

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

“The EAP recognizes that employees start from the Chief Executive Officer to the lowest paid employee in the company and as such looks at all employees as equal. The EAP is a humane, comprehensive process, which is proactive in its approach. It is realistic as it recognized that employees are imperfect, make mistakes in life and as such need someone to help them to help themselves out of their crisis” (Langley, 1999:48).

According to Sloan, Gruman and Allegrante (1987:15), physical equipment must periodically be taken out of service and subjected to examination and the restoration of vital components to improve its efficiency and extend its life expectancy. In much the same way, the efficiency and life expectancy of an organisation’s people can be enhanced by such preventative efforts. In both cases, the organisation benefits.

From what the above authors say, it is important to have EAPs in the different workplaces. It is also important to know that an EAP is not designed for certain individuals in the organisation, but for the entire employee population. Hence, it is a standard procedure that before developing such programmes in a workplace, a needs assessment of such programmes involving the entire employees should be undertaken, so as to be able to cater for the needs and interests of all employees.

This chapter entails a literature review of the topic of EAP and the troubled employee, a psychiatric hospital and the working conditions.

2.2 HISTORICAL DEVELOPMENT OF EAPs IN THE UNITED STATES

According to Sonnestuhl and Trice (1986:3), since the end of the nineteenth century, work organisations in the United States have offered assistance to employees in many guises: social betterment, personnel counselling, Occupational Mental Health and Industrial Alcoholism. “During this period, employers and unions alike began to integrate humanitarian values with economic concerns, and to consider the possibility that helping workers with their personal problems might contribute to increased productivity” (Lee and Gray, 1994:216).

According to Lee and Gray (1994:216), historically, the chief predecessors of the EAP were occupational alcoholism programmes initiated during World War II, and based on the principles of Alcoholics Anonymous (AA). During this period, an increase in the activity of groups of concerned individuals, such as the National Council on Alcoholism, the Occupational Program Consultants Association, and the National Institute of Alcohol Abuse and Alcoholism (NIAAA), combined with government recognized American Federation of Labour and Congress of Industrial Organisations (AFL-CIO), contributed to a heightened awareness of alcohol-related issues in the workplace and the development of broad-based programmes to assist alcoholic workers and train professionals in this area.

According to Lee and Gray (1994:216), a second important contribution lay in the development of the various mental health professions such as Psychology, Psychiatry and Counselling. “Mayo was a key figure in researching employee needs, criticizing industry for not paying adequate attention to the psychological needs of employees and himself establishing a counseling service in 1936” (Carroll, 1996:6). According to Carroll (1996:6), there were 20 counsellors in 1940 and 55 counsellors in 1948.

University of Pretoria etd – Lentsoe, M M (2003)

Sonnenstuhl & Trice (1986:5) indicate that in 1959, the National Council on Alcoholism (NCA) began marketing industrial alcoholism programmes. “Presnall NCA’s industrial consultant, advocated for the development of broad-based programs to assist alcoholic and other troubled employees and the training of supervisors to implement the constructive confrontation strategy” (Sonnenstuhl and Trice, 1986:5).

According to Lee and Gray (1994:216), the National Institute of Alcohol Abuse and Alcoholism (NIAAA) was established in 1971. The term Employee Assistance Programme (EAP) “was coined by the National Institute of Alcohol Abuse and Alcoholism as a way of widening provision to include problems other than alcohol” (Carrol 1996:7).

From the researcher’s point of view, EAPs developed from a balance between the employer who wanted to preserve the skilled and experienced labour force and the responsibility that the employee had to display in order to keep his job.

2.3 HISTORICAL DEVELOPMENT OF EAPs IN SOUTH AFRICA

According to Maller (1988:21), an employer’s concern with the social welfare of its employees has largely been imposed by the proposed withdrawal of state-sponsored services. This policy is outlined in a 1985 Department of Constitutional Development and Planning Investigation Report into “The Present Welfare Policy”. Maller (1988:21) states that the report suggests that many of the State’s previous functions can be transferred to the private sector and EAPs are mentioned specifically as a means of accomplishing this transfer. Maller (1988:21) also indicates that the Department of Community Development and Planning report states that “the time is ripe for the active appreciation of the principle of employee assistance programmes in South Africa and for the adoption of a policy and standards for employee assistance programmes appropriate to South Africa’s circumstances”.

University of Pretoria etd – Lentsoe, M M (2003)

Kellerman in Terblanche (1988:52) indicates that “die hulpverlenings – of welstandsprogramme wat deur Evkom (Elektrisiteitsvoorsienings Kommissie) – tans bekend as ESKOM – ingestel is as die mees resente ontwikkeling in die RSA beskou kan word”.

According to Terblanche (1988:52), “het hy geen besonderhede oor die datum waarop die programme ingestel en die inhoud van sodanige programme nie, maar het wel gemeld dat die totale arbeidsmag van die maatskappy toegang tot die dienste het”.

According to Maller (1988:21), the economic crisis of the eighties has generated a profound interest in measures that boost labour productivity, both as a means of reducing costs and as a means of increasing profitability levels.

Lastly, Maller (1988:21) indicates that companies that employ social workers and/or run EAPs include Anglo Alpha, Anglo American, Barclays Bank, BMW, Everite, Eskom, Foschini, Iscor, Johannesburg Consolidated Investments, Mondi, SA Breweries, Samcor, and Post and Telecommunications.

It is the researcher’s view that many companies are nowadays introducing EAPs because of their positive impact on productivity. The researcher has, in the short period that she has learnt about EAP, seen employment advertisements for EAP consultants between the 2000-2001 at the following places: Woolworths, South African Airways, Development Bank of SA and Mogale City in Krugersdorp. This shows that EAPs are growing in number in South Africa and so are the numbers of Occupational Social Workers. Woods and Menetja (1996:112) have indicated that from its foundations in the 1920s and its formalisation in the 1970s and 1980s, Occupational Social Work has become an established part of South African Social Work practice, with an estimated 520 practitioners countrywide from August 1995.

2.4 **EMPLOYEE ASSISTANCE PROGRAMME AS A CONCEPT**

According to Lee and Gray (1994:215), EAPs have diversified into a range of systems, comprising different sponsorships, structures, processes, target population, names and even objectives. As a result of this, “Companies call their programs by a wildering number of names: Counseling, Troubled Employees, Mental Wellness, Special Health Services, Occupational Alcoholism and of course Employee Assistance” (Sonnenstuhl and Trice 1986:1).

The Employee Assistance Professional Association (EAPA) in the United States defines an Employee Assistance Programme thus: “An Employee Assistance Programme is a work-site based program designed to assist in the identification of productivity problems associated with employees impaired by personal concerns including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress or other concerns which may adversely affect employees job performance” (Lee and Gray, 1994:216).

According to Myers (1984:4), Employee Assistance is a generic term denoting more or less structured programmes that utilise technical, administrative and professional human services and staff, on either a contractual or employment basis, to meet the needs of troubled employees.

From the researcher’s point of view, it can be deduced from the definitions given above that despite this diversity underlying EAP terms and organisational structures, there is a general agreement on what constitutes an EAP, and that is: “Preventing, identifying, and treating personal problems that adversely affect job performances” (Lee and Gray 1994:216).

The following is thus the rationale for EAP usage as well as the goals, objectives and functions of such programmes in the workplace.

2.5 THE RATIONALE FOR EMPLOYEE ASSISTANCE PROGRAMMES

Different authors (compare Carroll, 1996: 2; Langley, 1999: 48; Jones, 1985: 6; Sloan, et al., 1987:7; du Plessis, 1994:44; Ntsamai, 1991: 20; Grimes, 1988:3; Davies, 2000: 3; Maller, 1988:22; Sonnenstuhl and Trice, 1986:7, Balgopal and Patchner, 1988:95-96; Shahandeh, 1988:61; Bruce 1990:336; Klarreich, Franscek and Moore, 1985:IX; Maiden, 1988:192) have given their views on the above aspect, which the researcher will incorporate with the five major reasons for the implementation of these comprehensive programmes as provided by Challenger (1988: 7-8), as follows:

2.5.1 Reduction of Costs

- The containment of health costs through early identification and treatment prior to a crisis situation is important. According to Carroll (1996:2), it makes sense to have a healthy and high-performing workforce. Jones (1985:6) says that people maintenance contributes to maximising human potential and work resources. Thus, monetary return on investment can be realised because work attendance is improved; hospital, medical and surgical costs are reduced, as are other expensive benefits that are overutilised, such as “survivor benefits and workmen’s compensation” (Sloan, et al. 1987:7).
- The possible prevention of potential problems can be ensured through the training and education of all. Maller (1988:22) indicates that many EAPs have an educational side, which adopts a preventative approach to problems such as work-related stress or money management. Thus, “counseling services within the workplace are being viewed not just as crisis points or for severely disturbed individuals, but also as a preventive service” (Carrol, 1996:4).

2.5.2 Rehabilitation Rate

It is the researcher’s view that if organisations implement EAP to help employees resolve their social and/or work-related problems, the purpose of this endeavour is to rehabilitate problem employees back into their “normal” way of performing

their jobs. Carroll (1996:6) indicates that counsellors are in a unique position in the organisational setting to offer the kind of training that prevents mental illness. From their work with clients, they can gain an overview of the ills within organisation and can create training packages to forestall further injury to employees. Du Plessis (1994:44) indicates that the relevance of services may be greatly enhanced when the service provider is based in, and shares the environment of, the service users, and relevance thus comes from understanding the needs, priorities, concerns, dynamics and culture of the employee group borne of a close association with the social worker. Services may be based on personal problems, as well as on work-related and organisational stressors in the environment common to the provider and the consumers. According to Ntsamai (1991:20), if the company subscribes to policies that deal not only with the working environment of its employees but also with their social environments, then intervention would be broadened, and the company would be in the forefront of initiating and responding to changes taking place in the social, economic and political environments.

2.5.3 Enhancement of Labour/Management Relations

It is the researcher's belief that for EAPs to be successful, management and labour representatives should both support the programme at hand, because "like any effective helping resource, they depend on recognition, acceptance, support, and involvement by the community in which they operate. Where an organized workforce exists, it is essential to mutually involve labour and management in all non-counselling aspects of the EAP process" (Grimes, 1988:3).

According to Ntsamai (1991:20), employee assistance programmes are already benefiting workers from the highest-ranking officials to the lowest-ranking people. Davies (2000: 3) indicates that it is important that "ownership" of the Employee Assistance Programme is shared throughout the organisation. Directors, staff groups, trade unions, head office functions and employees from all ethnic and

University of Pretoria etd – Lentsoe, M M (2003)

cultural backgrounds must feel involved. Thus, Carroll (1996:4) indicates that counselling highlights the value of people as organisational assets, thereby fostering a sense of belonging and loyalty, rather than alienation, as an “employee is seen as a person rather than a unit of production” (Maller, 1988:22).

According to Sonnenstuhl and Trice (1986:7), managers also adopt EAPs as “Conflict-avoidance devices”. Based on fair employment laws and labour contracts, the amount of discretion that employers can use in hiring, supervising and firing employees is often restricted. Rehabilitation is seen as a first step in helping employees to cope and dismissal is considered a last resort to be used when all else fails.

Finally, Sloan, et al. (1987:57-58) indicate that participant satisfaction with the programme is an obvious benefit that should accrue to any programme. Associated with satisfaction are possible improvements in employee morale and increases in job satisfaction that will lead to employee changes in the perception of their work and of the workplace for the better. Thus, the programme may contribute to employee decisions to remain with the organisation and not looking for work elsewhere, thereby reducing employee turnover and allowing a greater ease in hiring new employees because the existence of a well-received programme may be an attractive feature of the organisation to potential employees.

2.5.4 A win-win Situation

According to Balgopal and Patchner (1988:95-96), EAPs respond to problems by taking into account both the productivity and financial effects on the company as well as the human cost factors on the employees such as job, dignity and sense of well-being. Therefore, it is not surprising that both the worker and the company may benefit from the early identification and remediation of problems. Shahandeh (1988:61) also indicates that apart from the obvious savings in costs to employees through the introduction of constructive responses to drug and

University of Pretoria etd – Lentsoe, M M (2003)

alcohol problems in the workplace, the former drug or alcohol user derives substantial benefits in terms of improved family and co-worker relationships, increased earnings, greater job security and, most important of all, the recovery of self-respect. From the point of view of the trade union, constructive and helpful involvement in the process of restoring a worker's health and earning capacity is far better than being involved at the stage where the member's job is in jeopardy.

According to Bruce (1990:336), employers in America have found enormous benefit to the company by way of improved productivity, and reduced absenteeism and wastage with great cost savings through EAPs. Thus "EAP reduces systems abuse, time spent in disciplinary hearings, staff turnover, even the arrive alive statistics and fatalities" (Langley, 1999:48).

Finally, Davies (2000:3) indicates that an additional benefit of EAPs is that they help organisations to conform to the Labour Relations Act Code of Good Practice and to protect employers from the risk of litigation. It has also been shown that EAPs minimise employee behavioural difficulties that impact on work. By reducing the likelihood of litigation, they minimise management stress.

2.5.5 Humane Aspects

Du Plessis (1988:3) indicates that one of the rationales for EAPs is the social responsibility aspect of the companies, namely, the external commitment that is associated with financial donations to community projects, and the internal effort – of which EAPs as a programme for employees is an important aspect. "The EAP is a humane, comprehensive process which is proactive in its approach. It is realistic as it is recognized that employees are imperfect, make mistakes in life and as such need someone to help them to help themselves out of their crisis" (Langley 1999:48).

University of Pretoria etd – Lentsoe, M M (2003)

Carroll (1996:4) indicates that organisations are realising that a “wholeness” approach needs to be adopted towards employees: that physical, mental, emotional and spiritual well-being go together and that people need to be worked with as people. Klarreich, et al. (1985:IX) indicate that the personal warmth, the confidentiality of information and the concerned follow-up on the needs of recovering people form integral parts of a responsibly operated assistance programme, which recognises that human health maintenance is intimately related to everything else that people experience. Thus, “mental health in workplace includes the ability to meet life’s stresses and demands as well as maintaining satisfactory relationships on and off the job. Mental health may be viewed as a resource which gives people the ability to manage and even change their surroundings” (Ntsamai, 1991:19).

In conclusion, Maiden (1988:192) indicates that although EAPs are seen as a humanitarian endeavour, the primary motive for their development has been economic. Hence, “the direct link between care for people and the drive for success and/or profit is a major factor in convincing employers to install counseling services” (Carroll, 1996:4).

The key factor that the researcher has deduced from the above authors is that the human factor of employment was brought into the workplace through EAPs to replace the old order that treated people like machines who had to be controlled through rules and regulations, without recognising that they are imperfect and have “feelings and attitudes about their work and their co-workers, including supervisors” (Sloan, et al. 1987:5).

2.6 GOALS AND OBJECTIVES OF EAP

“It is evident from the history of the development of EAPs that individual programmes vary widely in their specific objectives depending on their origin” (Lee and Gray 1994:221).

[University of Pretoria etd – Lentsoe, M M \(2003\)](#)

According to Terblanche (1999:18-33), the Employee Assistance Professional Association of South Africa (EAPA-SA) states the following goals:

2.6.1 Goals of EAP

- To promote confidentiality.
- To ensure proper and accurate records.
- To respond to emergencies and urgent situations in a timely fashion, consistent with organisational policies.
- To match the individual who has an identified problem with a cost-effective and appropriate level of care.
- To provide cost-effective and appropriate short-term intervention.
- Follow-up service.
- To equip supervisors to fulfil their roles in early recognition, intervention and appropriate referral to the EAP.
- To ensure that the EAP is highly visible and presented in a positive light to encourage members of the organisation to utilize the programme services fully.
- To ensure that the EAP operates at its optimal level by being fully integrated with internal organisational activities.

2.6.2 Objectives of EAP

According to Lee and Gray (1994:218), general guidelines to EAP objectives are provided by the EAP professional programme standards (EAPA) as follows:

University of Pretoria etd – Lentsoe, M M (2003)

- To serve the organisation, its employees and their families, by providing a comprehensive system from which employees can obtain assistance in addressing personal problems that may affect their work performance.
- To serve as a resource for management and labour when they intervene with employees whose personal problems affect job performance.
- To effectively, efficiently and professionally provide assessment, referral and follow-up services for mental health, alcohol and other drug-related problems in the workforce.
- To deliver training and orientation sessions to all company employees (Wright, 1985:15).
- To develop a public relations package that will describe the programme to employees and assist them to use it appropriately (Wright, 1985:15).
- To implement confidential counselling service to assist employees and their families with problems that affect their personal and on-the-job functioning.
- To maintain and/or restore health and safety standards, productivity and quality of workmanship in the enterprise (Shahandeh, 1988:63).
- To avoid the loss of employees and the employee's loss of work (Shahandeh 1988:63).
- To motivate employees with drug or alcohol problems to seek appropriate help (Shahandeh, 1988:63).

From the researcher's understanding, based on what the above mentioned authors have stated about EAP goals and objectives, it is clear that in following

the rationale and justification of EAPs, it makes sense that the organisation that has set itself up for developing an EAP should be clear about what it purports to achieve in a short-term process or set up some tactics on how to achieve what it has set itself to achieve within that period. The organisation should state what it would like to see in the future (long-term process or strategic plans) to achieve what it wants to see happening in its programmes (long-term goals) so that after a certain period, everyone can evaluate what they set themselves to achieve in order to justify their rationale.

2.7 THE TROUBLED EMPLOYEE

According to Bruce (1990:4), the terms “problem employee” and “troubled employee” are often used synonymously. For him, the term “problem employee” should be used to describe an employee whose behaviour in the workplace causes reduced productivity and lowered morale for himself, his co-workers or his supervisors. Bruce (1990:4) also indicates that an employee can be troubled by personal problems as minor as a stubbed toe or as major as the death of a spouse, but unless those troubles spill over into the workplace as behaviours that lessen effectiveness and detract from the achievement of organisational goals, that employee will not be considered a problem employee. Conversely, an employee whose behaviour at work consistently detracts from organizational goal accomplishment, but has no known troubles, will also be viewed as a problem employee.

Myers (1984:12) says that a troubled employee is an employee who is suffering from any one problem or a combination of problems, which may or may not result in performance deficiencies on the job. A problem employee is a troubled employee who has job deficiencies that may or may not be evident to management.

According to Maller (1988:23), “troubled employee” is the term used to describe an employee who makes use of the EAP. “Troubled” is a non-specific word and

therefore incorporates all employees with personal problems ranging from alcoholism to worries about financial investments.

“Not all employees in the workplace will, or want to, apply themselves toward accomplishing the goals of the organization, or to ranking those goals first among their personal priorities. These workers, then, are the problem employees, and recognizing their existence is a crucial prerequisite to developing the skill necessary for dealing with them” (Bruce, 1990:2).

Hacker (1997:XV-XVI) indicates that the failure to reach personal and/or company goals can lead to dissention or loss of morale, which is often contagious. It is not difficult to detect low morale. It reveals itself in less effort and poorer results, both of which impact on profitability.

According to Myers (1984:1), 20% of the employees in the United States workforce have job-related problems caused by alcoholism, drug dependency, compulsive gambling, 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. Individually, the costs of any one problem are significant. However, when they are summed up, the total effect is staggering. All organisations have some employees who are sufficiently troubled so that their performance is affected. “An employee’s troubles are relevant only if they affect job performance” (Bruce, 1990:5).

What then are the indicators of a troubled/problem employee?

2.7.1 Clues that Alert the Manager to Problems Ahead

According to Bruce (1990:5-6), the following indicators have been identified to alert a manager that a worker has troubles that will soon create a problem in the workplace:

University of Pretoria etd – Lentsoe, M M (2003)

- Excessive, unexcused or frequent absences.
- Tardiness and early departures.
- Causing injuries to other employees through negligence.
- Poor judgement and bad decisions.
- Unusual on-the-job accidents.
- Increased spoilage and breakage of equipment.
- Involvement with the law.
- Deteriorating personal appearance.
- Mood shifts.

According to Bruce (1990:6), this is a list of symptoms. The more symptoms are present, the more likely the employee is to become a problem in the workplace. When numbers of absence begin to exceed the number of hours of approved leave available, the employee may be on the road to becoming a problem.

Bruce (1990:6) indicates that he prefers to provide clues to help recognise problem employees by describing their behaviours as “response patterns”. The following is a list of response patterns as provided by Bruce (1990:7-10), which are common in most workplaces, namely:

➤ “IT’S NOT MY FAULT”

Some employees make repeated mistakes, but always manage to find some excuse or someone else to blame for their mistakes.

➤ “I DO NOT HAVE TO PUNCH A TIME CLOCK”

Some employees have the mistaken idea that they have the right to set their own job performance standards and their own hours. It goes without saying that these standards are lower than expected and the hours they set are less than a forty-hour week. Anyone whose job requires time spent outside the office and beyond the employer’s line of vision can exhibit this type of response. When these problem employees are confronted, the response is

University of Pretoria etd – Lentsoe, M M (2003)

that they are professionals, and that as long as they did their job, they do not have to “punch a time clock”.

➤ “LEAVE ME ALONE”

Employees who do not want to be bothered with supervisory contact are usually on the way to becoming problem employees.

➤ “I AM NOT CRAZY-YOU ARE”

Some employees exhibit behaviour that is so odd, bizarre, grotesque and/or eccentric that it greatly detracts from the organisational goal accomplishment.

➤ “YOU CANNOT TELL ME WHAT TO DO”

Some employees attempt to control their supervisor with intimidation. These employees frequently perceive themselves as “experts” who do not need to follow some agency requirement or supervisory direction.

➤ “MY PERSONAL LIFE IS MY OWN BUSINESS”

An employee’s personal life is indeed his or her own business until it spills over into the workplace.

➤ “I WILL DECIDE WHAT MY JOB TASKS ARE”

The employee who arbitrarily decides which of his job responsibilities he will perform and which he will not can disrupt an entire organisation and subvert its purpose.

2.7.2 Why Problems Develop

According to Myers (1984:41), most, if not all, employees are troubled at some point in their lives about various personal and job situations that occur in the normal course of living. Troubled employees are then prospective problem employees, and the latter group is in turn responsible for the bulk of employee deficiencies that adversely affect organisational efficiency.

University of Pretoria etd – Lentsoe, M M (2003)

Bruce (1990:15) indicates that an employee becomes a problem employee far too often because of a work-related crisis. Work-related crises can occur because of inadequate or inappropriate training, an organisation that is dysfunctional or a supervisor who is insecure and ill-equipped to deal with his or her subordinates. When an employee experiences a family crisis, becomes ill or abuses alcohol or drugs, he/she is likely to become a problem employee. Still other problems develop because an employee gives up, does not “give a damn”, or becomes caught up in office politics. Employees sometimes become problem employees because of job dissatisfaction or because their personality type simply does not fit in with that of their supervisors or co-workers.

The following is an outline of some reasons why employees become problem employees.

2.7.3 Work-related Problem Causes

➤ DISCRIMINATION

According to Myers (1984:27), discrimination for reasons of race, colour, religion, gender and national origin is unlawful in the United States for all employers with 15 or more employees. No employer may legally pay different wages (including benefits) to people of different sexes for the same or equal work. Many employers fail to take adequate steps to comply with this. This results in employee resignation, apathy, demoralisation and aggression from the frustration that is induced by discrimination.

➤ FAVOURITISM

Myers (1984:29-30) indicates that while employees may become accustomed to favouritism, they are troubled when it deprives them of seemingly small tokens such as a preferred assignment, going home early or receiving a new computer. The degree to which employees are troubled by an act of favouritism is related to several factors such as the intrinsic and extrinsic

University of Pretoria etd – Lentsoe, M M (2003)

value of the reward, the employee's unique perception of the reward, the extent to which the reward was earned and so on. Employees are sensitive to incidents of favouritism and express their unhappiness with it in ways that are counter-productive to organisational goals.

➤ SKILL DEFICIENCIES

According to Myers (1984:30), manager skill deficiencies may cause employee problems. Some of the skills most frequently mentioned as the types of personal skills or characteristics that managers need for job success are impression, decisiveness, tenacity, high oral communication skills, flexibility, creativity and sensitivity.

➤ MANAGEMENT STYLE

Myers (1984:31) indicates that managers do not know that their management methods may cause employee problems such as alienation, excessive stress and mental health, which result in adverse conditions such as absenteeism, accidents and even employee theft.

According to Bruce (1990:19), one of the quickest ways to produce frustration-instigated behaviour in your employees is to change your rules, change the way you treat them, or violate their expectations of you or your organisation. If the manager abruptly changes the work structure, job definition or breadth of discretion, the employee will react with problem behaviour because such management action threatens the employee's sense of self, thereby undermining dignity and identity.

➤ FRUSTRATION

According to Bruce, (1990:17) a common thread running through all problem behaviour in the workplace is frustration. Perfectly capable employees, when confronted with a frustrating situation, will let their emotional response to frustration override their ability to perform. They will reduce organisational

University of Pretoria etd – Lentsoe, M M (2003)

goal accomplishment and literally drive the manager and their supervisor to distraction. Such employees will engage in defence mechanisms that detract from work performance, which are characterised as “frustration-instigated behaviour”. Such behaviours include aggression, rationalisation, fixation, repression, regression and avoidance.

➤ COMMUNICATION

“The word communicate comes from a Latin word meaning, “to share”. It is a sharing of ideas and feelings as well as a sharing of information, and it is a two-way process. Communication skills may be the most important skill that any manager can possess. Yet we often use a “telephone model” of communication in which directions are transmitted unilaterally, without taking into consideration all the things that can facilitate or impede the process” (Bruce, 1990:22). According to Williams (1994:20), open, honest communication is the basis of trust between management and employees. It leads to mutual respect and helps the employee to feel valued.

➤ JOB STRUCTURES

Job structure is composed of several work dimensions, all of which affect employee work attitudes, motivation and job interest. Some jobs are repetitive, requiring the same function to be repeated continually. Other jobs are more generalised, with a variety of duties being performed. In an effort to introduce some variety into the work day, managers use job rotation in which employees can perform several jobs. In other situations, jobs are either “enriched”, which means that more duties are delegated from above or “enlarged” (meaning that the job duties are expanded).

2.7.4 **PERSONAL PROBLEMS**

Employee's Age

Myers (1984:35) indicates that employees experiencing a mid-life crisis and others who are contemplating retirement have job problems caused by these factors. The mid-life crisis is associated with things such as grown children who are leaving home, personal feelings of obsolescence, job self-doubt and the belief that one is no longer needed. Role conflict is involved particularly if a person's accomplishments have not met the level of his or her aspirations.

Substance Abuse

According to Bruce (1990:38), the term "substance abuse" refers to the abuse of both alcohol and illegal drugs. Substance abuse affects from 3% to 25% of American workers. These employees are:

- ❖ four times more likely to be involved in accidents at work;
- ❖ six times more likely to be involved in accidents away from work;
- ❖ two and a half times more likely to be absent from work more than once a week;
- ❖ five times more likely to file a workman's compensation claim;
- ❖ repeatedly involved in grievance procedures;
- ❖ receiving three times more sickness benefits; and
- ❖ functioning at 67% of their potential.

According to Frances, Pincus and First (2000:191), the term "substance" can refer to a drug, a medication or a toxin. Alcohol, amphetamine, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, sedatives and hypnotics are examples.

Financial Conditions

According to Myers (1984: 37-38), financial conditions that cause employees to be troubled include over-indebtedness, unwise credit usage, income loss due to layoffs, reduction in force, demotions, job changes, terminations and overtime reductions, substance abuse, extramarital affairs and gambling.

Emotional Conditions

Myers (1984: 36) indicates that job conditions can cause emotional problems, such as the aggressive feelings that follow the frustration of a senior job position being awarded a junior employee. Unfairness, discrimination, favouritism, management style and even the manner in which jobs are structured can all have a profound impact on an employee's emotions.

Family Problems

According to Myers (1984: 36-37), family problems range from an employee whose husband is committing incest to a terminally ill parent who is institutionalised. Family conditions that cause employees to be troubled are defined as traumas arising from the domestic or family environment that have a debilitating effect on employee functioning. "A number of researchers are concerned about the escalating conflict between work and family which is exacerbated by the fact that 60% of the workforce are women who have children under the age of six. This conflict occurs for both women and men and often results in family problems spilling over into the workplace" (Bruce, 1990: 39).

Health-related Problems

Bruce (1990: 40) indicates that a health-related problem can hamper performance until treatment is sought. Some health problems are job related, evidenced by escalating workmen's compensation claims. Many others are hereditary. Others are caused by a general lack of fitness, poor sleeping patterns and worry over family problems or family finances. Whatever the cause,

it does not become your concern until its effects spill over into the workplace in a way that hampers organisational goal accomplishment.

2.8 THE PSYCHIATRIC HOSPITAL AND WORKING CONDITIONS

2.8.1 Psychiatry

According to Kaplan and Sadock (1981:1) psychiatry is that branch of medicine that deals with mental disorders/diseases the manifestations of which are primarily behavioural or psychological. "Psychiatry is the study and treatment of mental illness" (Hornby, 1974:686).

2.8.2 Work and the Meaning of Work

Ntsamai (1991:19-20) indicates that work has become the primary source of financial support, as well as an activity that organises routine for life. It is also an ego satisfying foundation for self-image. Contact with peers, friends and social support systems may also be derived through work. The work one does tends to determine where one will live, how, with whom, the type of education one's children will receive and even influence one's future occupations. Work may, therefore, be said to be a very important factor in promoting or hindering mental health among employees.

According to Kaplan and Sadock (1981:271), work is a major source of self-esteem. It fulfils a need to be needed. If successfully managed, the work role makes personal autonomy possible in the extra-familial community. It is probably the single most important prerequisite for entering into marriage and for raising a family. Loss of work for any reason can be a crushing narcissistic blow, with major mental and physical repercussions. The work role is important in relation to one's identity or concept of self. For these reasons, man is bound most closely to reality through his work.

University of Pretoria etd – Lentsoe, M M (2003)

A minimum level of mental health is necessary to be able to work at all or to work with maximal effectiveness. A remarkable measure of the significance of work vis-a-vis health is the fact that job satisfaction is the strongest predictor of longevity. Hence, “employees want to be satisfied with their work and themselves. They are more likely to stay if they get what they want and need” (Hacker, 1997:XVII).

Kaplan and Sadock (1981:271) indicate that heart attacks, addictions of all kinds, depression and suicide correlate highly with job dissatisfaction. In addition, extra-occupational life changes may alter work attitudes so that a previously steady worker becomes accident prone and liable to crippling injury or accident neurosis. Many people work far below their potential because of psychopathological work inhibitions. Some are self-defeating because of a fear of success. Some fall behind because they must rebel in their quest for identity.

Specific types of employment are associated with special problems. For example, doctors and nurses are prone to narcotic addiction because of the pressures of their work and their relatively easy access to opiates. The father who commutes a long distance to work may create a family void as traumatic as an absent father. Unskilled jobs associated with danger, monotony and poor pay are particularly associated with accident neurosis and litigiousness. “Much of the research that has been conducted on burnout has centred on the so-called helping professions: that is individuals whose jobs require extensive contact with other people. For example teachers, nurses, physicians, social workers, therapists, police and parole officers” (Matteson and Ivancevich, 1987:242).

From what the above authors have said about psychiatry and work, it seems that psychiatrists are well equipped to treat and deal with family, work and personal problems that have a negative impact on the mental well-being of employees.

2.9 THE PSYCHIATRIC HOSPITAL AS A WORKPLACE

Although a psychiatric hospital as a workplace is similar to other organisations, it has its own distinct characteristics: namely:

2.9.1 Violent Episodes

According to Zabow (1998:1), there is a growing concern that the number of violent episodes, including assaults on staff in a hospital, is generally increasing. The accident and emergency department regularly report assaults with greater frequency and this may also be the case in psychiatric patients. There had previously been no formalised or recognised way for staff in hospitals (both general and psychiatric) to deal adequately and effectively with a violent individual. Although “traditional” methods were employed, they relied on great numbers of staff or the use of techniques fraught with risks. These traditional methods had shortfalls, including the creation of confusion, emotion and a high rate of injury occurring to both patient and staff. It is necessary that all practitioners have an obligation to provide protection, safety, dignity and the least intrusive interventions when managing potentially violent or violent individuals. The development of skills in the ability to prevent, anticipate and manage violence and so minimize everyone’s chances of injury is the essential aim.

2.9.2 Managing a Violent Patient

Zabow (1998:4-5) indicates that violence is a symptom, with a cause, a differential diagnosis and definitive management. The process of managing violence may be considered in the following stages:

- **PREPARATION**

The first principle of successful management is to be prepared for the potential violence. Be aware of the possible causes of both internal factors within the individual that interact with external factors in the environment. Examples are the different possible responses of aggression from a drunk or frightened patient.

University of Pretoria etd – Lentsoe, M M (2003)

- TAKING CONTROL

If a situation cannot be diffused or prevented and is escalating into an emergency, someone should take control. This should be the most senior nurse or other clinician available. This must be done in a calm but authoritative manner in order to ensure that staff do not panic, so as to reduce the risk to themselves and the patient.

- MAINTAINING SAFETY

If you feel unsafe, interview the patient in the presence of other staff or with the door open in a more public space. Sacrificing the patient's confidentiality or comfort may be indicated and worthwhile. Be aware of any safety procedures such as alarm buttons or be prepared to use your own personal alarm you always carry with you (which is a loud shout for help).

- DETAINING PATIENTS

A decision has to be made on whether reassuring or explaining to the patient is pointless and exposing your colleagues to risk. Rapid restraint and treatment with medication according to the underlying disorder may be necessary.

- THERAPEUTIC IMPLICATIONS

According to Kaplan and Sadock (1981:95), one of the earliest studies on mental hospitals and their functioning focused on the therapeutic implications of various aspects of formal and informal organisations in a private, psychoanalytically oriented hospital. They documented features such as the role of staff tensions and disagreements as precursors of upsets in patients, and the frequent tendency of staff members to interpret patient's motives, rather than complying with simple requests.

2.9.3 Formal Structure

Kaplan and Sadock (1981:95) indicate that sociological research on a mental hospital has dealt with the peculiarities of a formal structure as a consequence of the splitting of the supervision of professional and maintenance operations, with the consequences of the limited access to advancement for attendants and aides, and with the different ideologies about mental illness and its treatment prevailing in different segments of the staff.

2.9.4 Stigmatisation

“The stigmatization of mental illness seems inevitable in a society that puts heavy emphasis on instrumental achievement and devalues excesses of emotional expression. In such a society, immobilization through anxiety, depression, or psychotic episodes is likely to lead to ineffective performance of the occupational role and to the disruption of other role relationships. Hospitalization greatly accentuates the negative consequences of symptoms by symbolising role failure. Even with the great increase in mental health education and the great availability today of out patient services in most communities, relatively few patients come into treatment with directness that is found for most physical illness” (Kaplan and Sadock, 1981:95).

It is the researcher’s view that unlike other workplaces, mental hospitals produce a stressful condition by themselves due to the type of clientele served. It is the view of the researcher that not only are the patients stigmatised, but the staff working in such institutions are also regarded in the same light by community members, and this also happens among the staff members themselves.

2.10 PSYCHIATRIC WORKING CONDITIONS THAT ARE SIMILAR TO OTHER WORKPLACES

2.10.1 Organisational Stressors

According to Matteson and Ivancevich (1987:XIV), stress results from change, from uncertainty and from an imbalance between the demands made on us and our ability to respond to them. Stress is a universal phenomenon; to live is to experience stress. From a layperson's perspective, stress can variously be described as feeling tense, anxious or worried, or as having the "blues". Scientifically, these feelings are manifestations of the stress experience, an intriguingly complex programmed response to perceive threat that can have both positive and negative results.

According to Bellingham and Cohen (1987:166), stress is caused by change and by the pressures of life's events.

"Employees working in an organization are exposed to a wide range of people, events, and situations that are potential stressors" (Matterson and Ivancevich, 1987:41).

Matteson and Ivancevich (1987:43-50) indicate the following organisational stressors, which will be incorporated with those of other authors (compare Kaplan & Sadock, 1981:95; Bailey, 1983:5; Bellingham & Cohen, 1987:167; Bruce, 1990:93 and Hacker, 1997:XIV):

- **ROLE CONFLICT**

A combination of the expectations and demands that employees place on themselves and the expectations of other members of the organisation results in a set of forces that may be termed "role pressures". When a situation arises in which two or more role pressures are in conflict with one another, a condition of "role conflict" exists.

University of Pretoria etd – Lentsoe, M M (2003)

▪ POOR WORK ORGANISATION AND JOB DESIGN

According to Bailey (1983:5), poor work organisation and job design can contribute not only to worker dissatisfaction and poor industrial relations but also to problems of quality and productivity, which ultimately affect the competitiveness of the product and the business. Sloan et al. (1987:168) contend that consideration should be given to organisational level factors such as work design or climate, which are beyond the control of the individual, yet may contribute heavily to the illness and absenteeism of employees.

▪ THE CORPORATE CULTURE

According to Bellingham and Cohen (1987:167), the corporate culture is another source of work stress. Culture can be defined as the set of norms, values, beliefs and rituals that differentiate one group from another. Norms are the traditionally accepted, expected behaviours in a culture - simply the way in which things work around here. In a dysfunctional culture, one might find norms such as: people are cautious about what is said in meetings, and all decisions are made "from above" without involvement.

According to Bruce (1990:93), in a neurotic culture (which Bellingham and Cohen call a dysfunctional culture) there are five types of culture, namely:

- ❖ In a paranoid organisation, employees will mistrust their supervisor and be suspicious of their co-workers.
- ❖ In compulsive organisations, people will believe they must be perfect, and be afraid of innovation lest they do something wrong.
- ❖ Dramatic organisations are likely to have a number of prima donnas who work for self-aggrandizement rather than the overall good of the company.

- ❖ In depressive organisations, people lack motivation.
- ❖ In schizoid organisations, employees seem indifferent to either praise or criticism.
- **ROLE AMBIGUITY**
According to Matteson and Ivancevich (1987:44), role ambiguity is a lack of clarity about the job objectives and the scope of responsibilities of one's job. This leads to lowered self-esteem, decreased life and job satisfaction, lower levels of work motivation and expressed intention to leave the job.
- **LOW MORALE AND TURNOVER**
According to Hacker (1997:XIV), morale is a state of mind and emotions. It is about attitudes of individuals and groups towards their work, their environment, their managers and the business. Turnover is a cost that is not easy to measure, which is why it is not identified until after profits are directly affected.
- **ALIENATION**
According to Bailey (1983:11), there is an increasing sense of frustration and alienation experienced by employees in their work and although in some instances compensations in terms of higher wages, security and working conditions may alleviate some of the effects, they do not resolve the basic problem, for many people, of boring and seemingly meaningless work. Other problems related to alienation are powerlessness, meaninglessness, isolation and self-estrangement.

The researcher's view is that the problems cited by different authors above are of a serious nature and are experienced by some employees if not all employees in the different workplaces.

2.11 SUMMARY

Employee Assistance Programmes are strategies employed in the workplace to cater for the needs of employees, whether those needs are personal, work related and/or organisational. Their main aim is to retain the employees through their accessibility and responsiveness to employees' needs, thus in turn changing the employees into a responsible and motivated workforce. Hence, Sterkfontein Psychiatric Hospital as a workplace has to conduct a needs assessment for an Employee Assistance Programme in order to determine the need for an EAP.

The next chapter focuses on the analysis and interpretation of empirical data collected from the study population.