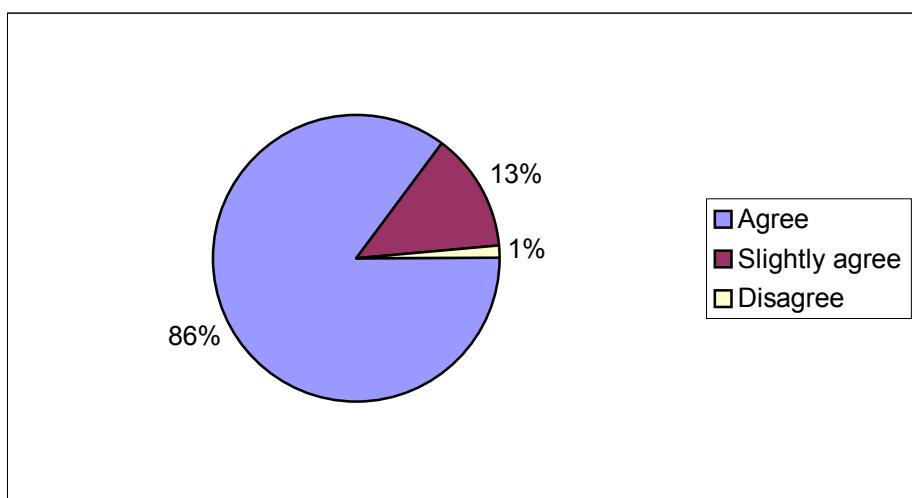


Figure 2: Effects on Job Performance

When responding to the question whether the problems discussed earlier, negatively affect the respondents and their colleagues, about 58 (78.38%) said they agree, nine said they slightly agree (12.16%) two (2.70%) were not sure and one (1.35%) disagreed. All the demographic data showed 80% response in relation to negative effect on job performance.

The one respondent who disagreed (1.35%) was in the age category 20-30 years, was a male respondent, an administrative staff members single and with 4-10 years service.

In support for the negative effects, 43.24% respondents pointed out issues of high workload, absenteeism, worries, negativity and HIV related stressors. About 20.27% also said the problems cost money and time for the employer and burnout, conflicts and despair for the employees.

There seemed to be an agreement that problems have a negative effect on job performance.

3.3.4 SECTION 3: GOALS AND NEED FOR AN EAP

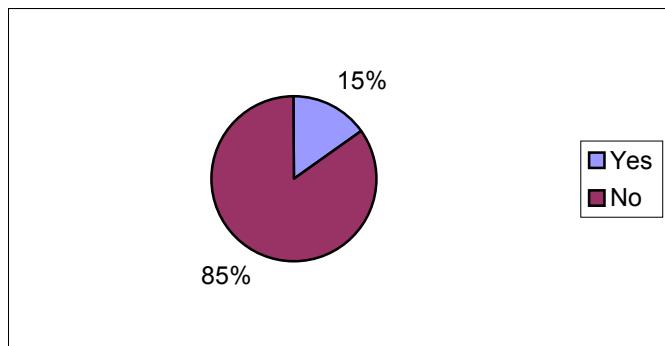


Figure 3: Goals and Need for an EAP

The question on whether Johannesburg Hospital as an employer, provides help for its employees impaired by problem which affect their job performance, showed that about 11 (14.86%) said "yes", one (1.35%) was not sure and 61 (82.43%) said "no". Respondents in the older category (23.81%) and 14.29% in the younger group seemed to have experienced some form of help provided by the hospital as an employer. The males had 30% responses compared to 15.63% of the females.

The married respondents had 35.71% followed by the widowed, separated and divorced (33.33%) who supported this.

The administration staff had 66.67% responses higher than the medical and allied staff (10%) and the nurses (8.33%).

The category 21-34 years service also had 30% “yes” response compared to the other two categories that had 18.18% each. The “no” answer received the highest percentage of above 80% of all the demographic data.

In motivating the yes responses seven (9.46%) cited departmental arrangements as having benefited them in the past. Nine (12.86%) said that the internal resources in the form of psychiatrist, a psychologist and social workers provided some form of assistance as colleagues.

The majority of respondents seem to have experienced no assistance from the Johannesburg Hospital as an employer.

3.3.5 EFFECTS OF THE PROBLEMS ON JOHANNESBURG HOSPITAL AS THE EMPLOYER

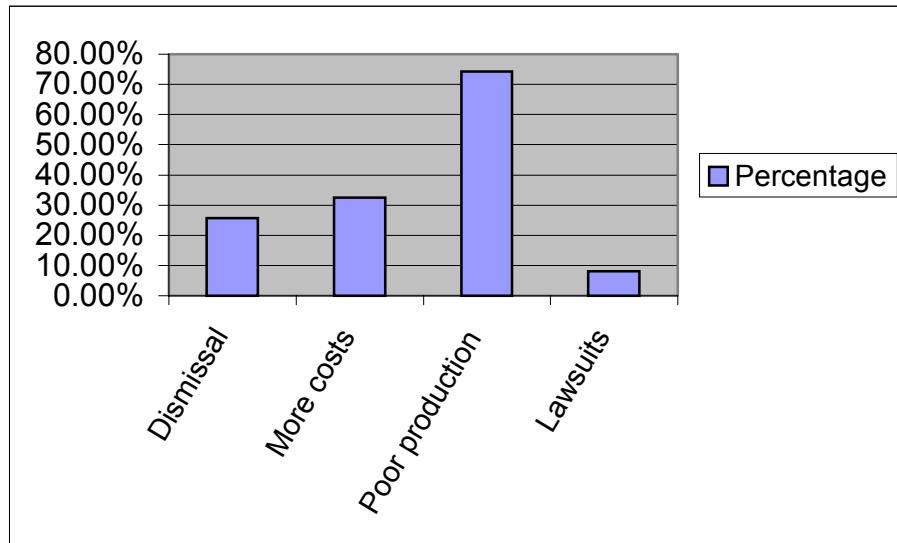


Figure 4: Effects of Problems on the hospital

- **Dismissal of valuable employees**

The responses to the question of the effects of employee problems on the hospital showed that 19 (25.68%) responses were that it resulted in dismissal of valuable employees. This answer was highly scored by the older respondents (40.91%), the

male respondents (27.27%), the widowed, separated and divorced respondents (53.85%), medical and allied health workers (58.33%) and the category 21-34 service (50%).

- **Lead to more costs for the hospital**

The second effect was that problems lead to more cost for the hospital with 24 (32.43%) responses. About 50% of the older respondents supported this, mostly males (36.36%), in the widowed, separated and divorced category (61.54%). The general assistant (39.13%) and nurse (37.50%) slightly supported this effect. The 21-34 years (50%) of service.

- **Poor production**

Poor production was the third effect to the hospital. It had the highest score of 55 (74.32%) responses. The middle aged group respondents had a slightly higher response (77.42%) compared to the younger age group (76.19%) and the older age group (68.18%). Mostly females (77.78%) supported this effect. There were also more responses from the married (83.33%) respondents and administration staff (92.86%). Length of service indicated that there was 85.71% response by employees in the period of 11-20 years.

- **Lawsuits**

Lawsuits had 8.1% responses. It was supported by all of the six females who participated (9.52%). They were in the widowed, separated or divorced group (15.38%) mostly nurses (16.67%) in the 21-34 years service (10%).

- **Other**

Other effects labelled by the respondents as being burnout, absenteeism, low staff moral and sickness, scoring 10.81%. The others were poor quality and standard of work, good staff resigning and criticism by the media (9.46%).

From the interpretation the problems experienced by the employees lead to poor production at Johannesburg Hospital.

3.3.6 SECTION 4: APPROACHES OF EMPLOYEES TO PROBLEMS

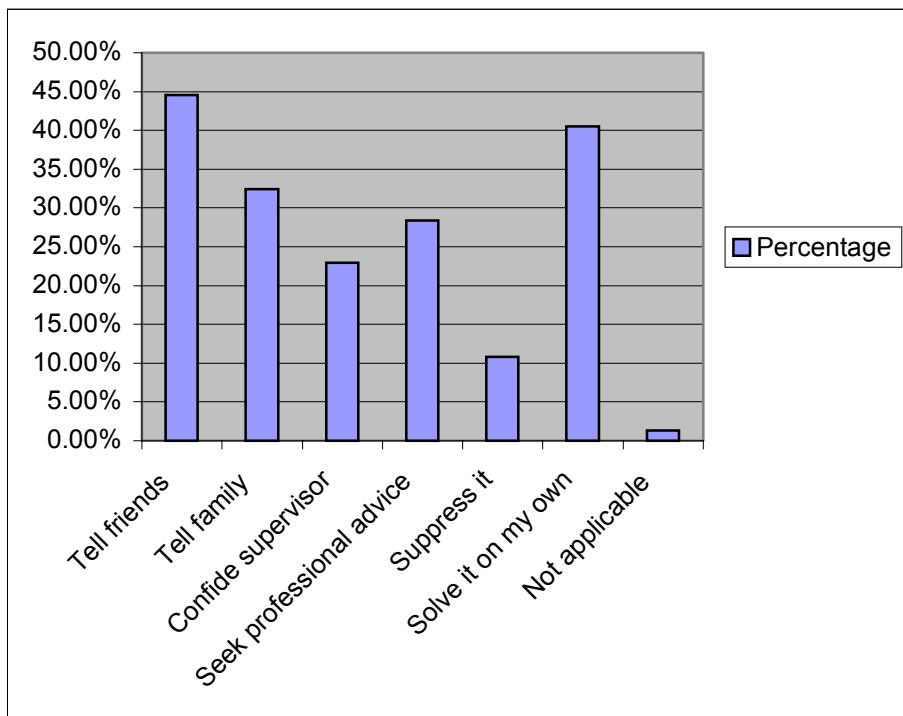


Figure 5: Approaches of Employees to Problems

- **Tell their friends**

The question of how respondents deal with their problems showed that of the 74 respondents 33 (44.59%) tell their friends.

The middle age group respondents had a slightly higher response rate (48.39%) than the younger respondents (42.86%) and older respondents (40.91%). The females are more likely to tell their friends (46.03%) compared to males (36.36%). The widowed, separated or divorced showed that they too favoured the telling of their friends (61.54%) more than the married (43.33%) and the single respondents (38.71%).

Both the nurses and administration staff had 50% response to this as compared to 41.67% of the medical and allied workers and the 34.785 of the general assistants.

One technical staff member said that telling a friend has been a resource to use in dealing with problems. Lastly, people with long service of 21-34 years had a 50% response to this issue.

Age-wise it seemed as if all the respondents who participated in this question have similar response scores.

- **Tell a family member**

Secondly, 24 (34.43%) said that they tell a family member. Young respondents favoured this to some degree (38.10%), followed by the middle age group (35.48%) and the older group (22.73%). The females had 33.33% responses to this as compared to 27.27% of the males.

The married respondents also favoured this method (33.67%) compared to 32.26% of the single respondents and 23.08% of the widowed, separated and divorced. The nurses scored high (80%), followed by the medical and allied service workers (41.67%), then the general assistants (26.09%) and the administration staff (7.14%). People with service of 11-20 years had more (32.14%) responses than the 4-10 years service (29.41%) or the 21-34 years service (20%).

- **Confide in the supervisor**

The third approach is the whole notion of confiding in the supervisor (22.41%).

About 32.26% were the middle aged group, 19.05% young respondents and 13.64% older respondents. The males had 27.27% compared to the 22.22% of the females. The widowed, separated and divorced had 30.77% compared to the married (23.33%) and the single (19.35%). The technical staff had 100%, general assistants were 30.43%, administration staff had 28.57% and allied and medical staff had 16.67%. The 21-34 years service had 28.57%, 4-10 years service (23.53%) and 21-34 years (20%).

- **Seek professional advice**

Seek professional advice was scored by 28.38% of the respondents. The older group had a higher rating (54-55%) compared to 19.05% of the young respondents and 16.13% by the middle aged group of respondents. There was a slight difference between females (28.57%) and males (27.27%) The married had a 30% likelihood of seeking professional help while the single respondents had 29.03% and the widowed, separated and divorced had 23.08% likelihood.

The nurses scored at 33.33%, general assistants were 30.45%, administration staff had 28.57% and the medical and allied health services workers were 16.67%. Those with 21-34 years service had 50% likelihood of seeking professional advice, 4-10 years service had 29.41% and the 11-20 year service group had 21.43%.

- **Suppress**

Suppress as an option had only 10.81%. The youngest respondents experienced this (14.29%), middle aged group of respondents (12.90%) and the older group of respondents (4.55%); 12.70% of the female respondents favoured this method of dealing with problems. The married group had 16.67% chance compared to 15.38% widowed, separated or divorced group and 3.23% for the single group of nurses (25%) will use this method as compared to 8.33% of allied and medical staff and 7.14% of the administration staff.

- **Solve it in my own way**

It had 41.89% responses. The youngest respondents favoured this (71.43%) followed by middle aged (32.26%) and (27.27%) older respondents. The males had high responses (63.64%) compared to the females (38.10%).

Single respondents were (48.39%), followed by the married (46.67%) then the widowed, separated and divorced (15.38%).

The allied and medical staff had 58.33% followed by the administration staff (57.14%), the nurses (33.33%) and the general assistants (34.78%). Staff with 11-

20 years service were slightly higher with 46.43% responses followed by those with 4-10 years service (41.18%) and 21-34 staff with years service (30%) responses.

- **Not applicable**

This had only a 1.35% response. The person was young, female, single, an allied and medical staff with no work experience.

- **Other**

Other motivations based on the approach the respondents used in dealing with their problems involved 4.05% responses to issues of ignorance and lack of confidentiality.

Another (4.05%) said that their problems might be a joke to others and they would end up not being helped. About 2.70% said they talk to their general practitioners, read the Bible and pray with friends.

It seemed that most respondents preferred telling their friends about their problems.

3.3.7 PREFERRED SUPERVISORY APPROACH TO EMPLOYEE PROBLEMS

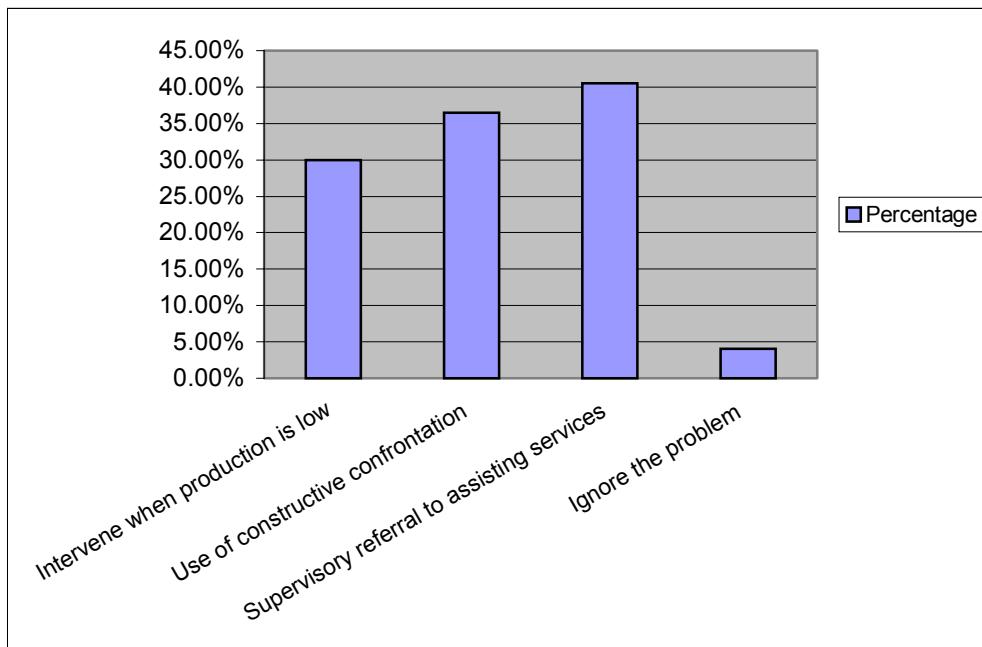


Figure 6: Preferred supervisory approach to employee problems

- **Intervene when production is low**

When responding to the question of how their supervisor should react to their problems, 33.78% said that their supervisor should intervene when their production is low. All age groups had above 30% to this approach.

The younger age group favoured this more (38.10%) compared to the middle aged (32.26%) and (31.82%) older respondents. The males responded (36.36%) compared to females (33.33%).

The married respondents had 36.67%, single (35.48%) and (23.08%) widowed, separated and divorced.

The technical staff had 100% response followed by the administration staff (42.86%) then the medical and allied services staff (41.67%), (29.17%) nurses and general assistants (26.08%). Respondents with 4-10 years service (41.18%),

respondents with 11-20 years service (39.29%) and those with 21-34 years service (20%).

- **Constructive confrontation**

The second approach was the use of supervisory constructive confrontation with 36.49%. The young respondents had 52.38% responses, followed by the older respondents at 36.36% and the middle aged at 25.81%.

The males and females had almost equal responses of 36.53% and 36.36% respectively. The married group had 40%, single were 35.48% and the widowed, separated and divorced with 30.77%.

All categories of employees had a 50% support of this approach except for the general assistants with 8.70% response. Respondents with 11-20 years service had 39.29%, 21-34 years service (30%) and 4-10 years service followed with 17.65%.

- **Supervisory referral to assisting services**

The third approach was the whole notion of the supervisory referral to assisting service with about 40.54% responses. Almost half of the older respondents (45.45%) favoured this approach and both the middle aged and younger group scored almost similar responses (38.71%) and (38.10%) respectively.

The female respondents were likely to utilize this approach (42.86%) compared to the males (27.27%). The respondents in the widow, separated and divorced group had scored 53.85% and appeared to like this approach more than the married with 40% and single with 35.48%. The nurses were also in favour of this approach with 54.17%, then the general assistants (52.17%), administration staff (21.43%) and the medical and allied workers with 16.67%.

There was the likelihood that respondents with 21-34 years service would favour this approach, having scored a 50% followed by 4-10 years service with 47.06% and 11-20 years service with 32.14%.

- **Ignore the problem**

The last approach was supervisor ignoring the problems with a score of only 4.05%. The middle aged responded with 6.45% and the younger respondents with 4.76%. Only 4.76% were females, 3.23% were single and 6.76% were married. The medical and allied staff had 8.33%, nurses had 4.17% and the general assistants had 4.35%. The period of employment range was between 4-10 years (5.88%) and 11-20 years (3.57%).

When motivating their responses, 5.41% said that their supervisors should show sincerity, maintain privacy and check with them on a regular basis as to how they are doing. Those respondents that said there were no problems at all with their work were 1.35% and 1.35% said that the referring of problems will increase work performance, productivity and job satisfaction.

The preferred method of supervisory approach seems to be referral to assisting services.

3.3.8 THE NEED FOR AN EAP AT JOHANNESBURG HOSPITAL

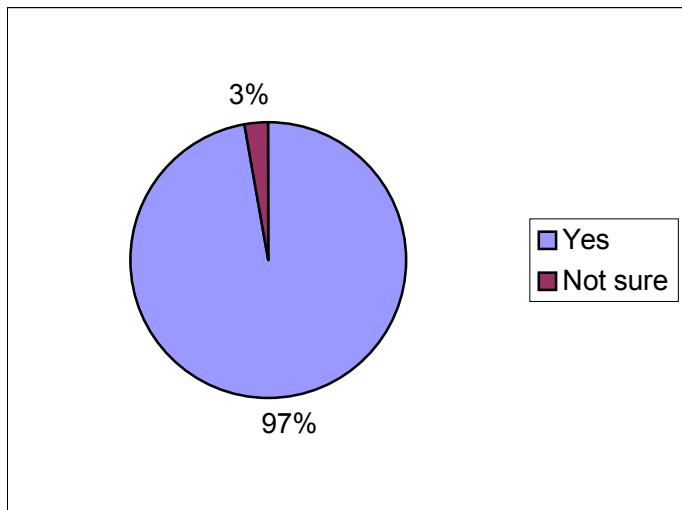


Figure 7: Need for EAP

When responding to the question whether Johannesburg Hospital needs an Employee Assistance Programme for its workers, about 69 (97.18%) of the respondents of all ages, both genders, marital status, job description and length of employment said yes. Only two (2.82%) said they were not sure.

Motivating their responses, six of the respondents (8.11%) said that EAP will create supervisory training, professionalism, objectivity, security and less discrimination. Sixteen respondents (21.62%) said that EAP will correct the problems, enhance job satisfaction, provide crisis intervention where necessary, enhance trust and provide a platform to talk and be listened to. Thirty-four respondents (45.95%) said there would be professional confrontation of problems at all levels; commitment, continuous education and it would be a pleasure to come to work.

There seem to be an overwhelming, positive response for a need of an EAP at Johannesburg Hospital.

3.3.9 TYPE OF EAP SERVICE PREFERRED

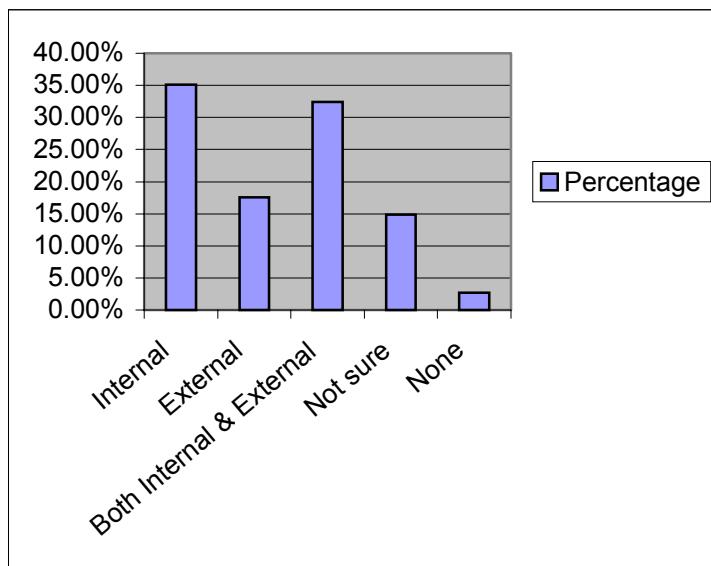


Figure 8: Type of EAP

- **Internal EAP**

When responding to the methods of help preferred in dealing with their problem, 26 (35.14%) preferred help provided by an internal or indigenous EAP.

The older respondents (45.45%) tended to prefer the internal EAP compared to the younger respondents (28.57%). The females with 31.75% were lower than the males with 84.55% responses. People in the widowed, separated and divorced category of marital status had 46.15% a slightly higher response than the single respondents (35.48%) and the married with 30% responses.

The general assistants had higher responses (62.22%) for an internal EAP followed by the administration staff (35.71%), the medical and allied health workers (33.33%) and the nurses (8.33%). Length of employment indicated that people with 11-20 years experience preferred an internal EAP than those with service of 21-34 years with 40% and the 4-10 years service with 35.29%.

- **External EAP**

The second preferred EAP model was the external service with 17.57% responses. The younger respondents (28.57%) were more in favour of this type of help than both the middle aged (16.13%) and the older respondents (9.09%). The females (26.63%) seem to support this notion more than the males (0%) response. The single respondents (19.35%) seemed more likely to prefer an external EAP than the married (16.67%) and the widowed, separated and divorced (15.38%). There was also a slightly higher response from the general assistants (21.74%), followed by the nurses (20.83%) then the administration staff (14.29%) and the medical and allied services staff (8.33%). All the categories of length of employment had between 20% and 23.51% responses to an external EAP.

- **Internal and external EAP**

The third method suggested was a combination of both internal and external EAP with 32.43% responses. Age-wise it seemed that the older respondents showed a slightly higher response of 45.45% compared to 38.10% for the younger group and 19.35% for the middle aged respondents. The males were 45.45% compared to the females with 30.16%. The married respondents had 46.67% compared to both the divorced, separated and widowed respondents with 23.08% and the single respondents with 22.58%.

The nurses favoured this with 45.83% responses, followed by the allied and medical staff (41.67%), then the administration staff (35.71%), general assistants (8.70%) and 100% for the one technical staff member. Eleven (14.86%) respondents were not sure which method of helping they preferred and only two wanted no method of help.

In support of an internal method of EAP, 22.97% said that this method will have internal awareness of problems and it will be cost effective, accessible and convenient.

About 20.27% respondents who favoured an inter/external EAP said that the combination would be advantageous depending on problem presentation and issues of confidentiality. Of those who favoured an external EAP, 9.46% said that it would prevent stigma and provide new ideas and high confidentiality.

There was a slight difference between the types of EAP, with an internal EAP having more responses than the others, this indicated that, irrespective of the type of EAP, the respondents were in favour of an EAP service at Johannesburg Hospital.

3.3.10 PERSONNEL PREFERRED TO RENDER AN EAP SERVICE

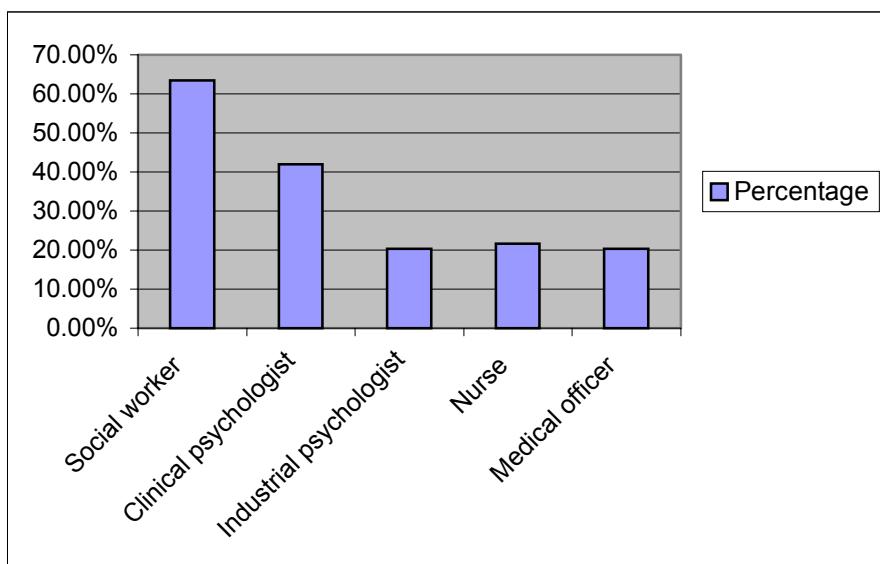


Figure 9: Personnel Preferred to Render an EAP Services

- **Social worker**

When answering the question of service renderers, 63.51% of the respondents said they preferred the service of social workers. The majority of respondents in relation to age had above 50% to the service of a social worker, the older group showed a much higher response of 72.73% followed by the younger responses with 66.67% and the middle aged with 54.84%. The males were 81.82% and the females were 60.32%.

The married respondents had a 70% response followed by a 61.54% of the widowed, separated and divorced with the single respondents with 58.06%. Job-wise there was 100% response for the technical staff member 71.43% for the administration staff, 69.57% for the general assistants, 58.33% for the medical and allied staff and 54.17% for nurses.

People with longer service, that is 21-34 years, had a higher response of 70% followed by the 4-10 years with 64.71% responses and for the 11-20 years respondents with 60.71%.

- **A clinical psychologist**

The second favoured professional to render EAP services was a clinical psychologist with about 41.89% responses. The younger respondents had 52.38% responses to this, followed by 50% response of the older respondents and the middle aged with only 29.03%.

The males had a slightly higher response of 45.45% compared to 41.27% of the females. The married had a 50% response compared to the % of the widowed, separated and divorced and 35.48% of the single respondents. The medical and allied services staff favoured clinical psychologist with 50% responses, the nurses had 58.33%, administration staff were 42.86%, the generals assistants were only 17.39% and the technical staff had 100% response. The employment period of 21-34 years had 60% followed by 11-20 years serviced with 42.86% and 4-10 years service with 35.29%.

- **An industrial psychologist**

This profession scored 20.27% responses. Age made no difference with all categories scoring between 19%-23%. Gender too showed little difference: females responded with 20.66% and males with 18.18%. The marital status showed a slight difference with the married responding with 26.67%, the single with 19.35% and the widowed, separated and divorced with only 7.69%.

Half (50%) of the administration staff favoured an industrial psychologist, 16.67% of the medical and allied staff, the nurses with 20.83% and the general assistants with 4.35%. Length of employment showed a 10-24% response score the industrial psychologist.

- **A nurse**

The nurse had a score of 21.62% as a preferred service rendered for an EAP. About 14-27% of respondents between the ages 20-60 years preferred a nurse for rendering EAP services. The females with 23.81% also tend to prefer a nurse with the males at 9.09%. People who are widowed, separated or divorced showed a higher response (46.14%) for nursing services compared to the married (23.33%) and single (9.68%). The nurses themselves had 29.17% responses to a nurse service followed by the administration staff with 28.57%, the general assistants with 17.39% and the medical and allied staff with only 8.33%. Length of employment indicated that 4-23 years experience had 11- 30% response for a nurse as an EAP service rendered.

- **Medical officer**

The last professional preferred for EAP services was a medical officer with 20.27% responses. Of note is that there was a 31.82% response by older persons, gender showed 18-21% between males and females respectively. Marital status indicated that the single respondents had 22.58% compared to 20% married responses and 15.38% widowed separated and divorced respondents. Job descriptions showed that there was only 16.67% support of a medical officer as an EAP worker by the medical and allied workers, slightly supported by the nurses with 25%. The length of employment showed more support for a medical officer with 40% for those with 21-34 years experience, 21.43% for the 11-20 years experience group and 11.76% for the 4-10 years period.

The motivation for the responses given was linked to personnel skills, qualifications and professional attitudes with a score of 47.30%. About 16.22% respondents (the minority) said that issues such as structural problems, confidentiality and the

profession per se, played a major role in identifying the suitability of the personnel preferred to serve in the EAP for Johannesburg Hospital.

Personnel preferred EAP services to be rendered by a Social Worker. All the others were not completely ruled out. They were seen as serving some sort of service too. Therefore a multi-disciplinary approach to service rendering can be acceptable in the EAP.

3.3.11 BENEFICIARIES OF EAP

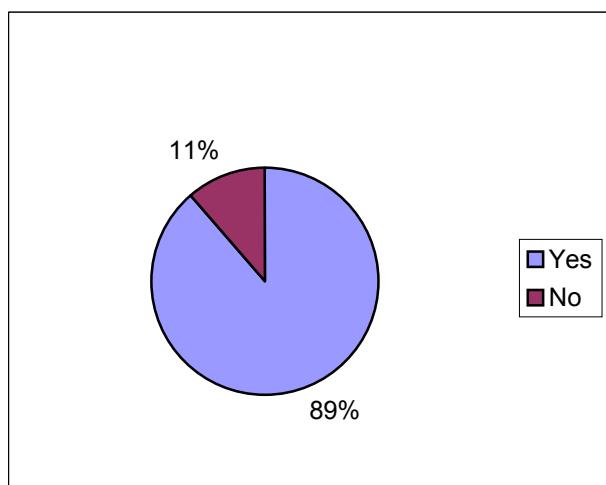


Figure 10: Beneficiaries of EAP

When responding to the question whether EAP services will be utilized if created for the staff, a total of 47 (88.68%) of the 74 respondents said yes, six (11.32%) said no. Every respondent irrespective of age, gender, marital status, job description and length of employment supported this notion highly.

The motivation given included 31.08% support for the idea of an EAP being able to enhance work production and social well-being. On the other hand, 6.76% of respondents said they have experienced problems of confidentiality breakdown and no privacy in the systems of the hospital. The last 1.35% respondent(s) said that she will not let problems interfere.

It seemed that EAP would be highly supported by the employees of Johannesburg Hospital.

3.3.12 THE BENEFITS FOR USING EAP

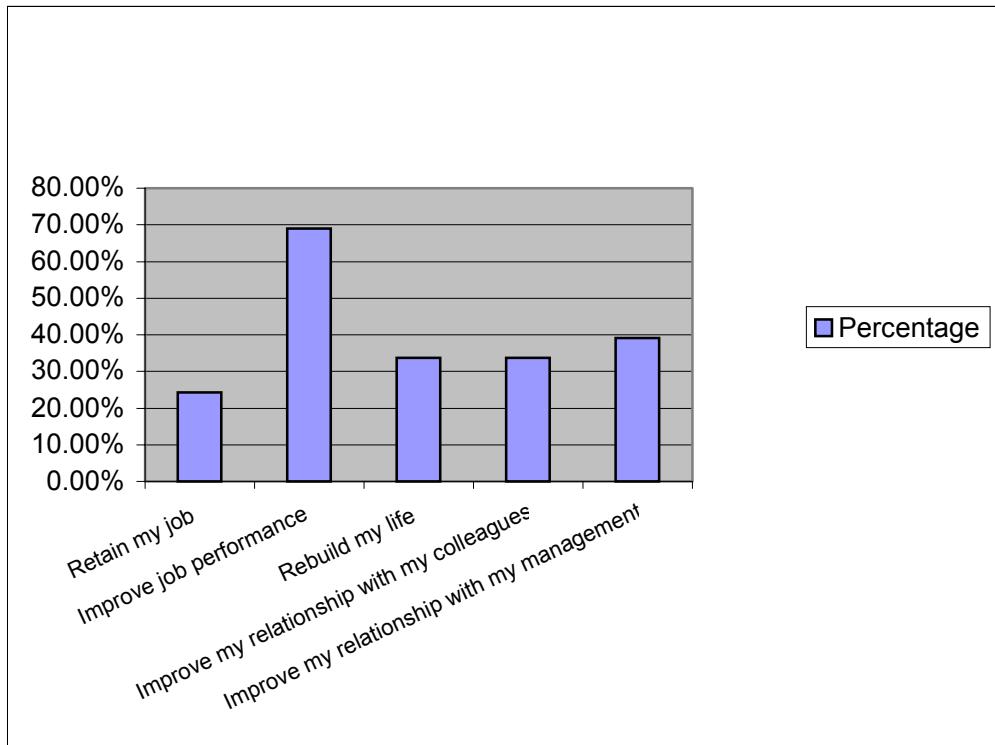


Figure 11: Benefits of EAP

When responding to the question of what the benefit of using EAP will be, 18 (24.32%) said it will help them retain their jobs, 51 (68.92%) said it will improve their job performance, 25 respondents (33.78%) said it will give them a chance to rebuild their lives, 25 (33.78%) said it will improve their relationship with management and 29 (39.19%) said it will improve their relationships with their colleagues. The question on whether the respondents would like their family to take part in EAP, received 34 (45.95%) yes response, 20 (27.03%) no response and 16 (21.62%) not sure responses.

Most respondents took EAP as some form of rehabilitation tool to improve their job performance.

3.3.13 PERSONNEL RESPONSIBLE FOR RUNNING THE EAP

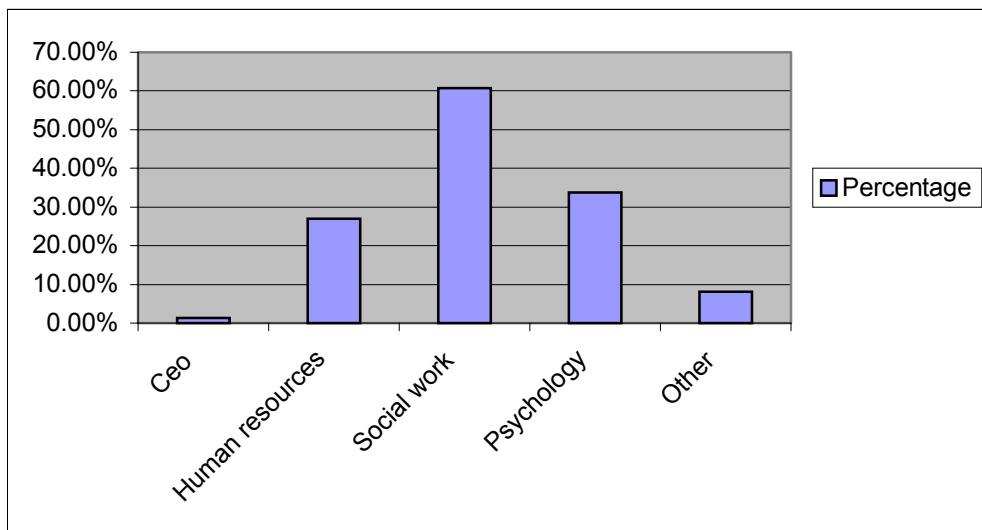


Figure 12: Running of the EAP

In terms of Johannesburg Hospital personnel being responsible for running the EAP, one respondent (1.35%) said the Chief Executive Officer should run the EAP. Twenty respondents (27.03%) said the Human Resource Department should be responsible, 45 respondents (60.81%) favoured the Department of Social Work, 25 respondents (33.78%) favoured the Psychology Department and six respondents (8.11%) said other departments should run the EAP. The support given was that the EAP fits in with the Department of Social Work; 25 respondents claimed this (33.78%). One respondent (1.35%) said that a trained EAP practitioner is required to run the EAP.

There was a slight difference between the Social Work Department and the Psychology Department as far as the running of EAP is concerned. It seemed as if the respondents were more concerned about the helping profession being more involved in EAP at Johannesburg Hospital.

3.3.14 THE LOCATION OF EAP OFFICES

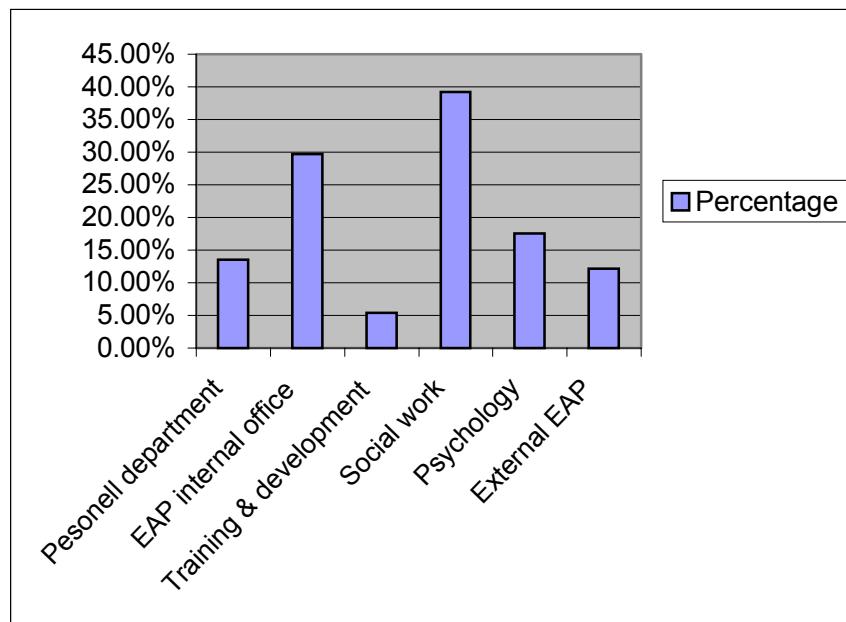


Figure 13: EAP Location

The location and offices of the EAP were seen as being favoured in the Personnel Department by ten (13.51%) respondents, EAP internal office had 22 (29.73%) responses, Training and Development had four (5.41%) responses, Social Work Department had 29 (39.19%) responses, the Psychology Department had 13 (17.57%) responses and external EAP had nine (12.16%) responses. The motivations were maintenance of privacy, with four responses (5.41%) and nine (12.16%) responses for accessibility and on-site advantage.

Location seemed to be of less concern to the respondents. Social Work Department, having had the most support in other spheres, seemed to have slightly shared responses with other departments as far as location is concerned.

3.3.15 ACCESS TO EAP SERVICES

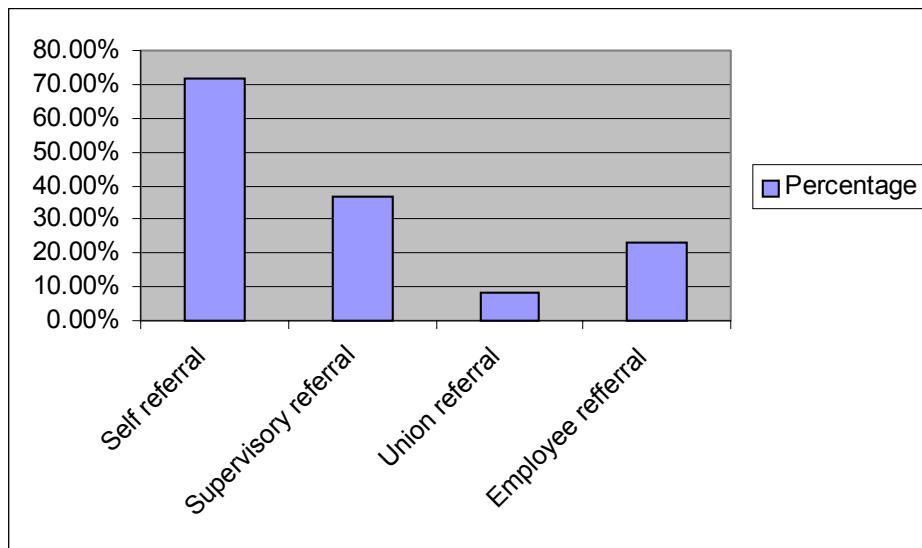


Figure 14: Access EAP

The question on how the respondents will access the EAP services had a 53 (71.62%) self-referral votes, 27 (36.49%) supervisory referral, six (8.11%) union referral and 17 (22.97%) employer referral.

The five (6.76%) respondents motivated that it depended on problem identification and four (5.41%) respondents said that they feared that others might not properly refer their problem.

There was an overwhelming majority response to access EAP through self-referral. This showed that, when aware of EAP services, the employees will refer themselves. The union viewed as, having more support and utilisation at Johannesburg Hospital seemed to be not linked to EAP.

3.3.16 CONFIDENTIALITY

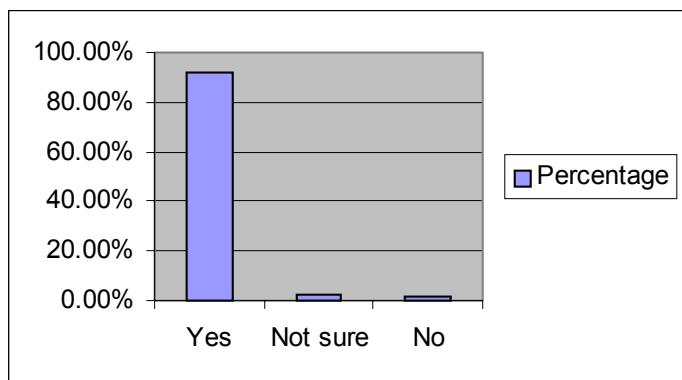


Figure 15: Confidentiality

When responding to the question if confidentiality was important in an EAP 68 respondents (91.98%) said yes. Two respondents were not sure (2.70%) and one (1.35%) respondent said no, it was not important. In support of confidentiality 24 (32.43%) respondents said that EAP intervention should be private, trusted, comfortable, sensitive and personal. One (1.35%) respondent said without confidentiality there will be gossip and this will be destructive as most problems are related to colleagues who would know the contents as described by the EAP client in his /her interview.

Confidentiality in service rendering seemed of crucial importance.

3.3.17 MARKETING THE EAP

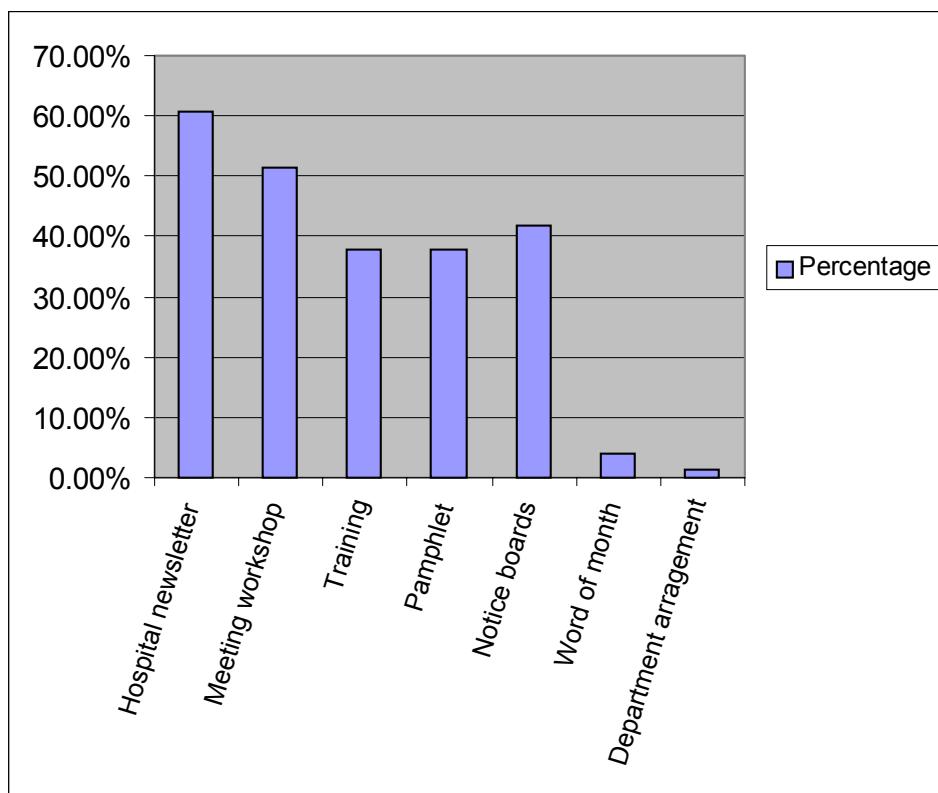


Figure 16: Marketing the EAP

In response to the question about the method of marketing the EAP, forty-five (60.81%) said hospital newsletters should be used. Thirty-eight (51.35%) respondents supported the suggestion of holding meetings or workshops. Twenty eight (37.84%) respondents wanted training as a method of making people aware of the EAP, 28 (37.84%) respondents said pamphlets should be used while 30 (41.70%) respondents supported the use of notice boards. Other suggestions included word of mouth; three (4.11%) respondents supported this and for the use of departmental arrangements, one (1.37%) respondent was keen on this method.

Every method of making EAP services known, was supported. Hospital newsletters had slightly higher responses.

3.3.18 EAP TRAINING

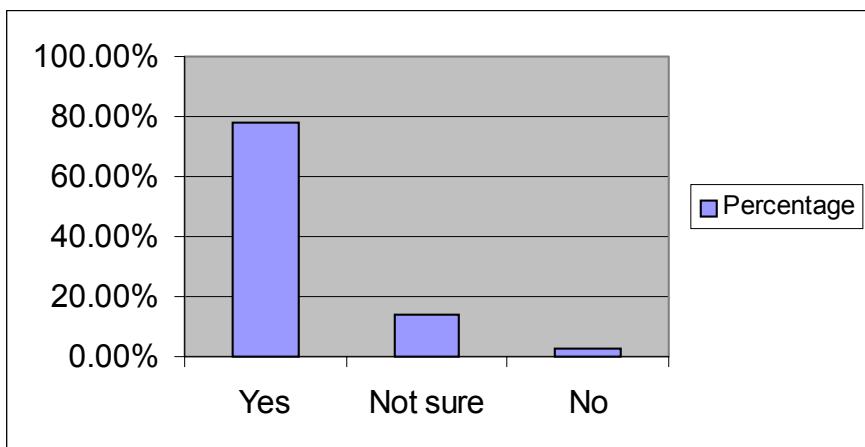


Figure 17: EAP training

When responding to the question of whether EAP training was needed, 57 (78.08%) of the respondents said yes, ten (13.70%) respondents were not sure and two (2.47%) respondents said no.

The motivations given were that employees needed to be properly trained about the EAP concept to understand it for proper utilization and prevention of abuse. Twenty-one (28.77%) respondents supported this. Seven (9.59%) respondents said that professionalism is a factor. The staff members used in the EAP needs proper training for service rendering.

3.3.19 GENERAL SUGGESTIONS

General suggestions regarding the EAP at Johannesburg Hospital were according to three (4.11%) respondents, that there should be appropriate staff for specific problems. Three (4.11%) respondents suggested that confidentiality should be stressed throughout.

Fourteen (19.18%) respondents supported the managers, especially supervisors to be thoroughly trained. and lastly five (6.85%) respondents said that Johannesburg Hospital management can learn from other institutions that have already implemented EAP to promote emotional stability in the workplace.

3.3.20 SUMMARY

This chapter discussed and presented the empirical findings of this study through tables and figures.

The next chapter discussed conclusions and recommendations.

CHAPTER 4

CONCLUSION AND THE RECOMMENDATIONS

4.1 SUMMARY OF THE STUDY

This study was conducted at Johannesburg Hospital. The main focus was on all the categories of the employees. The main aim was to explore a need for an Employee Assistance Programme. A sample comprised of 74 respondents was studied, seven were medical staff, five allied health service, 24 nursing staff, 14 administrative and auxiliary, 22 general assistants, one laundry staff and one technical staff member.

Furthermore, the use of a quantitative approach gave the study an advantage in that the data was formalized and controlled through avoidance of adding the researcher's own impressions. An exploratory research design helped this study investigate a new issue at Johannesburg Hospital namely a need for an EAP. The goal and objectives correlated with the findings in that a need for an EAP at Johannesburg Hospital exists. A self-administered questionnaire was used to collect the data. All the demographic data were used to a large extent to compare the experiences of the respondents.

Tables and figures were used to explore the respondents' experiences of problems, the effect of their problems on job performance, the type of help they receive from Johannesburg Hospital as an employer, the effect of problems on the employer, the respondents methods of dealing with their problems, how their supervisors should deal with their problems, the question whether Johannesburg Hospital need an EAP, the type of EAP preferred, the personnel preferred to run the EAP, the beneficiaries of an EAP, the location of EAP offices, the access of an EAP, confidentiality, marketing and training.

4.2 SUMMARY OF THE MAIN FINDINGS

- There was a positive response on the rationale for an EAP. The highest scored reason was that of financial problems with 71.62%. Age was a factor in that all the three age categories scored above 60%.

Secondly, job description showed that the administration staff (85.71%) had experienced more financial problems. Employees with a short employment service of 4-10 years (88.24%) seemed more burdened by financial problems. The female respondents also responded highly with 73.02%.

- The majority of the respondents (78.38%) agreed that social problems experienced had a negative effect on job performance.
- There was also a high response (82.43%) for no existence of employee assistance at Johannesburg Hospital.
- The effects of employee problems seemed to have resulted in poor production to most of the respondents. About 74.32% gave this evidence in their responses. Job description showed more responses by the administration staff 92.86%. There was an 85.71% response from the employees with 11-20 years work experience.
- The highest support for approach used was that of telling friends 44.59%. The respondents in the category of widow, separated and divorce had 61.54% supports for this approach to dealing with problems.
- Supervisory approach preferred was constructive confrontation (52.38%). Job description showed 50% support for this approach from all the categories of employees except the general assistants 8.70%.
- There was 97.18% response for a need for an EAP. The highlight was that 45.95% of respondents were of the opinion that EAP will provide professional confrontation of problems at all levels, commitment, continuous education and pleasure/ease to come to work.

- The type of EAP preferred was an internal/indigenous EAP with 35.14% of respondents in favour. The older respondents 45.45% favoured this type of service more than the other age groups.

There were 84.55% responses by the male respondents. The general assistants also supported an internal EAP with 62.22%. It also seemed that the longer people worked, 21-34years the more an internal service is required. They supported this with 40%.

- Social work tended to receive more support (63.51%) as the profession preferred to render EAP services at Johannesburg Hospital. This was indicated by the high support of the older respondents (72.73%). About 81.82% of the female respondents, 71.43% of the administration staff and 70% of the employees with 21-34 years work experience responded in favour of a social worker.
- The majority of respondents (88.68%) will utilize EAP services if created at Johannesburg Hospital.
- The highest benefit of utilizing EAP was the whole notion of improving job performance. This had 68.92% responses. Almost half of the respondents (49.95%) said they support the idea of EAP assistance to their families.
- The Social Work Department was favoured (39.19%) to house the EAP. Self-referral (71.62%) was a preferred mode of accessing the EAP and the use of hospital newsletters (60.81%) was regarded as the preferred marketing tool.
- Confidentiality received 91.62% support. EAP training also had a high response of 78.08%.

4.3 CONCLUSION OF THE STUDY

It appeared that employees at Johannesburg Hospital experience some social problems, especially financially related problems, which in turn affect their job performance.

The highest percentage of the employees tended to have an understanding of the effects of problems on their employer; in fact they had a sympathetic view that poor production has been observed as being the end product of the problems.

Employees although knowledgeable of some form of assistance in their environment, tended to deal with their problems in the old fashioned way by confiding in their friends and families.

Supervisors were seen as a less productive resource to confide in. However, it was acknowledged that supervisory constructive confrontation should be used when production is affected. Supervisors must show sincerity, maintain privacy and check with the employees on a regular basis as to how they are doing.

It can also be deduced that almost every respondent who participated in this study supported the need for an EAP at Johannesburg Hospital. The EAP should be an internal service, run by the Social Work Department and should have an office in the Social Work Department.

In order for the employees to access the EAP, they will refer themselves or their supervisors can refer them constructively. All kinds of marketing strategies can be used to make the employees aware of the EAP. The most suitable marketing tool was the use of hospital newsletters. Training was seen as being beneficial to the employee knowledge and proper EAP utilization.

Confidentiality was highly stressed in order to facilitate trust, comfort and sensitivity to the EAP support. All in all EAP was seen as being a good service to be introduced at Johannesburg Hospital.

4.4 RECOMMENDATIONS FOR PRACTICE

Based on the fact that this was an exploratory research design, the researcher aimed at assessing a need for an Employee Assistance Programme. The following recommendations are made:

A need for EAP was identified and a following research study should deal with the design and implementation of an EAP and later the evaluation of the programme.

Although the respondents viewed an internal EAP as the best option for Johannesburg Hospital, the researcher is of the opinion that a combination of an internal and external service will be more beneficial. This is because of the high incidence of alcohol and drug abuse that the hospital is battling with in relation to its own consumers. External services will offer a broader service delivery compared to limited internal services already experienced. Secondly, the Social Work Department is currently stretched and cannot handle a greater workload as suggested by the research responses.

It can thus be recommended that an internal EAP office is created for assessment purposes and later the troubled employees can be referred to appropriate professionals inside and outside the hospital. Central to this function is the requirement for an EAP co-ordinator.

Furthermore, the hospital as an employer will have to set aside funds for the smooth running of the EAP, and decide on a location for its offices. However, this study recommends that the Human Resource department (HR) be responsible for the running of the EAP. This recommendation is based on the HR departments' vast knowledge of employee needs and functions, the marketing of an EAP and the evaluation thereof.

All the stakeholders particularly the labour representatives need to be consulted to reach consensus on an EAP. Finally, the design and implementation of an EAP should be facilitated as soon as management agree on it.

All in all this study recommends that all the stakeholders need to support the efforts towards an EAP development at Johannesburg Hospital for the emotional health of the employees and hospital employer productivity.

- Finally the design and implementation of an EAP should be facilitated as soon as management agree on it.

4.5 CONCLUDING STATEMENT

This study achieved its overall goal of assessing a need for an EAP at Johannesburg Hospital. Part of the researcher's objectives were to give recommendations on the design and implementation of an EAP, this process took place prior to the research findings.

All in all the research study received the support from both the employees and management of Johannesburg Hospital. For the researcher, this study was challenging and exiting. The highlight of the whole study was that the set goals were achieved.

5 Bibliography

1. Babbie, E. 1990. **Survey research methods**. California :Wadsworth.
2. Bailey, K.D. 1994. **Practice of social research**. Fourth edition: Wadsworth.
3. Bless, C. and Higson-Smith, C. 1995. **Fundamentals of social research methods: An African perspective**. Lusaka Juta Co.
4. Cagney, T. 1999. Models of service delivery. In Oher, J.M. (ed) **The employee Assistance Handbook**. New York Library of congress.
5. Challenger, B.R.1988. The need for Employee Assistance Programs. In Dickman, F.1988. **EAP: A basic text**. USA. Charles C Thomas.
6. Dane, F.C. 1990. **Research methods** California: Brooks/Cole.
7. De Vos, A.S. 1998(a). Conceptualisation and operationalisation. In De Vos, A.S.(ed) **Research at grass roots: A primer for the caring professions**. Pretoria: J.L. Schaik Publishers.
8. De Vos, A.S. 1998(b). Introduction to the research process. In De Vos, A.S. (ed) **Research at grassroots: A primer for the caring professions**. Pretoria, J.L.V.Chaik publishers.
9. De Vos, A.S., Schurink, E.M. and Strydom, H. 1998. The nature of research in the caring professions. In De Vos, A.S. (ed) **Research at grass roots: A primer for the caring professions** Pretoria, J.L.V. Chaik publishers.
10. Dickman, F. 1988. Ingredients of an effective EAP. In Challenger, B.R. **EAP: A basic text**. USA. Charles C Thomas Publishers.
11. Dickman, F. and Emener, W.G. 1988. Union involvement: A key ingredients to successful EAP. In Challenger, B.R. (ed) **EAP: A basic text**. USA. Charles C Thomas Publishers.
12. Dickman, F., Challenger, B.R., Emener, W.G. and Hutchison, W.S. 1988. **Employee Assistance Programs**. Charles C. Thomas Publishers.

13. Du Plessis, A. 1999. **Employee assistance programmes: some thoughts on American and South African comparisons.** Presentations by EAP practitioners on issues in EAP practice between 1985-1990. EAP work group of Southern Transvaal and the Orange Free State.
14. Fouché, C.B. and De Vos, A.S. 1998. Selection of a researchable topic. In De Vos, A.S. (ed) **Research at grassroots: a primer for the caring profession.** Pretoria J.L. Van Schaik publisher.
15. Fouché, C.B. 1998. Data collection methods. In De Vos A.S (ed) **Research at grass roots: a primer for the caring profession.** Pretoria J.L. Van Schaik publishers.
16. Francek, J.L. 1985. Marketing EAP for success. In Klarreich S.H. (ed) **The human resource management Handbook.** New York Preager Press.
17. Googins, B. and Godfrey, J. 1987. **Occupation Social Work.** New Jersey: Prentice Hall.
18. Gould, M. and Smith, M.L. 1988. **Social work in workplace: Practice and principals.** Springer Publishing Company.
19. Grinnell, R.M. 1993. **Social work research and evaluation .4th edition.** Itasca, IL: Peacock.
20. Grinnell, R.M. and Williams, M. 1990. **Research in social work. A primer.** Itasca, IL: Peacock.
21. Herliny, P.A. 2000. EAP and Work Family programs: Friends and foes. In **the 21st emerging friends in century.** Vol.16, ½ 2000, pg 33-52.
22. Isenberg, S.K. 1981. EAP Service Center Model. In **EAP Digest**, May/June 1981 Pg 14.
23. Jerrell, J.M. and Rightmeyer J.F. 1988. Evaluating Employee Assistance Programs: A review of methods, outcomes and future directions. In Dickman F. (ed) 1988. **Employee Assistance Programs.** Charles C. Thomas Publishers.

24. Kim, D.S. 1988. **Assessing employment assistance programs: Evaluating typology and models.** New York: Praeger press.
25. Klarreich, S.H. Francek, J.L. and Moore, L.E. 1985. **The human resource management handbook.** New York Praeger press.
26. Leedy, P.D. 1993. **Practical research Planning and design.** 5th edition. New York Macmillan Publishing Company.
27. Maller, J. 1988. Employee Assistance Programme. A new approach to workplace productivity. In **IMP Journal** May (1988) pg 22.
28. Maynard, J.B. and Farmer, J.L. 1985. Strategies of implementing an EAP. In Klarreich, S.H. (ed) **The human resource Handbook.** New York Preager press.
29. Mouton, J. and Marais, H.C. 1990. **Basic concepts in the methodology of social work sciences.** Pretoria: Human Sciences Research Council.
30. Magruder, D.W. 1988. A national EAP program: An example. In Challenger, B.R. (ed) **Employee Assistance programs.** Charles C. Thomas. Publishers.
31. Myers, D.W 1984. **Establishing and building employee assistance programs.** Connecticut Quorum Books.
32. Neuman, W.L. 1997. **Social research Methods. Qualitative and Quantitative approaches.** 3rd U.S.A.: Library of congress.
33. **New dictionary of social work** 1995. Revised and comprehensive edition. Terminology committee for social work. Pretoria state printers.
34. Phillips, D.A. and Older, H.J. 1988. Models of service delivery. In Challenger, B.R. 1988 **Employee Assistance Programs:** Charles C. Thomas Publishers.
35. Sonnestuhl, W.J., and Trice, H.M. 1986. **Strategies for employee assistance programs: The crucial balance.** Cornell University.
36. Starker, J.P.B. 1986. The Employee Assistance Program concept. In **IPM Journal**, January 1986 pg19-23.

37. Strydom, H. 1998(a). The pilot Study. In De Vos A.S. (ed) **Research at grass roots: A primer for the caring profession.** Pretoria: J.L. Van Schaik Publisher.
38. Strydom, H 1998(b) Ethical aspects of research in the caring profession. In De Vos (ed) **Research at grass roots: A primer for the caring profession.** Pretoria: J.L. Van Schaik Publishers.
39. Strydom H and De Vos A.S. 1998. Sampling and Sampling methods. In De Vos (ed) **Research at grass roots: A primer for the caring profession.** Pretoria: J.L. Van Schaik Publishers.
40. Terblanche, L.S. 1999. **EAP Standards.** Pretoria: University of Pretoria.
41. Van den Bergh, Bergh, N. 2000. Where have we been? Where are we going? : Employee Assistance Practice in the 21st century. In **Employee Assistance Quarterly** Vol. 16, no1/2 pg 1-13
42. Van Zyl, I 1990. Maintaining your Employee Assistance Program. In Du Plessis, A. (ed) **Employee Assistance programmes: some thoughts on American and South African comparisons.** Presentation by EAP work group of Southern Transvaal and the Orange Free State.
43. William, S., Hutchison, J.R. and Renick J.M. 1985. Social work in an industrial setting: An idea whose time has finally come in Dickman (ed) **Employee Assistance Programs.** Charles C. Thomason Publishers.

APPENDIX A

Department of Social Work
Area 156/1
JOHANNESBURG HOSPITAL
2002/04/02

Dr. Danuta
Room 19
Administration Block

Dear Dr. Danuta

RE: Application for Permission to Complete Research Project

As you are aware I am completing my Social Work Masters degree in Supervision and Management at Pretoria University.

I am planning a research project that will not only meet the requirements of the University but will be of benefit to the hospital as well, particularly in the light of the development of the Employee Assistance programme.

I wish to do a needs assessment for such a programme amongst hospital staff. This is one of the basic steps in setting up an EAP and will hopefully provide management a useful set of data as a foundation to the proposed programme. Your official approval of the project will be greatly valued. I trust this will be a mutually beneficial study.

Yours sincerely

M. KAMKO
Senior Social Worker

B. KRIEL
Assistant Director

APPENDIX B

Mr. Pillay
Chief Executive officer
Johannesburg Hospital
Private Bag X 39
Room 1, Administration Building
2000

Dear Mr. Pillay,

RE: Application for Conducting a Research Study in the Hospital

I am a master's student at the University of Pretoria. As a requirement, I need to conduct a research study. My study is on:-

A need assessment of an Employee Assistance Programme at Johannesburg Hospital.

The aim of the study is to explore the need of an EAP by administrating a questionnaire to 74 employees of all job descriptions. From the responses the researcher will make recommendations. The researcher will receive supervision from a study leader, Dr. F. Taute, of the University of Pretoria – telephone number: (012) 420-4847.

Your co-operation and consideration of my request will be highly appreciated. I look forward to hearing from you.

Yours sincerely,

Margaret P. Kamko (Mrs)

APPENDIX C

Informed consent

Participant's name _____ Date _____

Principal researcher: Mrs. M.P. Kamko

1. **Title of study:** A need assessment for an Employee Assistance Programme (EAP) at Johannesburg Hospital.
2. **Purpose of the study:** The purpose of the study is to explore the need for an employee assistance programme at Johannesburg Hospital
3. **Procedures:** The researcher will use questionnaires delivered by hand to different hospital departments and later collect them personally. If respondents experience difficulties with the questionnaires, they can clarify the matter with the researcher as she collects the questionnaires.
4. **Risks and discomforts:** There are no known risks or discomforts associated with this study.
5. **Benefits:** The study will provide recommendation for an employee assistance programme at Johannesburg Hospital.
6. **Participant's rights:** I have a right to withdraw from participating in the study at any time.
7. **Financial compensation:** I understand that there is no financial compensation for the participation in this study.

- 8.** **Confidentiality:** All information obtained during this study will be kept confidential and will only be used for research purposes. I understand that the results may be published in the form of a dissertation.
- 9.** If I have any questions or concerns, I can call the researcher at (011) 488-4120 (W) or at (011) 762 1003(H).

I understand my rights as a respondent, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Respondents name

Date

Signature of researcher

APPENDIX D**Questionnaire to the employees of Johannesburg Hospital**

This questionnaire is designed to gather information from the employees about their needs for an EAP in the hospital. You are requested to indicate your answers by ticking “x” in the appropriate boxes. In other questions you will be asked to motivate your answers.

“An employee assistance programme as described in this study is a programme designed to meet specific professional human services and personnel, on either a contractual or an employment basis. This is done through the identification and referral of troubled employees to relevant resources, with the emphasis on confidentiality .The main aim is to enable them to regain a satisfactory level of job performance and social functioning.”

“A troubled employee is an employee whose job performance is affected by the prevalence of problems for example, work related, social psychological and other personal problem.”

NB: Participation in this study is voluntary and anonymous.

Section 1: Demographic information**1. Age**

20-25	
26-35	
36-45	
46-55	
56-65	

2 .Genders

Male	
Female	

3. Marital status

Single	
Married	
Separated	
Widow /or	
Divorced	
Remarried	
Other	

4. Job descriptions

Medical staff	
Allied health services	
Nurse	
Administration staff	
General assistance	
Laundry staff	
Technical staff	

5. Length of employment

Years	
Months	

Section 2: Rationale (reasons) for an EAP

6. Which of the following problems do you experience or can be identified amongst your colleagues? (You can tick more than once)

Family problems	
Marital problems	
Financial problems	
Alcohol problems	
Drugs problems	
Legal problems	
Health problems	
Work related problems	
Sick leave abuse	
Leaving assignment incomplete	
Tardiness-Coming late.	
Accidents at work.	
Lower job efficiency	

Other

{motivate} _____

7. Do the problems indicated above negatively affect you or your colleagues' job performance?

Agree	
Slightly agree	
Not sure	
Slightly disagree	
Disagree	

Motivate _____

Section 3: Goals of and need for an EAP

8. Does the hospital help employees to deal with problems, which affect their job performance?

Yes	
No	

If yes, briefly

motivate _____

9. What effect do the problems have on the hospital? (Tick more than once)

Result in dismissal of valuable employees?	
Lead to more cost for the hospital?	
Poor production ?	
Lawsuits ?	

Other {motivate} _____

SECTION 4: Models and approaches of EAP

10. How do you deal with your problem?

Tell a friend	
Tell a family member	
Confide in my supervisor	
Seek professional advice	
Suppress it	
Solve it my own way	
Not applicable	

Other {motivate} _____

11. How do you think your supervisor should react to your problem?

Intervene when my production is low	
Constructively confront me	
Refer me to assisting services	
Ignore my problem	

Other {Motivate} _____

12. Do you think Johannesburg Hospital need to have EAP services for its employees?

Yes	
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No	
Not sure	

If yes, please (motivate) _____

13. Which of the following methods of helping you to deal with your problems do you prefer?

Help provided by personnel who are employees of the hospital (internal)	
Help provided by another organization	
Help provided by both internal and external service providers	
Not sure	
None	

Explain _____

14. If help is provided, which of the following personnel will you prefer in rendering help?

Social worker	
Clinical psychologist	
Industrial psychologist	
Nurse	
Medical officer	

Motivate _____

SECTION 5: The Beneficiaries of an EAP

15. If an EAP is created in Johannesburg Hospital, will you use it to solve your problems that interfere with your job performance?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Motivate _____

16. What will the benefit be of using an EAP to resolve your problem?

Retain my job	<input type="checkbox"/>
Improve my job performance	<input type="checkbox"/>
Have a chance to rebuild my life	<input type="checkbox"/>
Improve my relationship with management	<input type="checkbox"/>
Improve my relationship with my colleagues	<input type="checkbox"/>

17. Would you like your family to take part in the EAP?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

18. If an EAP is created in the hospital, which personnel do you think must be responsible for its running?

Chief Executive Officer	
Human Resources	
Department of Social Work	
Psychology Department	
Other	

Motivate _____

19. Where do you think the EAP offices should be located?

Personnel Department	
EAP internal office	
Training and Development Department	
Social Work Department	
Psychology Department	
External Community Services	

Other {motivate} _____

20. How will you access the EAP services?

Self referral	
Supervisory referral	
Union referral	
Employer Referral	

Other {motivate} _____

21. Do you think confidentiality is important?

Yes	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
No	<input type="checkbox"/>

Motivate your answer _____

22. What method do you think can be used to make people aware of an EAP?

Hospital newsletters	<input type="checkbox"/>
Meetings /workshops	<input type="checkbox"/>
Training	<input type="checkbox"/>
Pamphlets	<input type="checkbox"/>
Notice boards	<input type="checkbox"/>

Other suggestions _____

24. Do you think a training programme is needed regarding the EAP?

Yes	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
No	<input type="checkbox"/>

Motivate _____

25. Any other suggestions that you want to add regarding EAP.

Thank you for your participation.