

**INSTRUCTIONS:**

Make a cross (x) in the appropriate block and explain in the given space.

**DEMOGRAPHIC DETAILS:**

1. **In which age group do you fall?**

<b>20-25</b>	
<b>26-30</b>	
<b>31-35</b>	
<b>36-40</b>	
<b>41-45</b>	
<b>46-50</b>	
<b>51-55</b>	
<b>56-60</b>	
<b>61-66</b>	

2. **Gender:**

<b>MALE</b>	<b>FEMALE</b>

3. **Marital Status:**

<b>SINGLE</b>	
<b>MARRIED</b>	
<b>DIVORCED</b>	
<b>WIDOWED</b>	
<b>RE-MARRIED</b>	
<b>SEPARATED</b>	

4. **Do you have dependants?**

<b>YES</b>	<b>NO</b>

**If you answered “YES” to question 4, please indicate the following:**

4.1 **Number of your dependants:**

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4.2 Ages of your dependants:

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5. Years of service:

<b>0-12 MONTHS</b>	
<b>BETWEEN 1 – 5 YEARS</b>	
<b>LONGER THAN 5 YEARS</b>	

6. Highest Qualification:

<b>STANDARD 5 OR LOWER</b>	
<b>STANDARD 6 – 8</b>	
<b>STANDARD 10 (MATRIC)</b>	
<b>B. DEGREE</b>	
<b>POSTGRADUATE</b>	

**Other, Please Specify:** \_\_\_\_\_

7. Home Language:

<b>AFRIKAANS</b>	
<b>ENGLISH</b>	
<b>NDEBELE</b>	
<b>SOUTH-SOTHO</b>	
<b>NORTH-SOTHO</b>	
<b>TSWANA</b>	
<b>TSONGA</b>	
<b>VENDA</b>	
<b>XHOSA</b>	
<b>ZULU</b>	

**Other, Please Specify:** \_\_\_\_\_

8. Department you work for:

<b>MANAGEMENT</b>	
<b>CLINICAL</b>	
<b>ADMIN</b>	
<b>NURSING</b>	
<b>GENERAL ASSISTANT E.G. CLEANER, GROUNDSMAN</b>	

9. **What is the nature of your working relationship with your subordinates or supervisor?**

<b>EXCELLENT</b>	
<b>GOOD</b>	
<b>FAIR</b>	
<b>POOR</b>	

10. **Where do you go when you have personal problems?**

<b>SUPERVISOR</b>	
<b>CO-WORKER</b>	
<b>FRIEND</b>	
<b>SOCIAL WORKER</b>	
<b>FAMILY MEMBER</b>	
<b>CHURCH MINISTER</b>	

**Other, Please Specify:** \_\_\_\_\_

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11. **Where do you go when you have work-related problems?**

<b>SUPERVISOR</b>	
<b>CO-WORKER</b>	
<b>FRIEND</b>	
<b>SOCIAL WORKER</b>	
<b>FAMILY MEMBER</b>	
<b>CHURCH MINISTER</b>	

**Other, Please Specify:** \_\_\_\_\_

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12. **Can your supervisor see when you have a problem?**

<b>ALWAYS</b>	
<b>SOMETIMES</b>	
<b>OFTEN</b>	
<b>SELDOM</b>	
<b>NOT AT ALL / NEVER</b>	

13. **Do you know how your job performance is measured?**

<b>YES</b>	
<b>NO</b>	
<b>UNCERTAIN</b>	

14. **If your job performance is poor, what does your supervisor do?**

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15. **The following is a list of personal problems, which people in a workplace may experience. Please indicate the problems that you have personally experienced, as well as those experienced by your colleagues:**

<b>Problems</b>	<b>YES</b>	<b>NO</b>
<b>Alcohol Abuse</b>		
<b>Drug Abuse</b>		
<b>Marital or Family Conflict</b>		
<b>Excessive, unexcused or Frequent Absences</b>		
<b>Financial Problems</b>		
<b>Tardiness (late coming) and early departures</b>		
<b>Poor judgements and bad decisions</b>		
<b>Emotional Problems</b>		
<b>Unusual on-the-job accidents</b>		
<b>Mood Shifts</b>		
<b>Causing other employees injuries through negligence</b>		
<b>Health-related problems</b>		

16. What effect do these personal problems have on the hospital?

Result in dismissal of valuable employees	
Lead to lowered morale among the employees	
Lead to more costs to the hospital	
Poor production	
Law suits by employees	
High employee turnover	

Other, please specify: \_\_\_\_\_  
 \_\_\_\_\_

17. Are you of the opinion that personal problems have a negative effect on the productivity of employees?

YES	NO

18. What effect do these personal problems have on the staff?

<b>HIGH ABSENTEEISM</b>	
<b>HIGH WORK LOAD</b>	
<b>OVERTIME WORK</b>	
<b>STRESS</b>	
<b>BURN-OUT</b>	
<b>HIGH EMPLOYEE TURNOVER</b>	
<b>ALIENATION</b>	
<b>MENTAL ILLNESS</b>	

Other, Please Specify: \_\_\_\_\_  
 \_\_\_\_\_

19. How is an employee treated who has been absent from work?

Fill in the leave form	
Expect medical certificate	
Listen to his/her problem	
Deduct money for not working	

20. **When do you experience a high rate of absenteeism at work?**

<b>Fridays and Mondays</b>	
<b>Tuesdays and Wednesdays</b>	
<b>Mondays and Tuesdays</b>	
<b>Wednesdays and Thursdays</b>	
<b>Thursdays and Fridays</b>	
<b>Pay-days and the day after</b>	

**Other, Please Specify:** \_\_\_\_\_

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21. **Do you think that high absenteeism might be due to the following statements? Mark as many as applicable to the statements:**

<b>Disallowed leave of absence</b>	
<b>Disallowed days off</b>	
<b>Unsympathetic management</b>	
<b>Red tape</b>	
<b>High workload</b>	
<b>Depression</b>	
<b>Family-related pressure</b>	
<b>Work-related stressors</b>	
<b>Injury due to violent situation</b>	
<b>Working Conditions not conducive</b>	

**Other, Please Specify:** \_\_\_\_\_

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22. **Do you think that confidentiality in handling clinical information is important in a hospital EAP?**

<b>YES</b>	<b>NO</b>

**Briefly, motivate your answer:** \_\_\_\_\_

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23. **How should confidentiality be maintained in an EAP?**

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. **Do you think that high employee turnover (resignation) is a serious problem in this hospital?**

<b>YES</b>	<b>NO</b>

If yes, briefly explain why?

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_

25. **What is normally done by the hospital when a troubled employee is identified?**

<b>Confront him/her</b>	
<b>Advise him/her to seek help</b>	
<b>Talk to his/her friends</b>	
<b>Report him/her to upper Management (CEO)</b>	
<b>Listen to his/her problems and give advice</b>	
<b>Give time off in order to solve their problems</b>	

26. **If help is provided to troubled employees, which of the following personnel are involved in rendering such help?**

<b>Social Workers</b>		
<b>Psychologists</b>		
<b>Psychiatrists</b>		
<b>Occupational Therapists</b>		
<b>Nurses</b>		
<b>Union representative (shop steward)</b>		

*Other, Please Specify:* \_\_\_\_\_  
 \_\_\_\_\_

27. **How would you like the Hospital to help you when you have problems?**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

28. **What kind of assistance does the Hospital provide you with when you experience problems?**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

29. **Do you think that the hospital should design/introduce an Employee Assistance Programme (Please refer to definition on Page 2)?**

<b>YES</b>	<b>NO</b>

**Briefly motivate your answer:**

\_\_\_\_\_  
 \_\_\_\_\_

30. **If the hospital were to introduce an EAP, would you use this service to solve your own personal problems?**

<b>YES</b>	<b>NO</b>

**If you answered “NO” to question 30 above, indicate your reason(s) here (mark with a cross (X) as many as are applicable to you):**

<b>REASON</b>	<b>RESPONSE</b>
The supervisor may find out that I have a problem	
Co-workers may find out that I have a problem	
Subordinates may find out that I have a problem	
Chances of promotion may be jeopardized	
I may be perceived as not coping	
I may be labelled and stigmatised	



My job security will be in jeopardy	
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Other, Please Specify: \_\_\_\_\_

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**If you answered “YES” to question 30 above, with whom would you be more comfortable to discuss your problem(s)?**

The hospital’s full-time EAP Counsellor	
The hospital’s EAP co-ordinator	
An external consultant (such as a social worker, psychologist, doctor, nurse based outside the hospital)	

Other, Please Specify: \_\_\_\_\_

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**31. Who should be responsible for paying the treatment costs of EAP services? Answer “YES” or “NO” to the following statements:**

Payment for EAP services	YES	NO
Payment should be through medical aid		
Self-payment by the employees who use the service		
The hospital should pay for EAP services		

Other, Please Specify: \_\_\_\_\_

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32. The following are some of the services, which may be offered by the hospital EAP. Please rank them in terms of priority, e.g. 1, 2, 3, 4, 5 ... 15 (1 to represent top priority and 15 to represent least pressing):

<i>PROGRAMMES</i>	<i>RANK</i>
Personal Counselling	
Individual Counselling	
Group Counselling	
Life Skills Programmes	
How to handle a violent person	
Health and wellness programmes	
Pre-retirement Counselling	
Stress Management	
How to deal with burn-out	
Motivational Skills	
Aids Education	
Affirmative Action Programmes	
Rape Awareness Programmes	
Financial Counselling	
Mental Care Services	

33. Do you think Sterkfontein Hospital has a responsibility towards troubled employees?

<i>YES</i>	<i>NO</i>

If yes, motivate your answer:

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_

34. Do you think it is necessary for Sterkfontein Hospital to have an Employee Assistance Programme?

<i>YES</i>	<i>NO</i>

**If yes, motivate your answer:**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

35. **Where do you think EAP staff should be located in the hospital? Please mark only one:**

Human Resource Department (Administration Department)	
Social Work Department	
Psychology Department	
Other, Please Specify: _____	
_____	
_____	

36. **Would you like the Hospital to have an after care programme for troubled employees?**

<b>YES</b>	<b>NO</b>

**Please, motivate your answer:**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

37. **Do you think that the Unions should be consulted when designing/introducing a hospital EAP?**

<b>YES</b>	<b>NO</b>

38. **Do you think that EAP practitioners should be members of the Disciplinary Committee?**

<b>YES</b>	<b>NO</b>

39. **If the hospital was to design an EAP, what suggestions do you have which could contribute towards ensuring that the staff uses that service?**

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**THANK YOU FOR YOUR CO-OPERATION.**