A NEEDS ASSESSMENT FOR AN EMPLOYEE ASSISTANCE PROGRAMME AT STERKFONTEIN PSYCHIATRIC HOSPITAL

BY

M.M. LENTSOE

A RESEARCH REPORT

Submitted in partial fulfilment of the requirements for the degree

MA (SW) Management

FACULTY OF HUMANITIES

UNIVERSITY OF PRETORIA

DEPARTMENT OF SOCIAL WORK

SUPERVISOR: DR F.M. TAUTE

MAY 2003

DEDICATION

This is dedicated to the sweet memory of my precious grandfather, Nkabane J. Ramoroesi, and my lecturer, Mrs Sibongile C. Mamasela.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank God and my Guardian Angel, who gave me the strength, willpower and perseverance to complete this study. My sincere gratitude and appreciation also go to the following people:

-   Professor L.S. Terblanche and the late Mrs S.C. Mamasela for their presentation of the EAP course in my first year of study, which helped me to focus on my choice of study.

-   Dr F.M. Taute for her guidance throughout, as my supervisor. She also provided me with support, motivation, encouragement and her belief in me that I could complete my study earlier than I thought.

-   Mrs M.C. Mauer – of the University of Pretoria, Department of Statistics for doing the analyis.

-   Sterkfontein Management for allowing me to conduct the research (study).

-   My colleague, Seipati Pitse, for her advice, support and encouragement.

-   My co-workers, Neliswa Khumalo, Zipporah Sigwili, Vusi Matshazi and Mr Evans Manyama, for their help, support and encouragement.

-   My children, Thato, Tshiamo and Reabetswe, for their love and understanding when I could not provide them with attention.

- My sister, Ntibi, and my mother, Matlakala, for jointly taking over the care of my children to allow me time for my study and at the same time providing them with motherly love.

- All the people who helped with the typing of my study material (in all its forms), especially Mrs Benita Coetzee.

- Mrs F. Velosa for professional language editing.

- My friend, Thandi Mabena-Mogotsi, for encouraging me to study EAP at Pretoria University.

- Daphne, Mercy, Malmsey, Oupatjie and Angy for their love and support.

- The Management, Clinical Staff, Administrative Staff, Nurses and general workers for their participation in the study and their valuable contribution.

  - My family of origin and my extended family – for their understanding and support, especially my aunt, Aletta, my grandmother Mamogami, and Tshepo.

Mamogani Magdeline Lentsoe

Summary

A needs assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital

Employee Assistance Programmes are the various interventions in the workplace, which are aimed at helping employees who are experiencing personal and work-related problems.

The purpose of this study was to determine whether there is a need for a structured Employee Assistance Programme (EAP) at Sterkfontein Psychiatric Hospital. In this study, the researcher utilised a quantitative approach due to the nature of the research topic under investigation, which is geared towards the assessment of the needs of employees for an EAP, because she wants to base her knowledge gained on objective measurements of the real world, not on someone's opinion, beliefs or past experiences.

The researcher utilised applied research in this study to explore the need for an EAP programme that might be designed/introduced to solve employee problems.

For this study, the researcher opted for a combination of an exploratory-descriptive design, due to the fact that little is know about the phenomenon, group or programme.

The researcher used a combination of interval/systematic sampling and random sampling to complement each other in eradicating any bias that has the potential of occurring when applying interval/systematic sampling.

To achieve representation and precision in this study, the researcher divided the total population of 525 Sterkfontein employees into five categories according to their

departments and attached the actual number of employees in a particular department as reflected in the staff establishment document of Sterkfontein Psychiatric Hospital to the appropriate stratum.

The results derived from this endeavour were thus: Management (25), Clinical Staff (45), Administration (44), Nurses (253) and the General Assistants (158).   The researcher divided each employee in each respective category by one tenth or 10% in order to know how many respondents from each category could be included in the sample, and added together all the figures derived from such a division to obtain a sample size of 53 respondents for the study. As a result, the researcher came up with the following respondents in five (5) categories of employees: - Management (3), Clinical (5), Administration (4), Nurses (25) and General Assistants (16).

The researcher compiled only one questionnaire for all five (5) categories of Sterkfontein Psychiatric Hospital employees because EAP recognises that employees start from the CEO to the lowest paid employee in the company and, as such, considers all employees to be equal.

The investigation illustrated some limitations in the normal running of the hospital. Most of the respondents had both personal and work-related problems, which impacted negatively on the hospital. There were no mechanisms in place that were geared towards helping troubled employees or providing skills in handling troubled employees. Hence, from these limitations, it became clear that there is a need for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital.

List of Key Concepts

Employee Assistance Programme
Troubled Employee

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CHAPTER 1

GENERAL ORIENTATION OF THE STUDY

1.1   INTRODUCTION

According to Jones (1985:11-12), it is recognised that no one is immune to problems. Unfortunately, these problems are hardly ever convenient. Individuals do not have internal "switches" that enable them to turn off problems that originated at home as they walk through the corporate door to work. Likewise, problems that are generated at work are often "carried" home. Unattended problems usually become worse and adversely affect job performance. The prognosis for problem resolution is greatly enhanced through early identification and professional attention.

From the above quotation, it is clear that a problem needs to be addressed holistically because as mentioned, a problem in one sphere of one's life affects all other spheres. Having said this, it is possible that problems that originated from work can have adverse effects on the employee's relationship with other colleagues, friends and family members. It is also possible that a personal problem can have adverse effects on the job performance of the worker. The researcher believes that it is only by identifying such problems early and realising their negative effects on performance and productivity that it is important to implement an Employee Assistance Programme (EAP) so as to attend to these problems quickly before performance and productivity deteriorate.

In conclusion, Langley (1999:48) indicates that the Employee Assistance Programme is a broad-brush approach acknowledging that at some time in life, crises could impact on performance and if employees are assisted in dealing with their situations, their functioning and quality of life can be improved. Hence Hollman in Terblanche (1988:24) says that an Employee Assistance Programme is a planned, systematic programme designed to provide professional assistance to employees experiencing alcohol, drug,

emotional and or personal crises (e.g. marital, family, financial and legal problems), which interfere with their job performance.

1.2   MOTIVATION FOR THE CHOICE OF THE SUBJECT

As a Social Worker for eleven (11) years at Sterkfontein Psychiatric Hospital, and at some stage acting head of the Social Work Department, the researcher was expected to represent the Social Work Department at the hospital's Extended Management Meeting held every month. This acting role exposed the researcher to the problems faced by the managers of Sterkfontein Psychiatric Hospital, such as unreported and general absenteeism, alcohol abuse, sick leave abuse, general lack of morale among employees, suicides, high employee turnover, especially among the nursing professionals, and the frustration that the managers have with a backlog of pending disciplinary and grievance cases, which the Department of Labour, Head Office, could not complete on time.

After reading an article on EAP from one of the social work journals, the researcher decided that this (EAP) might be a solution to the frustrations and problems of both Sterkfontein Managers and employees because "EAP is objective, non-judgemental and makes business sense. It has measurable benefits e.g. dealing with performance deficiencies, reduces absenteeism and systems abuse, time spent in disciplinary hearings, staff turnover, even the arrive alive statistics and fatalities" (Langley, 1999:48).

In conclusion, Davies (2000:3) indicates that EAP is a Staff Support System paid for by the employer, which helps employees to deal with their personal and work-related problems and challenges earlier and more effectively. As a result, it improves the productivity, performance and morale of the organisation. Hence, the researcher undertook this study to find out whether Sterkfontein employees need a structured support system so as to deal with their personal and work-related problems.

1.3 PROBLEM FORMULATION

The absence of a structured EAP for the employees of Sterkfontein Psychiatric Hospital seems to manifest itself in problems not being addressed, such as high employee turnover, absenteeism, alcohol abuse and low morale. According to an annual report taken between 1/8/2000 – 30/4/2001 by the Sterkfontein Human Resources Department, the following statistics were provided on the following: absenteeism (12), alcoholism (10) poor work attendance (4), theft (2) and alleged assault (1). No statistics on employee turnover were available. Du Plessis (1988:23-25) indicates that it is estimated that troubled employees cost their employers 25% of their annual wage in lost production - reason alone to institute a programme.

The researcher therefore investigated the need for such an Employee Assistance Programme at Sterkfontein Psychiatric Hospital.

1.4   GOAL AND OBJECTIVES OF THE STUDY

1.4.1 Goal of the Study

To determine the need for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital

1.4.2 Objectives of the Study

-    To describe the theoretical framework of an EAP as a service.
-    To explore the employees' need for an EAP through an empirical study.
-    To make recommendations for the possible design/introduction of an Employee Assistance Programme at Sterkfontein Psychiatric Hospital.

1.5   RESEARCH QUESTION FOR THE STUDY

Bless and Higson-Smith (1995:37) indicate that problems are questions about relations among variables, and hypotheses are tentative, concrete and testable answers to such problems. Hence, the research question forming the object of this study is: Is there a need for an EAP at Sterkfontein Psychiatric Hospital?

1.6   RESEARCH APPROACH

As a staff member for eleven (11) years at Sterkfontein Psychiatric Hospital and the fact that no research had been done on the need for an EAP, the researcher has made use of a quantitative approach as the study phenomenon using numerical means. Mark (1996:210) points out that there is, in a quantitative approach, emphasis on counting, describing and using standard statistics, such as means and standard deviations. Furthermore, when we want to verify whether a cause produces an effect, we are likely to use quantitative methods.

Due to the nature of the research topic under investigation, which was geared towards the assessment of the employees' need for an EAP, the researcher has thus made use of a quantitative approach because she wanted to base her knowledge gained, as Grinnell (1997:74) puts it, on objective measurements of the real world, not on someone's opinion, beliefs or past experiences.

1.7   TYPE OF RESEARCH

For this study, the researcher utilised applied research. According to Bailey (1994:25), applied research is research with findings that can be applied to solve social problems of immediate concern. Judd, Smith and Kidder (1991:322) indicate that applied research may serve more broadly to define a social problem or explore alternative policies or programmes that might be implemented to solve some problems.

With applied research, the researcher will contribute information aimed at resolving an immediate social problem, which is needs assessment for an EAP at Sterkfontein Psychiatric Hospital.

1.8   RESEARCH DESIGN

According to Bless & 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. Mouton (2001:55) indicates that a research design is a plan or blueprint of how you intend conducting the research.

For this study, the researcher utilised an exploratory–descriptive design. According to Bless & Higson-Smith (1995:42), the purpose of exploratory research is to gain insight into a situation, phenomenon, community or person. The need for such a study could arise from a lack of basic information on a new area of interest.

According to Bless & Higson-Smith (1995:41), social anthropologists, for instance, are sometimes confronted with a situation where a culture, a certain group of people living in a remote area, is virtually unknown to the world. Thus, before being in a position to search for an explanation related to the mode of living of these people, or some characteristic, a certain amount of background information, namely a description of the "object of research", must be gathered. In such a case, the type of research will be exploratory, which is a particular type of descriptive study.

Neuman (in Fouché 2002:109) indicates that descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on the "how" and "why" questions. Fouché (2002:109) continues by saying that the researcher, therefore, begins with a well-defined subject and conducts research to describe it accurately, whereas in exploratory studies, the researcher aims to become conversant with basic facts and to create a general picture of conditions.

In conclusion, the researcher utilised an exploratory-descriptive design to identify the need for an EAP at Sterkfontein Psychiatric Hospital, because little is known about EAP at Sterkfontein.

1.9   RESEARCH PROCEDURE AND STRATEGY

For this study, the researcher utilised a questionnaire to obtain data from the employees of Sterkfontein Psychiatric Hospital. According to the New Dictionary of Social Work (1995:51), a questionnaire refers to a set of questions on a form, which is completed by the respondent in respect of a research project. De Vos and Fouché (1998:89) indicate that a questionnaire is an instrument with open and closed questions or statements to which a respondent must react.

The researcher compiled a questionnaire with open and closed-ended questions. According to Fouché (1998:160), the open question has advantages when a variable is relatively unexplored or unknown to the researcher. McMurtry (in Fouché 1998:160) notes that most questionnaires contain both open and closed questions.   Fouché (1998:160) also indicates that the closed question is advantageous when a substantial amount of information about the subject exists and the response options are relatively well known.

In this study, the researcher hand delivered questionnaires to the respondents to enable the respondents to complete the questionnaire in their spare time without interference from the researcher. Bourque and Fielder (1995:2) indicate that a self-administered questionnaire is an instrument used to collect information from people who complete the instrument themselves.

1.10 PILOT STUDY

A pilot study is defined in the New Dictionary of Social Work (1995:45) as the "process whereby the research design for a prospective survey is tested". Strydom (2002:211) indicates that a pilot study can thus be regarded as a small-scale trial run of all the aspects planned for use in the main enquiry. Huysamen (1994:197) indicates that it is advisable to conduct a pilot study on a limited number of subjects from the same population as that for which the eventual project is intended.

From what these authors say, the researcher's understanding was that a pilot study entailed the researcher trying out the proposed study on people who are not part of the sample, before the actual study commences. This helped the researcher to obtain some idea of the obstacles she might encounter in the actual study. For example, ambiguous or unclear questions that needed to be rectified before a proper study could be investigated. The pilot study provided the researcher with the "feel" of the study.

The following components were part of the pilot study:

1.10.1   Literature Study

Strydom (2002:211) is of the opinion that the prospective researcher can only hope to undertake meaningful research if he is fully up to date with existing knowledge on his prospective subject.

According to Mouton (2001:86-87), when you embark on your study, one of the first aims should be to find out what has been done in your field. You should start with a review of the existing scholarship or available body of knowledge to see how others have investigated the research problem in which you are interested. You want to learn from other scholars: how they have theorised and conceptualised issues, what they have found empirically, and what instrumentation they have used and to what effect.

For this study, the researcher enlisted the assistance of the Librarian at the University of Pretoria specialising on Academic Information Services to help with a search (through the computer and the Internet) on the relevant topic, which is Employee Assistance Programme (EAP). The search provided a list of journals, books, theses and articles on EAP that are available in the Pretoria library, at RAU, at Wits and at Cape Town universities. With this list, the researcher traced books, journals as well as law, medical and health science sources on EAP. Other books, journals

and articles on EAP were made available to the researcher through inter-library loans and the use of inter-varsity library services – more specifically RAU and Wits.

1.10.2   Consultation with Experts

The following experts have supported or shed some light on the subject of Employee Assistance Programme (EAP) and thus helped the researcher to realise that such programmes were designed in the workplace specifically to assist employees who experience either work and/or personal problems:

- Professor L.S. Terblanche - of the University of Pretoria, Social Work Department, whose expertise on the subject of EAP dates back to 1980.

- The late Mrs S.C. Mamasela – also of the University of Pretoria, Social Work Department – who was a lecturer on EAP from 1997 to 2002.

- Mr A. Davies of the Independent Counselling and Advisory Services, who has inspired and shed more light on EAP through his contributions in the Star Newspaper (Workplace section).

- Dr B. Botha, a medical practitioner, who was the then Medical Superintendent at Sterkfontein Hospital, who had the idea that cases referred for disciplinary procedures should be referred to the heads of both the Social Work and Psychology departments first for intervention.

Information deduced from the above experts indicated the importance of EAP implementation at any workplace to help employees deal with problems that affect them socially, physically, psychologically and emotionally so that they can lead a healthy and improved quality of life both at work and at home, which will lead to a productive workforce.

1.10.3   Feasibility of the Study

Rubin and Babbie (1993: 101-102) indicate the following issues bearing on the feasibility of research, namely:

- **The fiscal costs**

  Since Sterkfontein Psychiatric Hospital management gave permission for the study on needs assessment on EAP, the researcher did not encounter any problems regarding all the administrative costs, such as printing and copying expenses, computer costs for data processing and analysis, because all this equipment was accessible to the researcher in the hospital at an affordable cost as the researcher is a staff member of Sterkfontein Psychiatric Hospital. There were no travelling, postage and personal costs as the research study was conducted at the researcher's place of employment. Therefore, everything was within the researcher's reach.

- **The scope of the study**

  With the advent of Chief Executive Officers in public hospitals in 1999/2000 – the need for high productivity levels in State hospitals also developed and to achieve this, most hospital Chief Executive Officers introduced EAPs in their hospitals.   Hence, the researcher – being a staff member of Sterkfontein Psychiatric Hospital, did not encounter any problems in obtaining permission to conduct her study on needs assessment for an EAP at Sterkfontein Psychiatric Hospital, as there was no such programme at Sterkfontein Psychiatric Hospital.   However, a letter of permission from Sterkfontein management was required for the research (See appendix I).

1.10.4   Pilot Test of the Measuring Instrument

Strydom (1998:179) maintains that a pilot study can be viewed as the "dress rehearsal" to the actual investigation. In this way, the researcher tries out the research instrument on a small number of people who have characteristics similar to the target group. For the pilot testing in this study,

the questionnaire was administered to five (5) employees of Sterkfontein Hospital. These five employees did not form part of the sample of the research.

The preliminary study helped the researcher to check whether or not the questions asked supplied the information needed. In this instance, the respondents gave more than one response, despite the instruction given. The researcher modified the question concerned to accommodate more than one response and the instruction on the covering letter was also changed as a result thereof.

Some questions such as "Department for which you work" elicited inaccuracies and in clarifying the question, an example of the category of people falling within that department was provided.

Some inaccuracies were identified in the terminologies used, such as employee turnover and EAP. These terms were defined and a simple explanation was provided in brackets next to the difficult term.

It was also difficult to obtain the completed questionnaire back on time, that is after three days, because of the following: the people/person involved lost the questionnaire – had to get another one; they had to help in other wards – needed more time; they were off duty, or they were on night duty and were therefore not available during the day; some questionnaires were half completed and had to be discarded; the general assistants could only complete the questionnaire during lunch time and the researcher had to be available for interpretation; and others were available at work only on weekends.

The researcher also experienced some problems even in the main study. Despite the fact that the researcher tried everything possible to rectify

some inaccuracies revealed in the pilot study, one respondent indicated an incorrect response under "Department for which you work" thus causing a slight change in the original number of respondents in some departments (see page 14 & Table 4).

In the end, it took the researcher three weeks to obtain all the completed questionnaires.

1.11   **DESCRIPTION OF THE RESEARCH POPULATION**

According to Grinnell and Williams (1990:118), a population can be defined as the totality of people or objects with which a study is concerned. Bless and Higson-Smith (1995:85) indicate that the entire set of objects and events or group of people, which is the object of research about which the researcher wants to determine some characteristics, is called the population.

For this study, the population included all the employees (525) of Sterkfontein Psychiatric Hospital.

1.11.1   **Boundary of the Sample**

Bless and Higson-Smith (1995:86) define a sample as a subset of the entire population, which is actually investigated by a researcher and whose characteristics will be generalised to the entire population.

A sample is the element of the population considered for actual inclusion in the study (Arkava & Lane, 1983:27).

The researcher's understanding of a sample is a certain number of people taken from among the study population that will be used in the investigation as a representative of the entire study population. According to Grinnell (1985:146), a convention on sample size has been adopted: in most instances, a sample size of one tenth (1/10) the size of the population will provide reasonable control over sampling error. This proportion also

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applies in various categories of the population; one tenth of each category can be sampled.

In order for the researcher to obtain the number of the population so as to make a sample for this study, a computer printout of all the employees of Sterkfontein Psychiatric Hospital was requested from the Personnel Department. The computer printout reflected a population of five hundred and twenty-five (525) employees of Sterkfontein Psychiatric Hospital. In order to obtain a sample size for this study, one tenth of the total population of 525 employees of Sterkfontein Psychiatric Hospital was deducted, which amounted to 53 respondents.

1.11.2   Sampling Methods

For this study, the researcher utilised probability sampling "in which each person in the population has the same known probability of being selected" (Strydom & Venter, 2002:203).

According to Fink (1995:9), probability sampling implies the use of random sampling, which eliminates subjectivity in choosing a sample, and it is a fair way of obtaining a sample. In order to select a representative sample of the population for this study, the researcher utilised a combination of interval/systematic sampling and stratified random sampling to complement each other in eradicating any bias that has the potential of occurring when applying interval/systematic sampling (Strydom & Venter, 2002:205).

Bless & Higson-Smith (1995:91) indicate that the principle of stratified random sampling is to divide a population into different groups, called strata, so that each element of the population belongs to one and only one stratum.   Bless & Higson-Smith (1995:93) also indicate that stratified sampling by preserving proportions, even of very small samples, will allow for any small minority to be well represented.

To achieve representation and precision in this study, the researcher divided the total population of 525 Sterkfontein Psychiatric Hospital employees into five (5) strata according to their division/departments and attached the actual number of such employees in that particular division/department as reflected in the staff establishment document of Sterkfontein Psychiatric Hospital to the appropriate strata.

The following different strata of the population were used: management - 25 in number – all levels of management; clinical staff – 45 e.g. doctors, social workers, psychologists and occupational therapists; administrative staff – 44; nurses – 253, including professional and auxiliary nurses; general workers – 158 – including cleaners and groundsmen. The union representatives were included in categories according to their respective rank and their inclusion in the sample of the study was ensured.

The researcher divided each employee in each respective category by one tenth or 10%, in order to know how many respondents from each category could be included in the sample, and added together all the figures derived from such a division to obtain a sample size of 53 respondents for the study. Grinnell and Williams (1990:127) indicate that a 10% sample should be sufficient to control sampling errors.

In conclusion, the sample of this study consisted of the following respondents: Management (3), Clinical Staff (5) Administration (5), Nurses (25) and General Workers (15).

1.12   ETHICAL ISSUES

Bless and Higson-Smith (1995:102-103) indicate the following generally accepted ethical rights of participants, which a social scientist should respect:

- **Privacy or voluntary participation**

  Participation in research must be voluntary and people can refuse to divulge information about themselves. This right to privacy demands that direct consent for participation be obtained.

  For this study, the researcher made sure that when distributing the questionnaire, the target population was verbally informed in their own language that participation in the study was voluntary, even though this was clearly stated on the covering letter accompanying the questionnaire (See appendix 3). Creswell (1998:115) says that participants in the study should be informed of their right to withdraw voluntarily from the study at any time.

- **Informed consent**

  For this study, the researcher received written consent from Sterkfontein Psychiatric Hospital and the participants in the study. The letter of permission is included in the appendices.

- **Harm to respondents**

  In this study, the respondents were not exposed to any physical and/or emotional harm.

- **Confidentiality**

  In this study, the respondents were assured of confidentiality. The researcher made sure that the information gathered was used only for the purpose of the study, which is needs assessment for an EAP, and not for personal use by anyone (i.e. individual supervisor or management) to get back at them (i.e. the employee/s).

\-   **Release or publication of the findings**

The results of the findings of the study were made known to Sterkfontein Management for them to approve or disapprove the recommendation for EAP introduction at Sterkfontein Psychiatric Hospital. No identities of any participants were revealed, to ensure the right of the participants to confidentiality. Not only did the management know about the study findings, but the participants too, as Grinnell and Williams (1990:10) indicate that communication of the findings to those who participated in a study is even more delicate.

1.13   DEFINITION OF KEY CONCEPTS

The following key concepts were defined for clarification purposes:

1.13.1   Employee Assistance Programme

The Employee Assistance Professional Association in the United States defines 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 employee job performance. The specific core activities of EAP's include: expert consultation and training to appropriate and timely problem assistance… and formation of linkages between workplace and community resources that provides such services" (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.

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From the definition given by the above authors, it is clear that an Employee Assistance Programme is designed to benefit the employer, the employee and the entire organisation. It helps to identify the problems of individuals to help towards resolving such problems and in the process, the overall quality of life of the individual improves. This further shows that by having such a programme operating in the workplace, the productivity level will be enhanced and the worker morale and motivation will be boosted because as per the definition, problems are handled promptly and as a preventative measure, problematic areas are identified and resolved before escalating into a full-blown scale.

1.13.2   Troubled Employee

According to Bruce (1990:4), a problem employee is an employee whose behaviour in the workplace causes reduced productivity and lowered morale for the self, the co-workers, or the supervisor. Klarreich, Franscek and Moore (1985:1) defined troubled employees as those individuals whose personal problems (such as alcohol, drug addiction, marital difficulties and emotional distress) preoccupy them to an extent that in either their own or their supervisor's judgement their work is disrupted.

The researcher's interpretation of a troubled employee is an employee with emotional, social, financial or physical problems that have a negative effect on his/her job performance and who needs help in trying to obtain a solution to his/her problems.

1.14   CONTENTS OF RESEARCH REPORT

This research report is presented thus:

CHAPTER 1:   General introduction and research methodology.

CHAPTER 2:   This chapter focuses on a theoretical perspective concerning the topic of EAP, the troubled employee, a psychiatric hospital and working conditions.

CHAPTER 3:   This chapter entails a description of the empirical findings as well as the analysis and interpretation of data by means of figures and tables.

CHAPTER 4:   This chapter presents a summary of the study, conclusions drawn from the findings and recommendations.

1.15 <u>SUMMARY</u>

Like other workplaces, Sterkfontein Psychiatric Hospital experiences problems related to absenteeism, high employee turnover, alcohol abuse and a general lack of morale among employees. This has prompted the researcher to undertake a study on needs assessment for an EAP at Sterkfontein Psychiatric Hospital.

Due to the nature of the research topic under investigation, which is a needs assessment for an EAP, the researcher has used a quantitative approach because she wanted to base her knowledge gained on objective measurements of the real world, and not on someone's opinion, beliefs or experiences. Thus, applied research was used in this study as it is the scientific planning of induced change in a troublesome situation.

An exploratory-descriptive design was used in this study to identify the need for an EAP at Sterkfontein Psychiatric Hospital because little is known about EAP at this hospital. The research questionnaires were administered to 53 employees of Sterkfontein Psychiatric Hospital so as to gather information about the employees' attitudes, opinions and interest regarding EAP.

In the next chapter, the researcher will focus on a literature review of the concept of EAP.

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.

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".

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.

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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.

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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

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

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).

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).

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:

- 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

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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:

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- 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

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.

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

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

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 <u>PERSONAL PROBLEMS</u>

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, hallucinogents, 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.

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 occuring 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.

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- 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 themsevles 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 Ivanscevich (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.

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- 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.

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❖ In <u>depressive</u> organisations, people lack motivation.

❖ In <u>schizoid</u> 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   <u>SUMMARY</u>

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.

CHAPTER 3

EMPIRICAL FINDINGS: ANALYSIS AND INTERPRETATION OF DATA

3.1 INTRODUCTION

This section will focus on how the researcher analysed and interpreted the data collected for the purpose of a needs assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital. However, the researcher will first focus on the methodology used in this study before analysing the results.

3.2 RESEARCH METHODOLOGY

In this study, the researcher utilised a quantitative approach due to the nature of the research topic under investigation, which is geared towards the assessment of the need of employees for an EAP, because she wants to base her knowledge gained on objective measurements of the world, not on someone's opinion, beliefs or past experiences.

The researcher utilised applied research in this study to explore the need for an EAP that might be implemented to solve problems.

For this study, the researcher opted for a combination of an exploratory-descriptive design, due to the fact that little is known about the phenomenon, group or programme.

In this study, the researcher used probability sampling because there will be an equal chance for each element of the population to be included in the sample and therefore the size of the sample can be specified.

The researcher used a combination of interval/systematic sampling and stratified random sampling to complement each other in eradicating any bias that has the potential of occurring when applying interval/systematic sampling.

To achieve representation and precision in this study, the researcher divided the total of 525 Sterkfontein employees into five categories according to their divisions/departments and attached the actual number of such employees in that particular division/department as reflected in the staff establishment document of Sterkfontein Psychiatric Hospital to the appropriate stratum.

The results derived from this endeavour were thus: Management (25) - all levels of Management, Clinical Staff (45), e.g. doctors, social workers, psychologists and occupational therapists, Administration (44), Nurses (253), including professional and auxiliary nurses, and General Assistants (158), including the cleaners and groundsmen. The union representatives were included in these categories according to their respective divisions/departments and their inclusion in the sample for the study was ensured.

The researcher divided each employee in each respective category by one tenth or 10%, in order to know how many respondents from each category could be included in the sample, and added together all the figures derived from such a division to obtain a sample size of 53 respondents for the study. As a result, the researcher came up with the following respondents in five (5) categories of employees: Management (3), Clinical staff (5), Administration (4), Nurses (25) and General Assistants (16).

The researcher compiled only one questionnaire for all five (5) categories of Sterkfontein Psychiatric Hospital employees because "EAP recognises that employees start from the CEO to the lowest paid employee in the company and, as such, considers all employees as equal" (Langley, 1999: 48).

The following is thus an outline of these findings:

3.3   EMPIRICAL DATA

INTRODUCTION

The overall purpose of this study was to assess the need for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital, and in order to do this, all 53 respondents who were selected from five (5) different categories of Sterkfontein employees, namely Management, Clinical, Administrative, Nursing and General Assistants, participated in the study (see Appendix III). The data gathered from this study was analysed, interpreted and presented in the form of discussions, figures and tables.

DEMOGRAPHIC DETAILS

1. **Ages of the respondents**

    Figure 1: Ages of the respondents
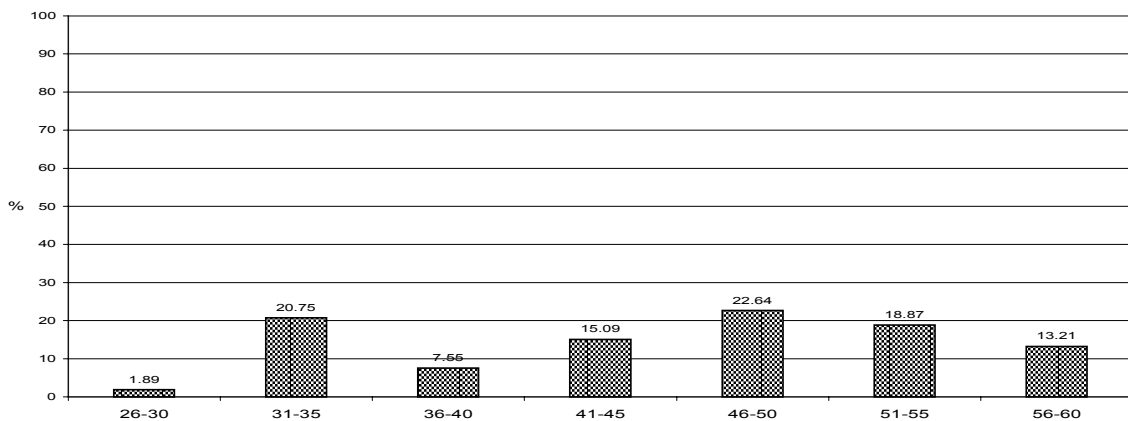
Figure 1 indicates that of a total of 53 respondents who participated in this study, the majority of the respondents – 22,64% (12) - had their ages ranging from 46-50 years, 20,75% (11) of the respondents' ages were between 31-35 years, followed by 18,87% (10) of respondents whose ages were between 51-55 years. 15,09% (8) respondents had their ages between 41-45 years, 15,09% (7) of the respondents had their ages between 56-60 years, followed by 7,55% (4) whose

ages ranged from 36-40 years and 1,89% (1) was a respondent with the age between 26-30 years. There was no one in the age group of 20-25 years.

The results of this study can be interpreted as an indication that the hospital's Human Resources Department adheres to the regulations stipulated in the Labour Relations Act No 66/95 that stipulates the retirement age of employees and, as a result, there is no employee at Sterkfontein Hospital who is still employed passed his/her retirement age.

2   Gender of the respondents

Figure 2: Gender of the respondents
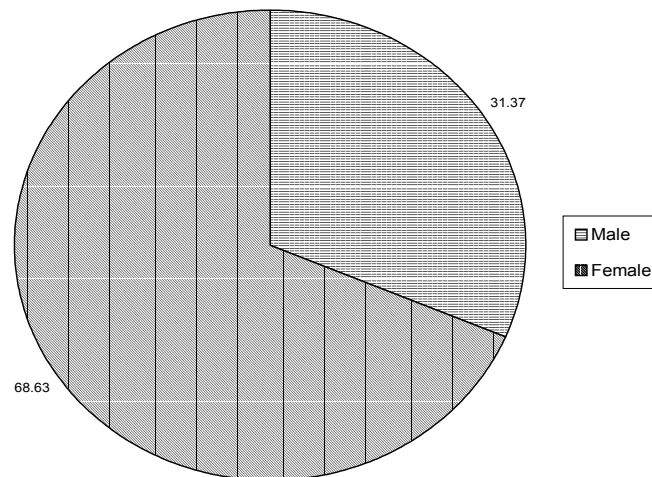
Of the 53 respondents who participated in this study, only two respondents did not respond to this question. However, according to Figure 2, the majority of the respondents – 68,63% (35) - who participated in this study were women and only 31,37% (16) were men. This is an indication that the majority of the employees at Sterkfontein Psychiatric Hospital are women. This might be a reflection of the perception that nursing is a female profession. Perhaps this is a challenge to the Human Resources Department (Administration) to review the Employment Equity

Policy when employing new staff members, because by its nature, a psychiatric hospital calls for the intervention of both male and female staff in handling violent patients. Hence, the need for an EAP is evident as Employment Equity issues are addressed through EAP.

3   Marital status of the respondents

Table 1: Marital status

RESPONSES	RESPONDENTS	PERCENTAGE
Single	14	26,42%
Married	26	49,06%
Divorced	6	11,32%
Widowed	3	5,66%
Re-married	1	1,89%
Separated	2	3,77%
TOTAL	*52*	*98,12%*

Of the 53 respondents who participated in this study, only 52 answered this question. Table 1 indicated that the majority of the respondents 50% (26) were married, 26,42% (14) of the respondents were single, 11,32% (6) of them were divorced, 5,66% (3) were widowed, 3,77% (2) were separated and 1,89% (1) of the respondents were re-married. Perhaps the fact that most employees were married is a reflection of the results on gender issue (68,63%), which show that the majority of employees are women. Thus, it can be stated that the marital status of the respondents reflects issues that can be handled through an EAP.

4   **Dependants**

Figure 3: Do you have dependants?

9.62
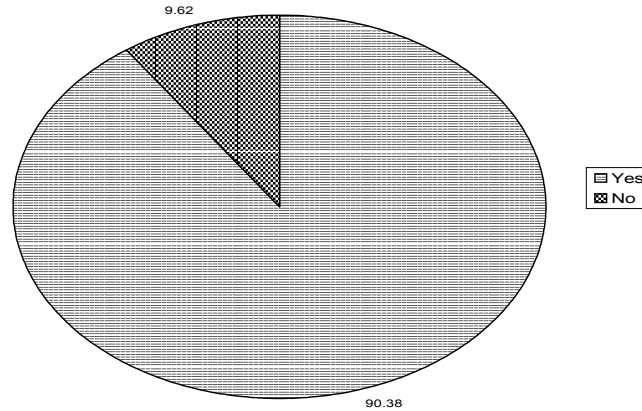
90.38

Figure 3 indicates that out of a total of 53 respondents who participated in this study, only one respondent did not respond to this question. No reason was provided. However, a majority of 90,38% (47) responded with Yes to this question whereas only 9,62% (5) of the respondents answered No.

The results of this study indicate that there is a need for an EAP at Sterkfontein Psychiatric Hospital to handle family problems. Myers (1984:37) warns that Personnel Managers, Counsellors and others involved in an EAP should recognise that the potential always exists that a family situation may spill over into the workplace.

4.1   Number of your dependants

Out of a total of 53 participants in this study, there were only 47 respondents who had dependants. The majority of the respondents 30,19% (16) indicated that they had two (2) dependants each, 20,75 % (11) had three (3) dependants, 15,09% (8) had one (1) dependant, 9,43 % (5) had four (4) and another 9,43% had five (5) dependants. Only 1,89 %

(1) of the respondents had six (6) dependants and another 1,89% had eight (8) dependants.

4.2   Ages of your dependants

Out of 35 respondents to this question who were derived from a total of 53 participants in this study, the majority of the respondents, i.e. 26,42% (14) had dependants aged below one (1) year, and 6,32% (6) of the respondents had dependants who were 9 years old. A total of 5,26% (5) were respondents with dependants whose ages were 10 years, 12 years and 19 years respectively.   These were followed by 4,21% (4) of respondents whose dependants' ages were 1 year and 3 years each, and 3,16 (3) of the respondents had dependants aged 4 years and 15 years respectively.   At 2,11% (2) were respondents whose dependants' ages were 8 years, 11 years, 6 years and 20 years each. Finally, at 1,05% (1) were respondents with dependants whose ages were 5 years, 6 years, 16 years and 17 years respectively.

The results can be interpreted as an indication that Sterkfontein Psychiatric Hospital could be experiencing problems related to family crises, which are major contributors to absenteeism, reduced productivity and turnover.

5   **Years of service of the respondents**

Figure 4: Years of service of the respondents
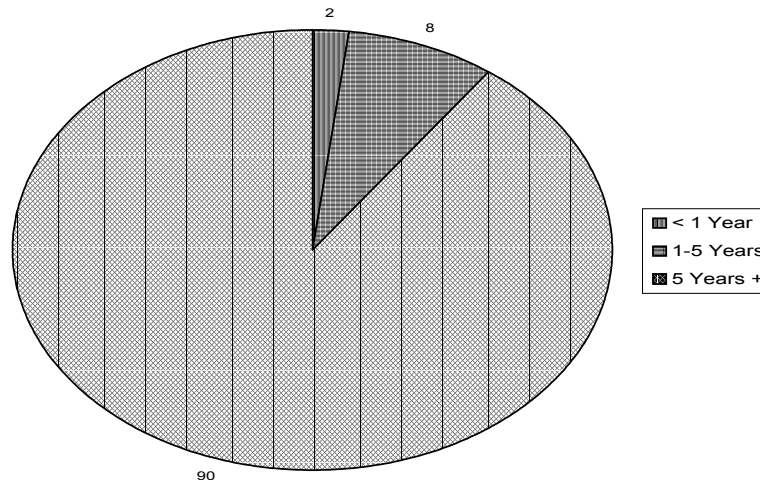
Only 50 respondents out of a total of 53 participants answered this question.   Three (3) respondents did not provide reasons for not responding.   According to Figure 4, most of the respondents, i.e. 90% (45), have more than five (5) years of service with Sterkfontein Psychiatric Hospital, 8% (4) have 1-5 years and only 2% (1) have less than twelve (12) months of service at Sterkfontein Psychiatric Hospital.   These results can be interpreted as an indication that Sterkfontein Psychiatric Hospital as a workplace has a stable workforce.   Hence, there is a need for an EAP at Sterkfontein Psychiatric Hospital to help retain the workforce by identifying employees' problems early and helping with their resolution.

These results do not tally with the results on page 74.   Perhaps the explanation could be that those employees who remained in the service i.e. 90% are those with low qualifications and those who resigned are the qualified professional nurses (see table 2).

6   Highest qualification

Table 2: Highest qualification of the respondents

QUALIFICATION	RESPONDENTS	PERCENTAGE
Standard 5 or lower	6	11,54%
Standard 6 – 8	12	23,08%
Standard 10 (Matric)	8	15,38%
B Degree	11	21,15%
Postgraduate Degree	4	7,69%
Diploma	9	17,31%
Certificate	2	3,85%
TOTAL	*52*	*100%*

Table 2 indicates that of the 53 respondents who participated in this study, only one person did not answer this question. However, the results indicate that most of the respondents, i.e. 23,08% (12), have a Std 6-8 qualification, 21,15% (11) have a B degree, followed by 17,31% (9) with a diploma.   A total of 15,38% (8) have matric, 7,69% (4) have a postgraduate degree and only 3,85% (2) of the respondents have certificates.

These results can be interpreted as an indication that there is a skills deficiency among the employees of Sterkfontein Psychiatric Hospital. One can also deduce from these results that these results are perhaps a true reflection of a hospital set-up where a minimum of Std 6-8 qualification was a requirement to train as a nurse.   Against this background, the results could be interpreted as indicating that Sterkfontein Psychiatric Hospital has a shortage of qualified professional nurses.

7 **Home language**

Table 3: Home language

LANGUAGE	RESPONDENTS	PERCENTAGE
Afrikaans	6	11,54%
English	2	3,89%
South-Sotho	6	11,54%
North-Sotho	5	9,62%
Tswana	25	48,08%
Venda	1	1,92%
Xhosa	4	7,69%
Zulu	3	5,77%
TOTAL	*52*	*100%*

In this question, only 52 respondents responded out of a total of 53 participants in this study. According to Table 3, the majority, i.e. 48,08% (25), of the respondents were Tswana-speaking people; followed by Afrikaans and South-Sotho-speaking groups at 11,54% (6). North-Sotho has 9,62% (5), Xhosa-speaking has 7,69% (4), followed by Zulu at 5,77% (3) and English-speaking people at 3,85% (2). Venda-speaking people represented 1,92% and there was no one from Ndebele or Tsonga.

Perhaps the results indicate a serious challenge to the Management and Administration (Human Resources) Departments of Sterkfontein Psychiatric Hospital to ensure that they incorporate Tswana and South-Sotho languages with the normally used English and Afrikaans languages, in all forms of communication, for example, instructions, circulars and in-service training.

8   Departments

Table 4: Department for which you work for

DEPARTMENTS	RESPONDENTS	PERCENTAGE
Management	3	5,66%
Clinical	5	9,43%
Administration	5	9,43%
Nursing	25	47,17%
General Assistant	15	28,30%
TOTAL	*53*	*100%*

According to Table 4, the majority, i.e. 47,17% (25) of the respondents were from nursing; with the General Assistants at 28,30% (15), followed by both the Clinical and Administration staff at 9,43% (5) each, and Management at 5,66% (3).

These results can be interpreted as a true reflection of a hospital set-up where the nurses are always in the majority. However, the issue of the Clinical staff needs to be looked at so as to form a balanced team.

NEEDS ASSESSMENT FOR AN EAP

In this study, which is "A Needs Assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital", all the questions asked in this section are geared towards achieving this goal (of assessing the need). The results will be interpreted and presented by means of figures and tables.

9   **Nature of the working relationship**

Figure 5:   **What is the nature of your working relationship with your subordinates or supervisor?**
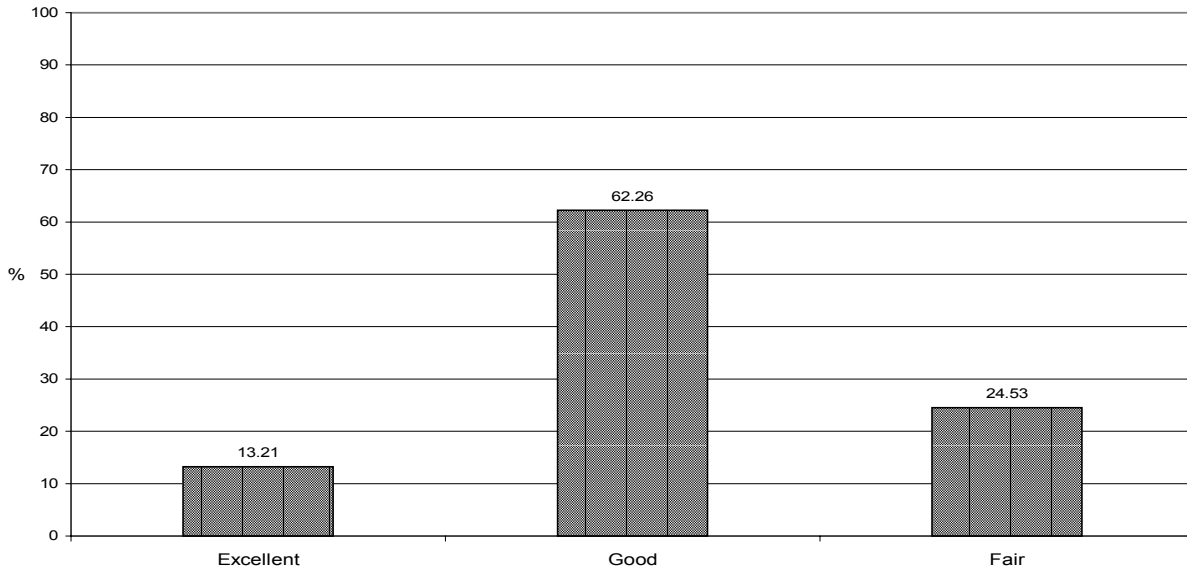
According to Figure 5, 62,26% (33) of the respondents indicated that they had a good working relationship with their subordinates or supervisor, followed by 24,53% (13) who indicated that they had a fair working relationship, and only 13,21% (7) of the respondents had an excellent relationship with their subordinates or supervisors.   There was no indication of poor relationships.

The above results can be interpreted as an indication that the overall working relationship among Sterkfontein employees is good.

10   **Help regarding personal problems**

Table 5: Where do you go when you have personal problems?

RESPONSES	RESPONDENTS	PERCENTAGE
Friend	15	28,30%
Social Worker	9	16,98%
Family Member	21	39,62%
Church Minister	6	11,32%
Other: Family Physician	1	1,89%
Solved his/her own problems	1	1,89%

Out of the 53 respondents who participated in this study, 51 respondents chose the responses provided in the question. However, the remaining 2 respondents provided their responses under "other". According to Table 5, 39,62% (21) of the respondents go to a family member when they have personal problems, 28,30% (15) go to their friends; 16,98% (9) seek professional help from the social worker; followed by 11,32% (6) respondents who seek help from a church minister. There was no response for supervisor or co-worker.

Under "other", 1,89% (1) of the respondents indicated that he/she went to the family physician when he/she had personal problems. Another 1,89% (1) indicated that he/she solved his/her own problems.

The results indicate the need for a structured programme in the hospital that will address the problems of the workers in an objective, sensitive and skilful way, which are characteristics lacking in both family members and friends.

11   Help regarding work problems

Table 6: Where do you go when you have work-related problems?

RESPONSES	RESPONDENTS	PERCENTAGE
Supervisor	44	83,02%
Co-worker	12	22,64%
Social Worker	1	1,92%
Church Minister	2	3,77%

As Table 6 indicates, the respondents gave more than one answer. However, the majority of the respondents, i.e. 83,02% (44), indicated that they went to their supervisor with work-related problems; 22,64% (12) went to their co-workers followed by 9,43% (5) of the respondents who went to their church minister with work-related problems. Only 1,92% of the respondents consulted a professional social worker with work-related problems. There was no response for friend or family member. However, 3,77% of the respondents responded under "other" and they indicated that they consulted a psychiatrist with their work-related problems.

These results can be interpreted as an indication that the employees of Sterkfontein Psychiatric Hospital experience work-related problems. The results indicate the need for a structured support system that can help the employees with their work and social problems.

12 **Supervisor's observation of problems**

Table 7: Can your supervisor see when you have a problem?

RESPONSES	RESPONDENTS	PERCENTAGE
Always	6	11,54%
Sometimes	27	51,92%
Often	1	1,92%
Seldom	9	17,31%
Not at all/never	9	17,31%
TOTAL	*52*	*100%*

Table 7 indicates that from a total of 53 respondents who participated in the study, only one employee did not respond to this question. However, the majority of the respondents, i.e. 51,92% (27), indicated that their supervisor could sometimes see when they had a problem, 17,31% (9) of the respondents who shared this same percentage each indicated that their supervisor could seldom or never see when they had a problem. Only 1,92% (1) indicated that the supervisor could often see when they had a problem.

The results can be interpreted as a reflection of a skills deficiency in the early identification of a troubled employee by the supervisor, which is a very important role of the supervisor in an EAP. The results can be further interpreted as showing that problems in this hospital are left unattended until it is too late.

13   Job performance measurement

Table 8: Do you know how your job performance is measured?

RESPONSES	RESPONDENTS	PERCENTAGE
Yes	18	35,29%
No	22	43,14%
Uncertain	11	21,57%
TOTAL	*51*	*100 %*

Table 8 shows that of the 53 respondents who participated in the study only two did not respond to this question. However, 43,14% (22) of the respondents answered with "No", followed by 35,29% (18) who answered "Yes" and 21,57% (11) indicated that they were uncertain about how their job performance was measured.

Perhaps these results indicate some discrepancies in terms of employees' access to information, referred to by the Constitution of RSA Act of 1996, 32 1(a) and (b). The deduction made from the results can also be interpreted as the need for an EAP at Sterkfontein Psychiatric Hospital because EAP is concerned about productivity problems, among other things, and for productivity to be improved, workers must improve on their work performance. If employees do not know how their job performance is measured how will they improve their performance, and how is the supervisor going to confront an employee on a deficiency in his work? Myers (1984:237) states that expecting employees intuitively to understand specific performance criteria is inviting trouble and stress during any confrontation.

14   Supervisor's reaction to poor job performance

Table 9: If your job performance is poor, what does your supervisor do?

RESPONSES	RESPONDENTS	PERCENTAGE
Not poor	9	18%
Supervisor tells me	21	42%
Supervisor gets angry	4	8%
Supervisor gives motivation	3	6%
Supervisor gives corrective measures	5	10%
Supervisor gives in-service training	2	4%
Indicates critical area	1	2%
Supervisor gives no feedback	2	4%
Supervisor writes a report	2	4%
Expected standard	1	2%
TOTAL	*50*	*100%*

According to Table 9, out of a total of 53 respondents who participated in this study, only three (3) people did not give their responses. However, the majority of the respondents, i.e. 42% (21), indicated that their supervisor told them if their job performance was poor; 18% (9) indicated that their job performance was not poor, 10% (5) indicated that their supervisor provided corrective measures, 8% (4) indicated that the supervisor became angry, and 6% (3) stated that the supervisor motivated them.   As it is, 4% (2) were respondents who shared this same percentage each and indicated that the supervisor provided in-service training, the supervisor gave no feedback on their job and the supervisor wrote a report about them. Only 2% (1) of the respondents indicated that their performance was measured according to expected standards.

The results can be interpreted as showing that the majority of the supervisors seem to understand and accept that even adults make mistakes and when shown how to correct them, they can improve. Langley (1999:48) indicates that the EAP is realistic, as it recognises that

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employees are imperfect, make mistakes in life and, as such, need someone to help them to help themselves out of their crisis.

15   Personal problems that people may experience in a workplace

Table 10:   List of personal problems experienced by employees

RESPONSES	RESPONDENTS	PERCENTAGE
Alcohol abuse	34	85%
Drug abuse	4	16,67%
Marital or family conflict	34	85%
Excessive, unexcused or frequent absences	27	79,41%
Financial problems	38	92.68%
Tardiness (late coming) and early departures	26	74,29%
Poor judgements and bad decisions	22	70,97%
Emotional problems	30	81,08%
Unusual on-the-job accidents	8	30,77%
Mood shifts	26	74,29%
Causing other employees injuries through negligence	9	30%
Health-related problems	28	80%

As Table 10 indicates, the respondents gave more than one answer. The majority, i.e. 92,68% (38), of the respondents, indicated that they and their colleagues had experienced financial problems, and 85% (34) were respondents who together with their colleagues experienced alcohol abuse and marital or family conflict respectively. A total of 81,08% (30) experienced emotional problems, 80% (28) experienced health-related problems, 79,41% (27) experienced excessive, unexcused or frequent absences, 74,29% (26) experienced tardiness and early departures, followed by another 74,29% (26) who experienced mood shifts. As it is, 70,97% (22) were respondents who, together with their colleagues, experienced poor judgements and bad decisions, followed by 30,77% (8) of the respondents who experienced unusual on-the-job accidents, 30% (9) experienced employees who caused other employees injuries through

negligence and only 16,67% (4) were respondents who personally experienced drug abuse with their colleagues.

It is the researcher's opinion that when the above statistics are added together, they "can only point out the desperate need for Employee Assistance Programs that:- incorporate early identification and intervention, provide proactive education and prevention arms, utilize quality yet economically priced treatment modalities and are equipped to provide a full array of follow-up and evaluative data" (Challenger, 1988:7).

16   Effect of personal problems on the hospital

Table 11: Effect of personal problems on the hospital

RESPONSES	RESPONDENTS	PERCENTAGE
Result in dismissal of valuable employees	21	40,38%
Lead to lowered morale among the employees	31	59,62%
Lead to more costs to the hospital	22	42,31%
Poor production	40	75,47%
Law suits by employees	10	18,87%
High employee turnover	29	54,72%

Table 11 indicates that the respondents gave more than one answer. However, 75,47% (40) indicated that the effect that personal problems had on the hospital was poor production, 59,62% (31) indicated that they led to lowered morale among employees, 54,72% (29) said they led to high employee turnover, 42,31% (22) said they led to more costs to the hospital, 40,38% (21) resulted in dismissal of valuable employees, followed by 18,87% (10) of the respondents who indicated that they led to law suits by employees. Under "Other", 7,84% (4) of the respondents who shared this percentage indicated that the effects that personal problems had on the hospital were anxiety and stress.

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From the results, the deduction that can be made is that there is a need for an EAP at Sterkfontein Psychiatric Hospital because all the problems indicated above could be addressed through an EAP. Bruce (1990:10) indicates that an employee's personal life is his or her own business until it spills over into the workplace. Myers (1984:237) also indicates that supervisors can be taught in training sessions the distinction between personal problems that affect job performance and those that do not. The obvious difference is personal matters that cause work deficiencies are also organisational matters that require supervisory attention.

17   **Effects of personal problems on productivity**

Figure 6: Are you of the opinion that personal problems have a negative effect on the productivity of employees?
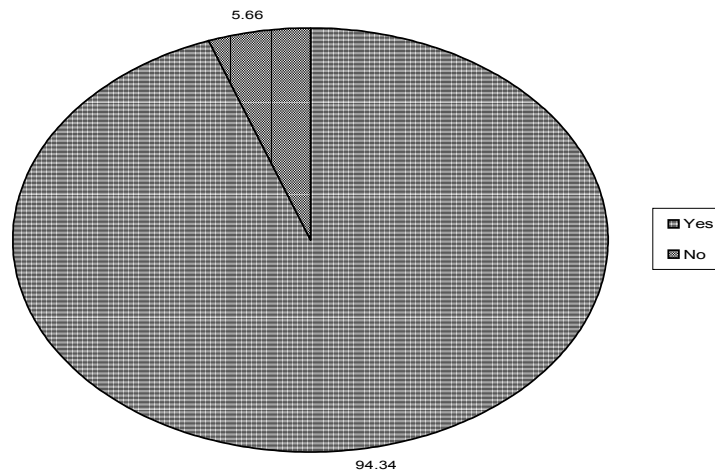
Figure 6 indicates that of the 53 respondents who participated in this study, the majority, i.e. 94,34 % (50), of the respondents answered Yes, and only 5,66 % (3) answered No.

The results indicate that the majority of Sterkfontein employees are of the opinion that personal problems have a negative effect on the productivity of employees. These results tally with the results in table 10 on the effects

67

of personal problems on the hospital. From all this, one can safely state that there is a need for an EAP at Sterkfontein Psychiatric Hospital because EAP deals with productivity problems.

18   Effects of personal problems on staff

Table 12: What effect do these personal problems have on the staff?

RESPONSES	RESPONDENTS	PERCENTAGE
High absenteeism	40	75,47%
High workload	36	67,92%
Overtime work	23	43,40%
Stress	46	86,79%
Burn-out	31	58,49%
High employee turnover	22	41,51%
Alienation	12	22,64%
Mental illness	22	41,51%

Table 12 shows that the respondents provided more than one answer. The majority, i.e. 86,79% (46), indicated that the effect of personal problems on the staff was stress, followed by 75,47% (40) who indicated high absenteeism, 67,92% (36) indicated high workload, 58,49% (31) indicated burn-out, 43,40% (23) indicated overtime work, 41,51% (22) indicated mental illness, 22,64% (12) indicated alienation and only 5,77% (3) of the respondents indicated that other effect of personal problems on the staff was anxiety.

It is the researcher's opinion, based on the above results, that it seems true that Sterkfontein employees experience stress, when looking at the type of clients that they are dealing with psychiatric patients. The results also speak for themselves because a stressed person cannot function at all. Hence, the second highest percentage of the results has to do with high absenteeism. All of the above indicate that there is a need for an EAP at Sterkfontein Psychiatric Hospital, because these issues are dealt with through EAP.

19   Treatment of an absent worker

Table 13: How is an employee treated who has been absent from
work?

RESPONSES	RESPONDENTS	PERCENTAGE
Fill in a leave form	45	84,91%
Expect medical certificate	45	84,91%
Listen to his/her problem	21	39,62%
Deduct money for not working	35	67,31%

Table 13 indicates that the respondents gave more than one answer to this question. However, 84,91% (45) of the respondents indicated that when an employee was absent from work, he/she had to fill in a leave form, followed by another 84,91% (45) who indicated that an absent employee was expected to submit a medical certificate. A total of 67,31% (35) indicated that an employee's money was deducted for being absent and only 39,62% (21) of the respondents indicated that when an employee had been absent from work, the supervisor listened to his/her problems.

From the above results, one can deduce that the completion of leave forms and the submission of medical certificates were all standard procedures. Another deduction that can be made from the results is that some supervisors motivate for the deduction of employee's money irrespective of the availability of their leave credits as a punishment for being absent from work.   Hence, there is a need for an EAP at Sterkfontein Psychiatric Hospital because "EAPs help organizations to conform to the Labour Relations Act's Code of Good Practice" (Davies, 2000:3).

20   High rate of absenteeism

Figure 7: When do you experience a high rate of absenteeism at work?
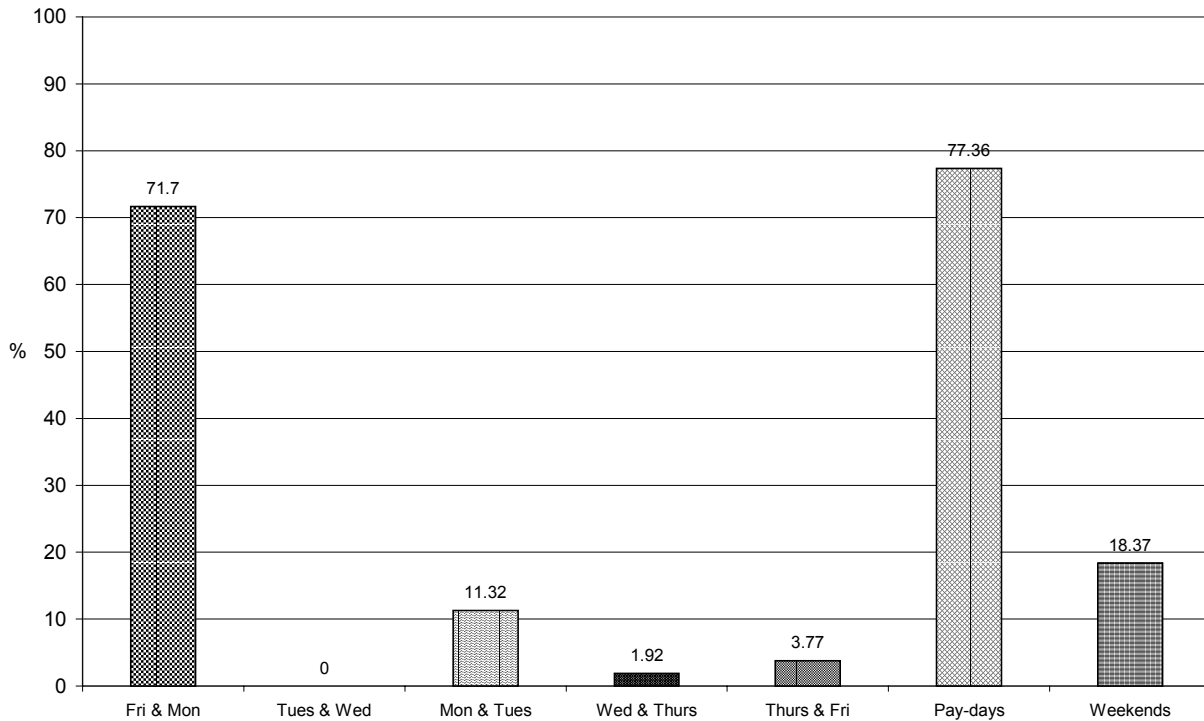
Figure 7 shows that the respondents provided more than one response. However, 77,36% (41) indicated that they experienced a high rate of absenteeism on pay-days and the day after, 71,7% (38) indicated Fridays and Mondays, 18,37% (9) indicated weekends, 11,32% (6) indicated Mondays and Tuesdays, followed by 3,77% (2) who indicated Thursdays and Fridays, and 1,92% (1) indicated Wednesdays and Thursdays. Under "Other", 16,98% (9) of the respondents indicated weekends. There was no indication of absenteeism for Tuesday and Wednesday.

The results can be interpreted as an indication that Sterkfontein Psychiatric Hospital has a high incidence of absenteeism and therefore needs an EAP to get to the root of this problem.

21   **High absenteeism**

Table 14: Do you think that high absenteeism might be due to the following statements?

RESPONSES	RESPONDENTS	PERCENTAGE
Disallowed leave of absence	34	64,15%
Disallowed days off	29	54,72%
Unsympathetic management	27	50,94%
Red tape	15	28,85%
High workload	42	79,25%
Depression	25	47,17%
Family-related pressure	33	62,26%
Work-related stressors	37	69,81%
Injury due to violent situation	16	30,19%
Working conditions not conducive	34	64,15%

Table 14 indicates that the respondents provided more than one response. The majority, i.e. 79,25% (42), of the respondents indicated that they thought that high absenteeism might be due to a high workload, 69,81% (37) indicated work-related stressors, 64,15% (34) indicated disallowed leave of absence, followed by another 64,15% (34) of the respondents who indicated that high absenteeism might be due to the working conditions not being conducive, 62,26% (33) indicated family-related pressure, 54,72% (29) indicated disallowed days off, 50,94% (27) indicated unsympathetic management, 47,17% (25) indicated depression, followed by 30,19% (16) who indicated injury due to violent situations and 28,85% (15) indicated red tape (requests have to go through different people before an answer can be provided). Only 4,17% (2) indicated that high absenteeism might be due to unsympathetic management. Under "Other", 4,17% (2) of the respondents indicated the shortage of staff.

The researcher's interpretation is that these results show that Sterkfontein Psychiatric Hospital has a serious problem of absenteeism due to the high workload that is caused by high absenteeism by employees who suffer from work-related stressors and family-related pressures that are aggravated by the incidence of disallowed leave of absence and days off.

It is against this background that one would deduce that high employee turnover is the order of the day. Hence, there is a need for an EAP at Sterkfontein Psychiatric Hospital.

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

A total of all the 53 respondents who participated in this study, i.e. 100% (53), indicated that confidentiality in handling clinical information was important in a hospital EAP. Therefore, it can be deduced from the results that Sterkfontein employees view confidentiality as very important in dealing with their problems. Bruce (1990:133) contends that to be accepted by employees, the EAP must be viewed as a legitimate and confidential source of help.

As motivation for their answer to confidentiality, only 44 respondents out of a total of 53 responded. As it is, 31,82% (14) of the respondents indicated confidentiality, for example, some respondents stated the following – people have a right to confidentiality; clinical information is classical and sensitive. Another 31,82% (14) of the respondents indicated with regard to privacy that - I don't want other people to know that I have problems; my problems are personal and private. A total of 15,91% (7) indicated professional ethics, 11,36% (5) indicated trust, 6,82% (3) indicated that confidentiality in handling clinical information was important in a hospital EAP, because Management makes fun of staff and 2,27% (1) indicated that confidentiality in handling clinical information in a hospital EAP was important for the first time.

The results indicate the need for a formal and a professionally structured programme that can help employees with their problems, such as an EAP. Darick (1999:9) indicates that there is an implied warranty of confidentiality in every case that is opened by an EAP counsellor.

23   **Maintenance of confidentiality**

Table 15: How should confidentiality be maintained in an EAP?

RESPONSES	RESPONDENTS	PERCENTAGE
There should be a signed contract between EAP and worker	4	8%
Anonymity	2	4%
Information not to be written down	1	2%
Keep records in a safe place	4	8%
Problem to be known by worker and EAP official	20	40%
Limit access to information	4	8%
Problems to be kept secret and private.	15	30%

Table 15 indicates that of the 53 respondents who participated in this study, three (3) did not give their responses. However, 40% (20) of the respondents indicated that for confidentiality to be maintained in an EAP, the employee's problem must be known only by the worker himself and the EAP official, 30% (15) indicated that their problems were to be kept secret and private, 8% (4) indicated that there should be a contract, another 8% (4) indicated that records should be kept in a safe place away from other people.   Another 8% (4) also indicated that access to information should be limited, followed by 4% (2) who indicated anonymity and 2% (1) who indicated that confidentiality could be maintained in an EAP by not writing down any information.

It can be deduced from the results that Sterkfontein employees are willing to be helped with their problems, provided they are assured of confidentiality, which is an important aspect of EAP. Dickman (1988:112-113) indicates that confidentiality is the cornerstone of an effective EAP. All employees have the right to seek help for their problems and know that their problems will be kept in the strictest confidence. In addition, when a worker is referred to the EAP by a supervisor (rather than being self-referred), he/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 problem will get back to the supervisors or anyone else. Unless absolute confidentiality is kept at all levels, the EAP will not be successful.

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

One hundred per cent (53) of the respondents thought that high employee turnover was a serious problem in this hospital.

The above results can be interpreted as a manifestation of the incidence indicated in table 14.

As an explanation, 53 respondents gave more than one response (see page 2 of the questionnaire). As it is, 26,76% (19) of the respondents indicated that high employee turnover was a serious problem in this hospital because of poor remuneration, 21,13% (15) indicated a shortage of staff, 11,27% (8) indicated high workload, 9,86% (7) indicated unsympathetic management, 8,45% (6) indicated low morale, 7,04% (5) indicated unconducive working conditions, 5,63% (4) indicated high employee turnover, followed by 2,82% (2) who indicated personal and work-related problems and 1,41% (1) who indicated professional growth.

Dickman and Emener (1988:130) indicate that a worker does not like to feel as if he/she is a "dispensable tool", or "a temporarily needed piece of machinery". When employees have feelings like these, morale tends to drop, job satisfaction dwindles and, quite often, productivity suffers. It is the researcher's opinion that once job satisfaction dwindles, it is followed by high employee turnover.

25   Treatment of a troubled employee

Table 16: What is normally done by the hospital when a troubled employee is identified?

RESPONSES	RESPONDENTS	PERCENTAGE
Confront him/her	26	49,06%
Advise him/her to seek help	23	43,40%
Talk to his/her friends	10	18,87%
Report him/her to upper management (CEO)	14	26,42%
Listen to his/her problems and give advice	29	54,72%
Give time off in order to solve their problems	19	35,85%

Table 16 indicates that the respondents provided more than one response. 54,72% (29) indicated that when a troubled employee was identified, the hospital normally listened to his/her problems and gave advise, 49,06% (26) indicated that the supervisor confronted him/her, 43,40% (23) indicated that the supervisor advised him/her to seek help, 35,85% (19) indicated that the supervisor gave time off in order to solve their problems, 26,42% (14) indicated that the supervisor reported him/her to upper management (CEO) and 18,87% (10) indicated that when a troubled employee was identified, the supervisor spoke to his/her friends.

The above results can be interpreted as an indication that Sterkfontein Psychiatric Hospital does not have a structured system that has been put in place to handle employees' problems in a professional, skilful and sensitive way. Therefore, the present system can lead to gossip and incidents reported in question 22 of the questionnaire, such as "Management makes fun of staff".

The results can also be interpreted as a reflection of the need for an EAP at Sterkfontein Psychiatric Hospital since supervisors are not supposed to solve employees' problems, but rather identify work deficiencies and refer

supervisees to the relevant professional resources. Darick (1999:63) indicates that the availability of the EAP relieves supervisors and, for that matter, union representatives, of the need to counsel employees and to provide assistance that is most often outside their areas of expertise.

26 **Help by personnel to troubled employees**

Table 17: If help is provided to troubled employees, which of the following staff are involved in rendering such help?

RESPONSES	RESPONDENTS	PERCENTAGE
Social workers	24	45,28%
Psychologists	27	50,94%
Psychiatrists	15	28,85%
Occupational Therapists	3	5,66%
Nurses	10	18,87%
Union representatives (Shop stewards)	32	61,54%
None	5	9,80%

Table 17 indicates that the respondents gave more than one answer. The majority of the respondents, i.e. 61,54% (32), indicated that if help was provided to troubled employees, the union representatives were used in this regard, 50,94% (27) indicated the psychologists, 45,28% (24) indicated the social workers, 28,85% (15) indicated the psychiatrists, 18,87% (10) indicated the nurses, followed by 9,80% (5) who indicated none. Only 5,66% (3) indicated occupational therapists.

The above results can be interpreted as a confirmation that Sterkfontein Psychiatric Hospital does not have a structured system that is geared towards helping employees with their problems (see tables 5 & 6) because if there was such a structure, only one person could be responsible for dealing with employees' problems.

The results can also be interpreted as an indication of the important role that the union plays in the lives of the workers, thus implying union support for EAP.

27   How would you like to be helped?

Table 18: How would you like the hospital to help you when you have problems?

RESPONSES	RESPONDENTS	PERCENTAGE
Listen to me	14	21,88%
Give me time off to solve my problems	13	20,31%
Be supportive	5	7,81%
Refer to EAP/Counselling	25	39,06%
Discuss problem	3	4,69%
Help should depend on the problem	2	3,13%
I prefer to ask for help	2	3,13%

According to Table 18, the respondents gave more than one response. However, 39,06% (25) indicated that they would like to have an EAP/counselling service in the hospital to help them with their problems, 21,88% (14) indicated that they wanted their problems to be listened to, 20,31% (13) indicated that they wanted to be given time off, 7,81% (5) indicated that they wanted to be given support. A total of 4,69% (3) indicated that they would like their problems to be discussed, followed by respondents who shared 3,13% (6) each, and who indicated that they would like the hospital to help them depending on the problem and they preferred to ask for help.

One can deduce from the responses given that there is a large market for EAP at Sterkfontein Psychiatric Hospital and that the emotional aspect of the employees is perhaps neglected in this hospital.

28   Hospital assistance regarding problems

Table 19: What kind of assistance does the hospital provide you

with when you experience problems?

RESPONSES	RESPONDENTS	PERCENTAGE
Nothing	20	38,46%
Supervisor gives you leave	8	15,38%
Counselling	3	5,77%
Referral to relevant professionals	5	9,62%
Help is given according to the problem/needs	6	11,54%
Listen	1	1,92%
Gives warning	3	5,77%
Never asked for assistance	4	7,69%

Table 19 indicates that only 50 respondents responded to this question. The majority, i.e. 38,46% (20), of the respondents indicated that the hospital helped them with nothing when they experienced problems, 15,38% (8) indicated that they were given leave, 11,54% (6) indicated that the hospital assisted them according to the problem/needs, 9,62% (5) indicated referral to relevant resources, 7,69% (4) indicated that they had never asked for assistance, 5,77% (3) indicated counselling, and another 5,77% (3) indicated that they were given warnings when they experienced problems.   Only 1,92% (1) indicated that the hospital assisted them by listening, when they experienced problems.

It seems that the results are consistent in showing that Sterkfontein Psychiatric Hospital does not cater for the emotional needs of its employees (see tables 5 and 7).

29   **Hospital's design/introduction of EAP**

Figure 8: Do you think that the hospital should design/introduce an Employee Assistance Programme?
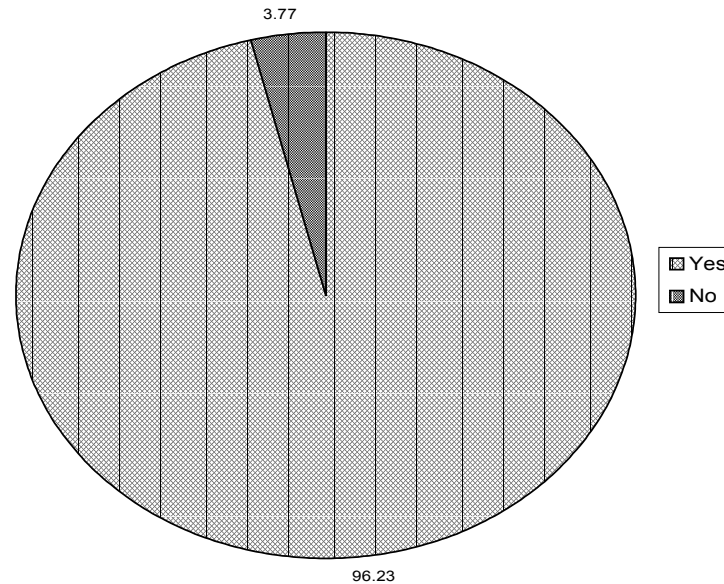
Figure 8 indicates that out of a total of 53 respondents who participated in this study, the majority, i.e. 96,23% (51), of the respondents indicated that they thought the hospital should design/introduce an EAP. Only 3,77% (2) indicated No.

As motivation for their answer, 62% (31) of the respondents indicated that the introduction of a hospital EAP would help employees with their problems, 14% (7) indicated that a hospital EAP would be a liaison between employees and relevant solutions (management), 8% (4) indicated that an EAP would prevent burn-out, 6% (3) indicated that the hospital had a moral responsibility to look after its employees, 4% (2) indicated that an EAP was a need, another 4% (2) indicated that there were many complaints about management, for example, management vis-à-vis employees, and only 2% (1) indicated that they preferred an external service.

The above results can be interpreted as an indication to the management of Sterkfontein Psychiatric Hospital that EAP is long overdue for its employees.

30   **Use of EAP to solve own personal problems**

Figure 9: If the hospital were to introduce an EAP, would you use this service to solve your own personal problems?

16.98

Yes

No

83.02

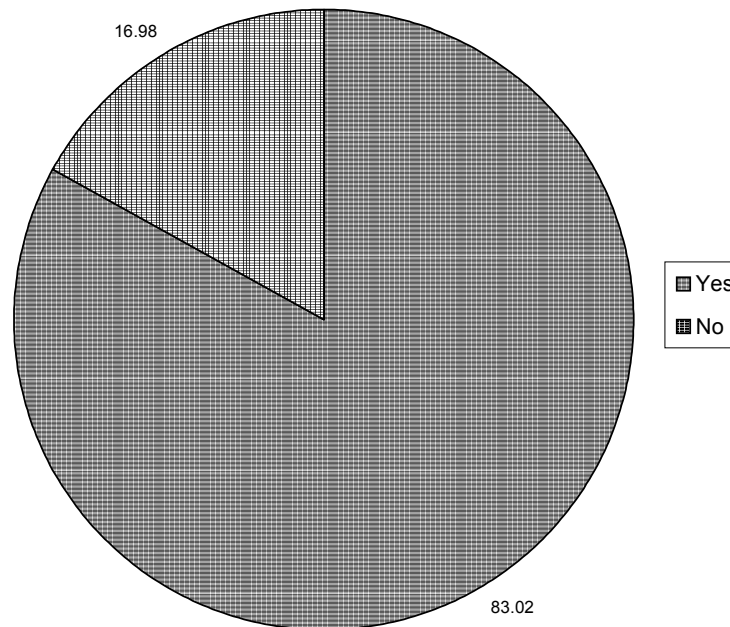Figure 9 indicates that out of a total of 53 respondents, the majority, i.e. 83,02% (44), of the respondents indicated that if the hospital were to introduce an EAP, they would use this service to solve their own personal problems. Only 16,98% (9) indicated No.

The results of the study are consistent in showing that the employees of Sterkfontein Psychiatric Hospital need help with regard to their problems.

*   **If "No", what is the reason?**

A total of 13,21% (7) of the respondents who answered that they would not use the services provided by the hospital EAP indicated that the co-workers might find out that they had a problem, 13,21% (7) indicated that they might be labelled and stigmatised, 11,54% (6) indicated that their subordinates might find out that they had a problem, 7,55% (4) indicated that they might be perceived as not coping, 5,66% (3) indicated that the supervisor might find out that they had a problem, and 5,66% (3) indicated that their chances of promotion might be jeopardized. Lastly, 5,66% (3) indicated that their job security would be in jeopardy.

The deduction made from the results shows that the employees are not against the use of EAP services, but they are only afraid that if they use the hospital EAP, they might be discriminated against. Dickman and Emener (1988:122) indicate that in order to reduce stigma, both labour and management should jointly communicate and demonstrate that "to be troubled is to be human". A much more trusting environment exists and employees tend to feel more comfortable asking for and accepting help.

According to Dickman and Emener (1988:122), "affordability" in terms of the perceptions of troubled employees also means that they can seek assistance without immediate fears that it could cost them their jobs (or benefits and opportunities for promotion).

*   **If "Yes", with whom would you be more comfortable to discuss these problems?**

Out of 40 respondents who answered this question, 67,92% (36) indicated that they would be more comfortable to discuss their problems with the hospital's full-time EAP counsellor, and 7,55% (4) indicated that they would be more comfortable discussing their problems with the hospital's

EAP co-ordinator. There was no response given concerning external consultants.

The results still confirm that the majority of Sterkfontein employees need an EAP.

31   Payment of EAP Services

Figure 10: Who should be responsible for paying the treatment costs of EAP services?
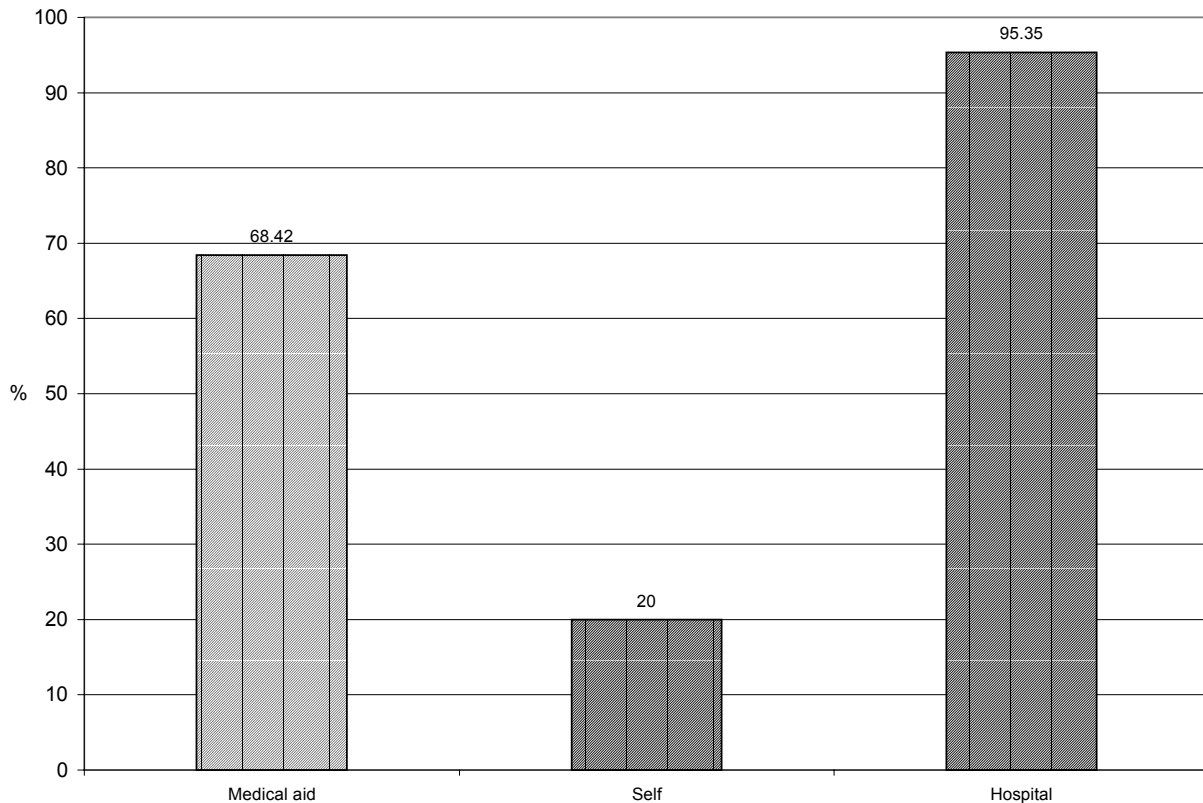
According to Figure 10, 54 responses were given to this question. The majority of the respondents, i.e. 95,35% (41), indicated that the hospital should pay for EAP services, and 68,42% (13) indicated that payment for EAP services should be through a medical aid. Only 20% of the respondents indicated that they "themselves" should be responsible for the payment of EAP Services.

The researcher's interpretation of the results is that the hospital's payment of EAP services can be seen to demonstrate that the hospital really cares about its employees. According to Dickman (1988:130), effective EAPs are well financed, at least to the extent that feared economic hardship is not an upfront deterrent to seeking help.

32   Provision of EAP services in terms of priority

Table 20: In this question, the respondents were asked to rank some of the services that the hospital EAP may offer, in terms of priority

RESPONSES	RESPONDENTS	RANK ORDER
Personal counselling	47	1
Individual counselling	46	2
Group counselling	45	9
Life skills programmes	46	4
How to handle a violent person	42	10
Health and wellness programmes	46	7
Pre-retirement counselling	43	11
Stress management	45	3
How to deal with burnout	42	8
Motivational skills	44	6
Aids Education	46	12
Affirmative Action Programmes	43	14
Rape Awareness Programmes	45	15
Financial counselling	43	5
Mental care services	44	13

According to Table 20, personal counselling was ranked number 1 by 47 respondents, individual counselling number 2 by 46, stress management number 3 by 45, life skills programmes number 4 by 46, financial counselling number 5 by 43, motivational skills number 6 by 44, health and wellness programmes number 7 by 46 respondents, how to deal with burnout was ranked number 8 by 42 respondents, group counselling number 9 by 45, how to handle a violent person number 10 by 42, pre-retirement counselling number 11 by 43, Aids education number 12 by 46, mental care services ranked number 13 by 44 respondents, Affirmative

action programmes ranked number 14 by 43 respondents and rape awareness was ranked number 15 by 45 respondents.

The results indicate that there is a strong indication that there is a need for a professional counselling service for the employees of Sterkfontein Psychiatric Hospital.

33   Responsibility towards troubled employees

Figure 11:   Do you think Sterkfontein Hospital has a responsibility towards troubled employees?
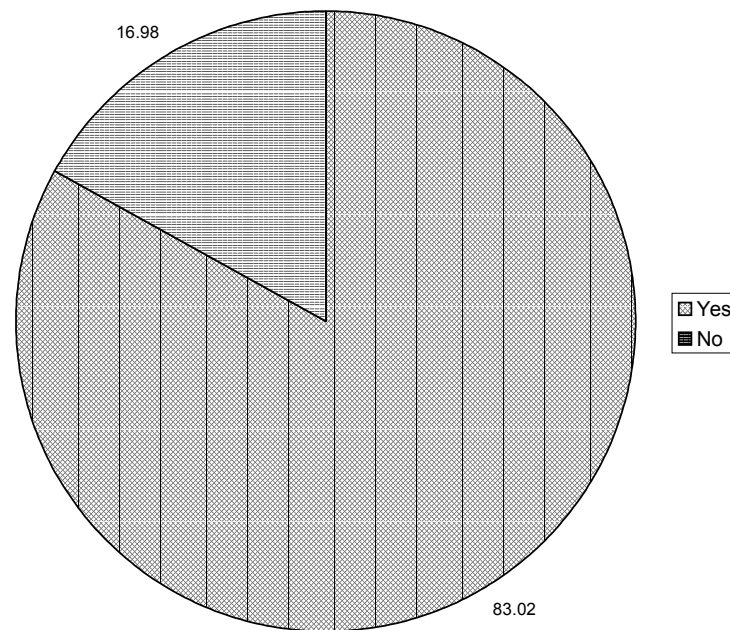
Figure 11 indicates that out of a total of 53 respondents who participated in this study, 83,02% (44) of the respondents indicated that they thought that Sterkfontein Psychiatric Hospital had a responsibility towards troubled employees, and only 16,98% (9) indicated No.

As motivation, 29,79% (14) of the 44 respondents indicated that the hospital had a responsibility towards employees because this would show an interest in the employees, 23,40% (11) indicated that it would have an effect on the hospital's reputation, 17,02% (8) indicated a stressful working environment, 12,77% (6) indicated that problems would be attended to urgently, 8,51% (4) indicated that a happy workforce equals high productivity, 6,38% (3) indicated that a troubled employee equals low productivity and 2,13% (1) indicated that there may be a reason for the hospital to take responsibility towards troubled employees.

The results of the study show that the employees of Sterkfontein Psychiatric Hospital have pointed out an important aspect of EAP, namely the humane aspect. Du Plessis (1988:3) indicates that one of the rationales for EAPs is the social responsibility aspect of the companies, 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 (see 2.5.5 in Chapter 2).

34   EAP for Sterkfontein Hospital

Figure 12: Do you think it is necessary for Sterkfontein Hospital to have an Employee Assistance Programme?

1.89

Yes
No
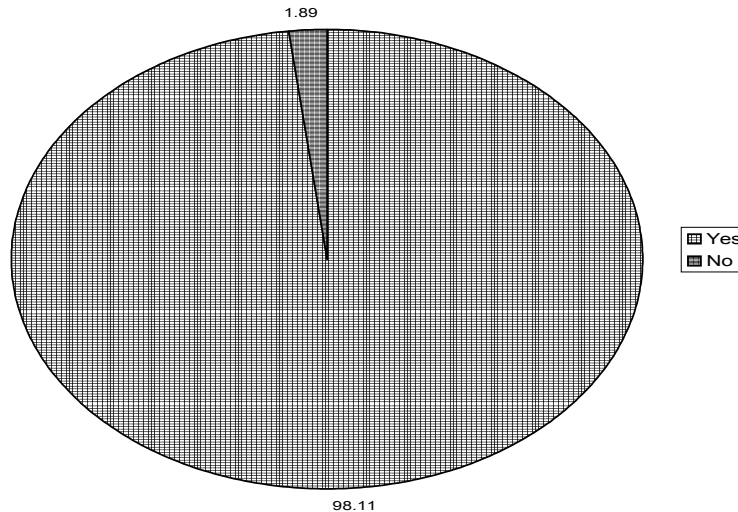
98.11

Figure 12 shows that out of a total of 53 respondents who participated in this study, the majority, i.e. 98,11% (52), of the respondents indicated that they thought it was necessary for Sterkfontein Psychiatric Hospital to have an Employee Assistance Programme. Only 1,89% (1) did not think it was necessary for Sterkfontein Psychiatric Hospital to have an EAP.

As motivation, 38,46% (20) of the 52 respondents thought it was necessary for Sterkfontein Psychiatric Hospital to have an EAP to assist workers with their problems, 23,08% (12) thought that EAP was a need in this hospital, 17,31% (9) thought that EAP would reduce absenteeism, followed by another 17,31% (9) who thought EAPs reduce stress and 3,85% (2) thought that EAP would promote trust.

The researcher believes that the respondents' responses reflect an understanding and readiness on the part of Sterkfontein employees to accept and welcome the development of an EAP.   Stoer-Scaggs

86

(1999:37) indicates that developing an EAP reflects an institutional commitment to the human and economic concerns of both individuals and organisations, because it represents intent to improve quality of life for the entire workforce.

35   EAP staff location

Table 21: Where do you think EAP staff should be located in the hospital?

RESPONSES	RESPONDENTS	PERCENTAGE
Human Resources Department (Administration Department)	16	30,77%
Social Work Department	13	24,53%
Psychology Department	8	15,09%
Neutral place	18	33,96%
Team work	2	3,77%
Referral	2	3,77%
I do not know	1	1,89%

According to Table 21, 33,96% (18) of the 53 respondents who participated in the study, thought that EAP staff should be located in a neutral place, 30,77% (16) thought that EAP staff should be located in the Human Resources Department (Admin), 24,53% (13) thought that EAP staff should be located in the social work department, 15,09% (8) thought that EAP should be located in the Psychology Department, followed by 3,77% (2) of the respondents who thought that EAP staff should be members of the multi-disciplinary team, and another 3,77% (2) of the respondents thought that referral to relevant resources was important and only 1,89% (1) of the respondents indicated that they did not know where EAP staff should be located in the hospital.

The results can be interpreted to indicate that the majority of Sterkfontein employees want their privacy to be respected.

36   Aftercare Programme

Figure 13: Would you like the hospital to have an aftercare programme for troubled employees?
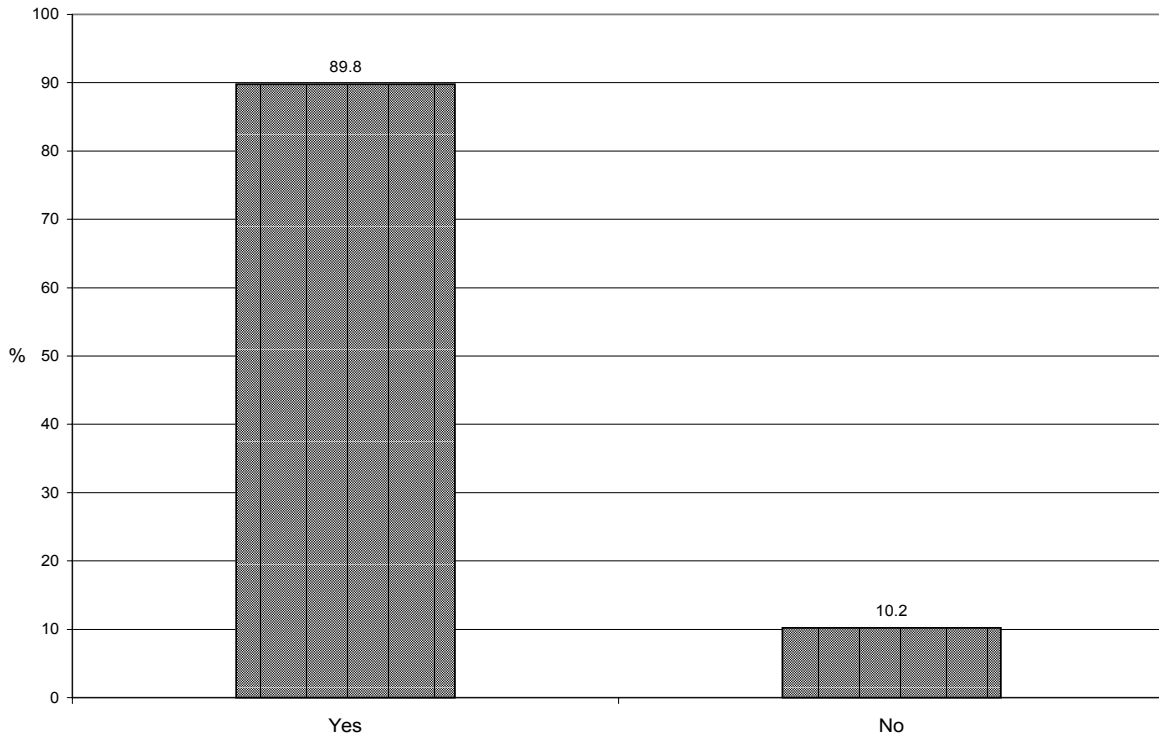
Figure 13 shows that four (4) out of a total of 53 respondents did not provide their responses. However, the majority, i.e. 89,8% (44), of the respondents would like the hospital to have an aftercare programme for troubled employees and only 10,2% (5) would not like the hospital to have an aftercare programme for troubled employees.

Only 43 responses were provided and as motivation 69,77% (30) of the respondents would like the hospital to have an aftercare programme for troubled employees as a follow-up, 9,30% (4) would like the hospital to have an aftercare programme for troubled employees so that employees can have more time for the programme, 6,98% (3) would like the hospital to have an aftercare programme for troubled employees so that they can feel free to consult EAP staff at all times, 4,65% (2) would like to have an aftercare programme because more staff can be appointed for this

purpose, another 4,65% (2) indicated that the hospital had a moral responsibility to look after its employees, 2,33% (1) would like a hospital aftercare programme because management was not helpful, and another 2,33% (1) would like the hospital to have an aftercare programme for troubled employees because a specific day should be set to discuss problems with all employees.

The employees of Sterkfontein Psychiatric Hospital have responded positively, i.e. 89.80% (44), to one of the important functions of EAP, viz. monitoring/follow-up. Taylor, Holosko, Smith and Feit (1988:71-72) agree that follow-up provides the opportunity to monitor the employee's progress during the treatment phase and his/her adjustment back into the workplace.

The respondents' motivation indicates to the researcher that they see an aftercare programme (their answers) as looking after the employees.

Aftercare is, as stated by Taylor et al., care after treatment when an employee was referred for help (outside the company).

37   Union consultation on EAP design/introduction

Figure 14: Do you think that the Unions should be consulted when designing/introducing a hospital EAP?
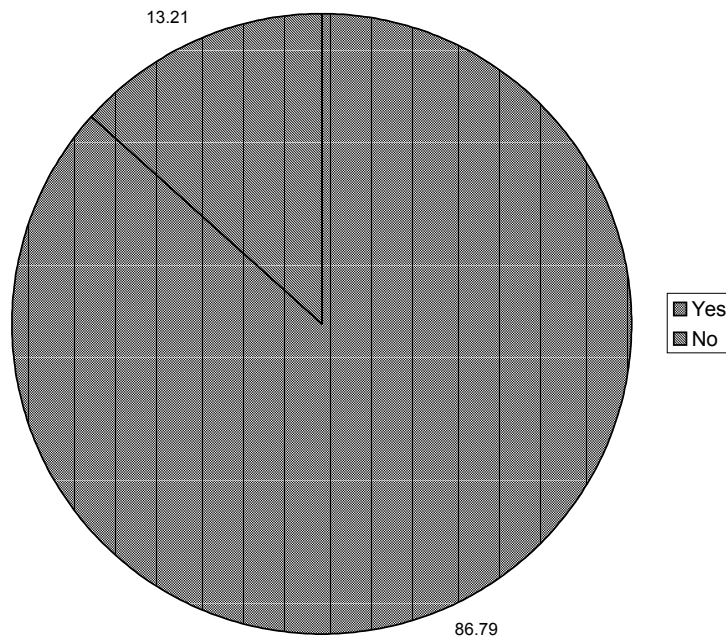
According to Figure 14, the majority of the respondents, i.e. 86,79% (46), thought that the unions should be consulted when designing/introducing a hospital EAP, only 13,21% (7) thought that the unions should not be consulted when designing/introducing a hospital EAP.

The results can be interpreted as an indication that Sterkfontein employees acknowledge the importance of a joint co-operation between the Unions and EAP officials. Dickman and Emener (1988:123) indicate that a union's primary stated purpose is to help its workers (members). This is also the primary purpose of an Employee Assistance Programme. Thus, when a union supports the efforts of an EAP, it is essentially doing what it is primarily designed to do – to help employees (its members).

38   EAP Practitioners and Disciplinary Committee

Figure 15: Do you think that EAP practitioners should be members of the Disciplinary Committee?
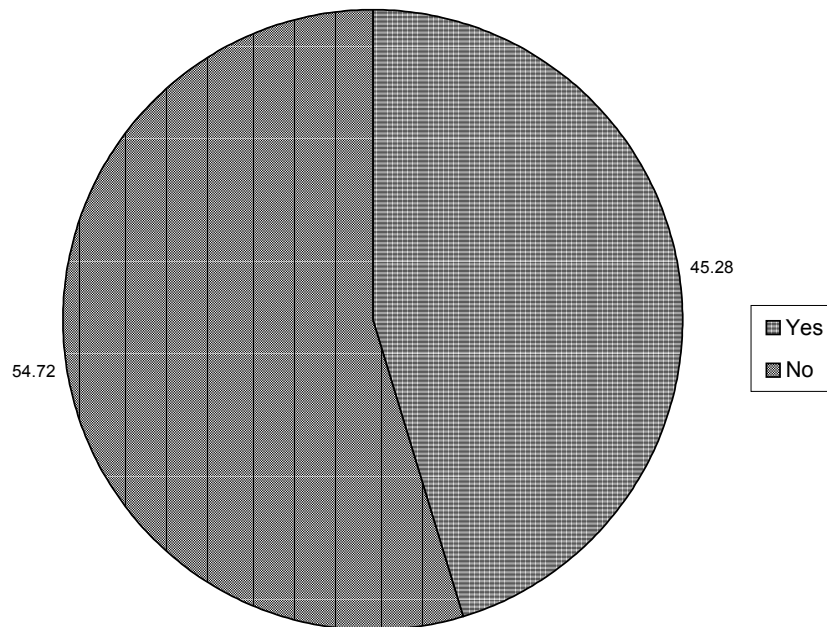
According to Figure 15, the majority of the respondents, i.e. 54,72% (29), did not think that EAP practitioner should be members of the Disciplinary Committee, and 45,28% (24) thought that EAP practitioners should be members of the Disciplinary Committee.

The results can be interpreted to indicate that the majority of Sterkfontein employees are not in favour of the inclusion of the EAP practitioners in the membership of the Disciplinary Committee. It is the researcher's opinion that the counselling role of the EAP practitioner is different from the judgemental role played by the Disciplinary Committee members. Therefore, if the EAP Counsellor serves on the Disciplinary Committee, it would constitute a conflict of interests on his part.

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39   Suggestions to ensure EAP usage

Table 22: If the hospital were to design an EAP, what suggestions do you have that could contribute towards ensuring that the staff use that service?

RESPONSES	RESPONDENTS	PERCENTAGE
Information	25	40,98%
Confidentiality	5	8,20%
Involvement of management	11	18,03%
Management not to be involved	5	8,20%
Transparency	7	11,48%
Social work	2	3,28%
Attendance/Participation	3	5,92%
Needs analysis	3	4,92%

According to Table 22, more than one response was given. However, the majority of the respondents, i.e. 40,98% (25), indicated that to ensure that staff use EAP services, information on EAP must be given to all staff, 18,03% (11) indicated that to ensure that staff use EAP services, Management should be involved, 11,48% (7) indicated that transparency in the programme would ensure that staff use EAP services, 8,20% (5) indicated that confidentiality would ensure that staff use EAP services, another 8,20% (5) indicated that to ensure that staff use EAP services, Management should not be involved, 5,92% (3) indicated that participation in the decision-making process of EAP, would ensure staff use its services, another 5,92% (3) indicated that to ensure that staff use EAP services, a needs analysis should be conducted, and only 3,28% (2) indicated that to ensure that staff use EAP services, social workers should be chosen as there are more social problems.

The results, i.e. 40,98% (25), have pointed out an important issue regarding EAP, that of information giving. Bruce (1990:133) indicates that the EAP can and should encourage acceptance by providing information on general issues of productivity and mental health, and making pamphlets on its services readily available.

3.4 <u>**SUMMARY**</u>

The results from the Sterkfontein employees who participated in this study indicate that most Sterkfontein employees do not know how their job performance is measured, indicating a lack of "communication regarding performance standards" on the part of the supervisors to the employees (Myers, 1984:237). The results of this study further indicate that Sterkfontein Psychiatric Hospital needs an Employee Assistance Programme to deal with problems of poor productivity, high absenteeism, stress, high employee turnover, high workload and low morale, which have become the order of the day in this hospital.

The results, i.e. 75,47%, of this study indicate that Sterkfontein Psychiatric Hospital experiences poor productivity as a result of the effects of personal problems on the hospital, thus indicating the need for an EAP.

It is further evident from the results, i.e. 86,79%, that the employees of Sterkfontein Psychiatric Hospital are suffering from stress due to the effects of personal problems, thereby indicating the need for an EAP.

The results also revealed that supervisors at Sterkfontein Psychiatric Hospital are involved in counselling employees. This is wrong because the supervisors have to identify work deficiencies but not listen to employees' problems and advise the employees as indicated in the results (54,72%).

The results, i.e. 98,11%, indicate further that Sterkfontein Psychiatric Hospital has a large market for EAP as the respondents indicated that they thought it was necessary for Sterkfontein Psychiatric Hospital to have an EAP.

The employees of Sterkfontein Psychiatric Hospital have revealed their need for an EAP. Hence, the results of the study indicate that 47 respondents ranked personal counselling service as their number one priority.

In the next chapter, the researcher will focus on conclusions drawn from empirical findings and recommendations.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1   INTRODUCTION

Chapter 3 focused mainly on the goal and objective of this study, which was "a needs assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital". The goal and objectives of the study were compared with empirical findings and conclusions drawn from that. Attention was paid to the extent to which the research question for the study, namely "Is there a need for an EAP at Sterkfontein Psychiatric Hospital?" was confirmed and how the results from empirical findings could be generalised to the entire employee population of Sterkfontein Psychiatric Hospital.

A thorough investigation about the EAP as a concept, the rationale for EAP programmes, goals and objectives of EAP, the concept of a troubled employee and why problems develop was done through a literature study.

The psychiatric hospital as a workplace was also investigated. The employee's need for an EAP was explored through an empirical study. A questionnaire was randomly distributed to the employees in order to explore this need. The empirical study was completed successfully because all 53 questionnaires were completed and returned to the researcher by the respondents.

On the basis of the above mentioned, conclusions and recommendations will be made.

4.2   CONCLUSIONS

The conclusions drawn were based on the goal and objectives of the study, the research question for the study and the extent to which the results of the study

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could be generalised to the entire employee population of Sterkfontein Psychiatric Hospital.

The results of this study revealed that 62,26% of the respondents indicated that they had a good working relationship with their subordinates or supervisors, thus implying a positive response from the employees of Sterkfontein Psychiatric Hospital towards the application of a constructive confrontational approach by the supervisor.

Sterkfontein employees experience both personal and work-related problems. This was evident from the results of this study, which showed that 83,02% of the respondents indicated that they went to their supervisor with work-related problems and that 39,62% went to a family member when they had personal problems.

Problems at Sterkfontein Psychiatric Hospital are left unattended until it is too late. This was revealed by the results of this study which showed that 51,92% of the respondents indicated that their supervisor could only sometimes see when they had problems.

Information is not accessible to all the employees of Sterkfontein Psychiatric Hospital. This problem was exposed by the results of this study, which indicated that 43,14% of the respondents did not know how their job performance was measured, whereas 35,29% knew how their job performance was measured.

The following information confirmed further that Sterkfontein employees experience personal and work-related problems. This was revealed by the study results, which showed that 92,68% of the respondents indicated that they and their colleagues had experienced financial problems, and 85% were respondents who experienced alcohol abuse and marital or family conflict.

The fact that Sterkfontein employees experience stress and high absenteeism indicates the need for an EAP. Thus, the results (86,79%) of the respondents indicated that the effect that personal problems have on the staff is stress, followed by 75,47% who indicated high absenteeism, which confirms this need.

Sterkfontein Psychiatric Hospital, like many workplaces, experiences productivity problems. This was evident in the result of this study in which 94,34% of the respondents indicated that personal problems had a negative effect on the productivity of the employees.

Since Sterkfontein Psychiatric Hospital has a problem of high absenteeism on pay-days and the day thereafter as was indicated by 77,36% of the respondents, in this study, followed by 71,7% of the respondents who indicated that high absenteeism occurs on Fridays and Mondays, then by deducting money as a treatment for an absent worker aggravates the situation.

The results of the study – 100% (53) of the respondents thought that confidentiality was important in handling clinical information in a hospital EAP.

The fact that there is a high rate of employee turnover at Sterkfontein Psychiatric Hospital, as was indicated by 100% (53) of the respondents, on its own shows that Sterkfontein employees experience personal and/or work-related problems.

The results of this study indicated that 54,72% of the respondents indicated that when a troubled employee was identified the hospital (supervisor) normally listened to his/her problems and gave advise. This shows that the hospital (supervisors) follow an incorrect procedure when dealing with troubled employees as their role is only to identify work deficiencies and not to act as counsellors for their subordinates.

The results of this study revealed that 61,54% of the respondents indicated that if help is provided to troubled employees, the union representatives are used in this regard.

Sterkfontein employees need a structured support system to help them with problems. Hence, the results of this study indicated that 40% of the respondents indicated that they would like to have an EAP/Counselling service. This was followed by 21,88% of the respondents who indicated that they wanted their problems to be addressed.

Sterkfontein Psychiatric Hospital does not cater for the emotional needs of its employees. Thus, the results of this study revealed that 40% of the respondents indicated that the hospital provides them with no assistance when they experience problems.

The following results of the study findings confirmed furthermore the need for an EAP at Sterkfontein Psychiatric Hospital, namely 83,02% of the respondents indicated that if the hospital were to introduce an EAP, they would use this service to solve their own problems; 67,92% indicated that they would be more comfortable to discuss their problems with the hospital's full-time EAP, 39,06% indicated that they would like the hospital to help them when they had problems and 40% indicated that the hospital did not provide assistance to employees who experienced problems.

The results of this study revealed that 95,34% of the respondents indicated that Sterkfontein Psychiatric Hospital should pay for EAP services.

As a further confirmation of the need for an EAP at Sterkfontein Psychiatric Hospital, 47 respondents ranked personal counselling as their number one priority.

The results of this study indicated that 83,02% of the respondents thought that Sterkfontein Psychiatric Hospital had a responsibility towards troubled employees.

As a further confirmation of the need for an EAP at Sterkfontein Psychiatric Hospital, 33,96% indicated that EAP staff should be located in a neutral place.

Union involvement/support is crucial for the survival of an EAP at Sterkfontein Psychiatric Hospital. Thus, the results of this study indicated that 86,79% of the respondents thought that the unions should be consulted when designing/introducing a hospital EAP.

EAP practitioners should not be members of the Disciplinary Committee. This was revealed by the results of this study, which showed that 54,72% of the respondents thought that EAP practitioners should not be members of the Disciplinary Committee.

The goal of the study was to determine the need for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital. The empirical results indicated that there is a need for an EAP at Sterkfontein Psychiatric Hospital, by producing an overwhelming positive response of 98,11% (51) from the respondents who indicated that the hospital should design/introduce an Employee Assistance Programme. On the basis of these results, it can be stated clearly that the goal of this study was achieved.

The results of this study confirmed the need for an EAP at Sterkfontein Psychiatric Hospital by producing a positive response of 98,11% from the respondents who thought that it was necessary for Sterkfontein Psychiatric Hospital to have an EAP.

4.3   **RECOMMENDATIONS**

The following recommendations based on the investigation can be made.

The researcher recommends that Sterkfontein Psychiatric Hospital should consider designing/introducing an Employee Assistance Programme to help minimise the problems indicated in the study.

The researcher will provide the necessary information on EAP and its service to the Management of the hospital for the design and introduction of an EAP at Sterkfontein Psychiatric Hospital.

Should Sterkfontein Management accept the recommendation for the design of an EAP, the researcher will then have to discuss the location of the EAP office because it has to be located conveniently and centrally so as to be accessible for use by all the employees.

The issue of confidentiality should also be given a high priority in Sterkfontein's EAP. This should be written down in the EAP Policy Document, which has to be communicated clearly and made available to all the employees in the form of pamphlets, newsletters, in-service training and staff induction.

In order to reduce any stigma, both the unions and management must be jointly involved in non-counselling EAP issues such as communicating and educating employees about the importance of EAP.

Payment for EAP services has to be considered carefully so that a troubled employee should not have to worry about paying for services as this might reduce the motivation to seek help.

If an EAP is designed at Sterkfontein Psychiatric Hospital, the supervisors will receive training on acceptable procedures, such as early identification of troubled

employees, constructive confrontation and referral to relevant resources, from EAP practitioners.

The hospital's EAP should also address and emphasise the importance of communication between supervisors and subordinates with regard to information giving to subordinates regarding performance standards, which will help address the problem of poor productivity.

The researcher recommends that a thorough needs assessment based on the problems (personal and work-related) experienced by the employees be conducted. The information gathered will form the content of an EAP for Sterkfontein Psychiatric Hospital.

It is recommended that the hospital may utilise the existing resources such as social workers, psychologists, occupational therapists, nurses, psychiatrists and unions. These people can mobilise employees for the use of an EAP by providing training sessions and workshops on EAP.

Should the recommendation for the design of an EAP at Sterkfontein Psychiatric Hospital be accepted, perhaps the hospital could start with at least one EAP practitioner, who is qualified with management skills and training in EAP.

On-going evaluative research must be implemented as a monitoring device to assess whether the hospital's EAP meets its objectives.

Future research should be undertaken to help Sterkfontein Psychiatric Hospital in focusing on profiles of different client groups in order to tailor make the EAP services to the specific and particular needs of the different groups of employees in the hospital.

Future research should also be undertaken to determine the type of EAP model of service delivery that would be suitable for Sterkfontein Psychiatric Hospital.

4.4   SUMMARY

It is the researcher's opinion that the findings of this study indicate clearly that Sterkfontein Psychiatric Hospital should design/introduce an Employee Assistance Programme. Furthermore, the study findings could be generalised to all the employees (population) of Sterkfontein Psychiatric Hospital as the sample for the study was chosen/selected indiscriminately.

REFERENCES

1. Arkava, M.L. and Lane, T.A. 1983. **Beginning Social Work Research**. Boston: Allyn and Bacon.

2. Bailey, J. 1983. **Job Design and Work Organization. Matching People and Technology for Productivity and Employee Involvement.** London: Prentice-Hall International.

3. Bailey, K.D. 1994. **Methods of Social Research**. 4th Edition. New York: Free Press.

4. Balgopal, P.R. & Patchner, M.A. 1988.   Evaluating Employee Assistance Programs: Obstacles, Issues and Strategies. In Holosko, M.J. & Feit, M.D. (Editors). **Evaluation of Employee Assistance Programs.** New York: The Haworth Press.

5. Bellingham, R. & Cohen, B. 1987. Stress: Whose Responsibility is it? In Bellingham, R. & Cohen, B. (Editors). **The Corporate Wellness Sourcebook.** Massachusetts: Human Resource Development Press.

6. Bless, C. & Higson-Smith, C. 1995.   **Fundamentals of Social Research Methods: An African Perspective**. 2nd Edition. Kenwyn: Juta & Co. Ltd.

7. Bourque, L.B. & Fielder, E.P. 1995. **How to Conduct Self-administered and Mail Surveys.** London: SAGE Publications.

8. Bruce, W.M. 1990. **Problem Employee Management. Proactive Strategies for Human Resource Managers.** New York: Quorum Books.

103

9.   Cagney, T. 1999. Models of Service Delivery. In Oher, J.M. (Editor). **The Employee Assistance Handbook.** New York: John Wiley & Sons.

10.   Challenger, B.R. 1988.   The Need for Employee Asssitance Programs.   In Dickman, F., Challenger, B.R., Emener, W.G. & Hutchison, J.R.W.S. (Editors) **Employee Assistance Programs. A Basic Text.** Illinois: Chalres C. Thomas Publishers.

11.   Carroll, M. 1996. **Workplace Counselling.** London: SAGE Publications.

12.   **Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996).**

13.   Creswell, J.W. 1998.   **Qualitative Inquiry and Research Design.   Choosing among five Traditions**. Thousand Oaks: SAGE Publications.

14.   Darick, A.A. 1999. Clinical Practices and Procedure. In Oher, J.M. (Editor). **The Employee Assistance Handbook.** New York: John Wiley & Sons.

15.   Davies, A. Solve Employee Problems, Reap on Dividend. **The Star Workplace.** 23 August 2000.

16.   De Vos, A.S. & Fouché, C.B. 1998.   General introduction to research design, data collection methods and analysis. In De Vos, A.S. (ed) **Research at Grass-Roots. A primer for the caring professions.** Pretoria: Academic. J.L. van Schaik.

17.   Dickman, F. 1988. Ingredients of an Effective EAP. In Dickman, F., Challenger, B.R., Emener, W.S. & Hutchison, J.R.W.S. (Editors). **Employee Assistance Programs. A Basic Text.** Illinois: Charles C. Thomas Publishers.

18.   Dickman, F. and Emener, W.S. 1988. Union Involvement: A Key Ingredient to Successful Employee Assistance Programs. In Dickman, F., Challenger, B.R., Emener, W.S. & Hutchison, J.R.W.S. (Editors). **Employee Assistance Programs**. **A Basic Text.** Illinois: Charles C. Thomas Publishers.

19.   Du Plessis, A. 1988. Employee Assistance Programmes (EAPs). In **Social Work Practice** (1988) 1: p23-25 March.

20.   Du Plessis, A. 1994. Exploring the potential for primary level services in the occupational setting: Future Considerations for Welfare Managers and Social Work Educators. **In Social Work/Maatskaplike Werk** (1994) 30: 1p. 42-49 March**.**

21.   **Employment Equity Act, 1998 (Act No. 55 of 1998).**

22.   Fink, A. 1995. **How to Sample in Surveys**. London: SAGE Publications.

23.   Fouché, C.B. 1998. Data Collection Methods. In De Vos, A.S. (Ed) **Research at Grass Roots. A Primer for the Caring Professions**. Pretoria: Academic J.L. van Schaik.

24.   Fouché, C.B. 2002. Problem formulation. In De Vos, A.S., Strydom, H., Fouché, C.B., Delport, C.S.L. **Research at Grass Roots for the Social Sciences and Human Service Professions.** 2nd Edition. Pretoria: J.L. van Schaik.

25.   Frances, A., Pincus, H.A. & First, M.B. 2000. **Diagnostic and Statistical Manual of Mental Disorders.** 4th Edition. Washington: American Psychiatric Association.

26.   Grimes, C.H. 1988. **EAP Research. An Annual of Research and Research Issues Volume II.** Georgia: Performance Resource Press, Inc.

27. Grinnell, jr., R.M. 1985. **Social Work Research & Evaluation**. Illinois: Peacock Publishers.

28. Grinnell, jr., R.M. & Williams, M. 1990. **Research in Social Work: A Primer**. Illinois: Peacock Publishers.

29. Grinnell, jr., R.M. 1997. **Social Work Research & Evaluation**. **Quantitative and Qualitative Approaches**. Illinois: Peacock Publishers.

30. Hacker, C.A. 1997. **The High Cost of Low Morale … And what to do about it.** Florida: St. Lucie Press.

31. Hornby, A.S. 1974. **Oxford Advanced Learner's Dictionary of Current English.** Oxford: Oxford University Press.

32. Huysamen, S. 1994. **Methodology for the Social and Behavioural Sciences**. Halfway House: Southern Book Publishers.

33. Jones, O.F. 1985. The Rationale and Critical Issues of EAP Development. In Klarreich, S.H., Franscek, J.L. & Moore, C.E. (Editors). **The Human Resource Management Handbook: Principles and Practice of Employee Assistance Programs.** New York: Praeger Press.

34. Judd, C.M., Smith, E.R. & Kidder, L.H. 1991. **Research Methods in Social Relations**. 6th Edition. New York: Harcourt Brace Javanovich College Publishers.

35. Kaplan, H.I. & Sadock, B.J. 1981. **Modern Synopsis of Comprehensive Textbook of Psychiatry/III.** 3rd Edition. Baltimore: Williams & Wilkins.

36. Klarreich, S.H., Franscek, J.L. & Moore, L.E. 1985. **The Human Resources Management Handbook.** New York: Praeger Press.

37. **Labour Relations Act, 1995 (Act No. 55 of 1995).**

38. Langley, E. 1999. EAP: The First or Last Component of HR. In **People Dynamics**. 1999. 17: 6 p. 48 June.

39. Lee, C. & Gray, J.A. 1994. The Role of Employee Assistance Programs. In Cooper, C.L. & Williams, S. (Editors). **Creating Healthy Work Organizations.** New York: John Wiley & Sons.

40. Maiden, R.P. 1988. Employee Assistance Program Evaluation in a Federal Government Agency. In Holosko, M.J. & Feit, M.D. (Editors). **Evaluation of Employee Assistance Programs.** New York: The Haworth Press.

41. Maller, J. 1988. Employee Assistance Programmes – a new Approach to Workplace Productivity? In **IPM Journal** (1988) 6: 12 p. 21-24 May.

42. Mark, R. 1996. **Research Made Simple – a handbook for Social Workers**. London: SAGE Publishers.

43. Masi, D.A. 1992. Employee Assistance Programs. In Masi, D.A. (Editor). **The Amalgamated Handbook for Employee Assistance and Counselling Programs**. New York: American Management Association.

44. Matteson, M.T. & Ivancevich, J.M. 1987. **Controlling Work Stress. Effective Human Resource and Management Strategies.** San Francisco: Jossey-Bass Inc.

45.   Mc Clelland, K. & Miller, R.E. 1988. EAPs in Transition: Purpose and Scope of Services. In Holosko, M.J. & Feit, M.D. (Editors). **Evaluation of Employee Assistance Programs.** New York: The Haworth Press.

46.   Mouton, J. 2001. **How to succeed in your Master's & Doctoral Studies. A South African Guide and Resource Book**. Pretoria: Van Schaik Publishers.

47.   Myers, D.W. 1984. **Establishing and Building Employee Assistance Programs.** Connecticut: Quorum Books.

48.   New dictionary of Social Work. 1995. Revised and Comprehensive edition. **Terminology Committee for Social Work**. Pretoria: Government Printers.

49.   Ntsamai, N.M. 1991. Mental Health in the Workplace. In **Social Work Practice** (1991): 1 p. 19-21 March.

50.   Rubin, A. and Babbie, E. 1993. **Research Methods for Social Work**. 2nd Edition. California: Brooks/Cole Publishers.

51.   Shahandeh, A. 1988. The ILO's Look at EAP's and Beyond. In Cornei, L.D.W. Editor. **The Results of WHO/ILO International Review.** New York: The Haworth Press.

52.   Sloan, R.P., Gruman, J.C. & Allegrante, J.P. 1987. **Investing in Employee Health. A Guide to Effective Health Promotion in the Workplace.** San Francisco: Jossey-Bass Inc.

53.   Sonnenstuhl, W.J. & Trice, H.M. 1986. **Strategies for Employee Assistance Programs: The Crucial Balance.** New York: ILR Press.

54.   Strydom, H. 1998. The Pilot Study, In De Vos, A.S. (ed). **Research at Grass-Roots. A Primer for the Caring Professions**. Pretoria: Academic. J.L. van Schaik.

55.   Strydom, H. 2002. The Pilot Study. In De Vos, A.S., Strydom, H., Fouché, C.B., Delport, C.S.L.   **Research at Grass-Roots for the Social Sciences and Human Service Professions.** 2nd Edition. Pretoria: J.L. van Schaik.

56.   Strydom, H., & Venter, L. 2002. Sampling and sampling methods. In De Vos, A.S., Strydom, H., Fouché, C.B., Delport, C.S.L. **Research at Grass-Roots for the Social Sciences and Human Service Professions**. 2nd Edition. Pretoria: J.L. van Schaik.

57.   Stoer-Scaggs, L. 1999. Employee Assistance Programs in Higher Education. In Oher, J.M. (Editor). **The Employee Assistance Handbook**. New York: John Wiley & Sons.

58.   Taylor, P.A., Holosko, M.J., Smith, B.W. & Feit, M.D. 1988. Paving the way for EAP Evaluations: Implications for Social Work. In Holosko, M.J. & Feit, M.D. (Editors). **Evaluation of Employee Assistance Programs.** New York: The Haworth Press.

59.   Terblanche, L.S. 1988**. 'n Bedryfsmaatskaplike Werk-ondersoek na die Aard en Hulpprogramme in die Republiek van Suid-Afrika.** Unpublished Doctor Societatis Scientiae (MW). University of the Oranje Free State.

60.   Terblanche, L.S. 1999.   **Draft documents of standards for employee assistance programmes in South Africa**. Pretoria: University of Pretoria.

61.	Williams, S. 1994. Ways of Creating Healthy Work Organizations. In Cooper, C.L. & Williams, S. (Editors). **Creating Healthy Work Organizations**. New York: John Wiley & Sons.

62.	Woods, R. & Maenetja, T. 1996. Occupational Social Work in Profit-driven enterprises: Issues for Social Work Education in South Africa in the late 1990's. In **Social Work** (1996) 32: 2 p. 112-122 June.

63.	Wright, D.A. 1985. Policy and Procedures: The Essential Elements in an EAP. In Klarreich, S.H., Franscek, J.L. & Moore, C.E. (Editors). **The Human Resources Management Handbook: Principles and Practice of Employee Assistance Programs.** New York: Praeger.

64.	Zabow, T. 1998. **Managing the Violent Patient.** Department of Psychiatry. University of Cape Town & Grootte Schuur Hospital.

Appendix I

P.O. Box 856
ALLENSNEK
1736

15 April 2002

The Chief Executive Officer
Sterkfontein Psychiatric Hospital
Private Bag X2010
KRUGERSDORP
1740

Dear Sir/Madam

REQUEST FOR PERMISSION FOR MRS M.M. MOTLHALOGA TO CONDUCT RESEARCH AT YOUR HOSPITAL

I am a Chief Social Worker at Sterkfontein Psychiatric Hospital and currently a masters student at the University of Pretoria, registered for MA (SW) management. My research topic is **"A Needs Assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital"**. To this end I am undertaking a research study to assess whether an Employee Assistance Programme (EAP) is needed at Sterkfontein Psychiatric Hospital.

An Employee Assistance Programme (EAP) refers to "A programme which has the explicit aim of improving the quality of life of all its employees by providing greater support and helping to alleviate the impact of everyday work and personal problems. This programme offers new and exciting prospects to assist employee's well being whilst at the same time increase organisational effectiveness and profitability". Briefly explained, an Employee Assistance Programme describes the various interventions in the workplace, which are aimed at helping employees who are experiencing personal and work-related problems.

I therefore request your permission to be allowed to conduct research, which will enable me to assess the views of the following constituencies of your hospital.

*   Management
*   Clinical Staff
*   Administration Staff
*   Nursing Staff
*   General Workers

Anticipating your positive response.

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Attached please find a copy of my research proposal.

Yours sincerely

_____
MRS M.M. (TINY) MOTLHALOGA
(CHIEF SOCIAL WORKER)

APPENDIX II

RESEARCH AND STATISTICAL METHODS IN THE DEPARTMENT OF SOCIAL WORK

PARTICIPANT'S NAME: _____ **DATE:** _____

Principal Investigator: Mrs. M. Motlhaloga (Tiny)

Sterkfontein Psychiatric Hospital

P.O. Box 323

KRUGERSDORP

1740

INFORMED CONSENT:

1. Title of Study: "A Needs Assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital".

2. Purpose of the Study: The purpose of this study is to investigate whether there is a need for the employees of Sterkfontein Hospital to have a structured Employee Assistance Programme (EAP) in their hospital.

3. Procedure: A questionnaire will be hand delivered to me by the Principal Investigator for me to answer it in my own spare time but within a specified time limit.

4. Risks and Discomforts: I will not be exposed to any physical or/and emotional harm during my participation in the study.

5. Benefits: I understand that there are direct benefits for my participation in this study because my response will help the researcher to recommend a possible

design/development of a structured Employee Assistance Programme at Sterkfontein Hospital.

6.   <u>Participant's Rights</u>: I may withdraw from participating in the study at any time.

7.   <u>Financial Compensation</u>:   I understand that I will not be paid for participating in this study, which is voluntary.

8.   <u>Confidentiality</u>:   In order to give my views on this study, a questionnaire will be hand delivered to me by the Principal Investigator. The questionnaire will enable me to respond without putting my name on it. The responses on the questionnaire will be read only by the principal investigator.

The results of this study will be known to me and to Sterkfontein Hospital Management for them to approve or disapprove the recommendation for EAP development at Sterkfontein Psychiatric Hospital, but my identity will not be revealed unless I give written consent as/required by law.

9.   If I have any questions or concerns, I can call Tiny at 083 354 4694 at any time during the day or night.

I understand my rights as a research subject, and I voluntarily consent to participation 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.

_____

SUBJECT'S SIGNATURE   **DATE**

_____

SIGNATURE OF INVESTIGATOR   **DATE**

APPENDIX III

TO: **ALL THE RESPONDENTS**

Dear Sir/Madam

The researcher would like you to take 20 minutes of your valued time to complete the enclosed questionnaire. The questionnaire was prepared for study purposes and to help Sterkfontein Psychiatric Hospital in the possible design/introduction of programmes or services in assisting employees with personal, work-related and organizational problems.

Your responses in this study will be treated as confidential and there are no right or wrong answers; therefore, you are encouraged to give your honest answers to the questions.

Your participation in this study will be highly appreciated, because it will benefit the researcher, management services and employees who encounter personal, work-related and organisational problems.

Interested participants who wish to have feedback from this study are welcome to contact the researcher at the following numbers: (011) 951-8229 or 083 354 4694.

Thank you.

Mrs M.M. Motlhaloga (Tiny)
Sterkfontein Hospital
Private Bag X2010
KRUGERSDORP
1740

A NEEDS ASSESSMENT FOR AN EMPLOYEE ASSISTANCE PROGRAMME AT STERKFONTEIN PSYCHIATRIC HOSPITAL:

Briefly explained, an Employee Assistance Programme (EAP) describes the various interventions in the workplace, which are aimed at helping employees who are experiencing personal, work-related and organisational problems that have a negative impact on their social functioning and job performance, to get assistance in resolving those problems with the sole purpose of improving their social functioning and work performance.

INSTRUCTIONS:

Thank you for your willingness to complete the questionnaire.

1.   Please read and answer each question carefully and honestly.

2.   Each question should be answered by making a cross (x) in the appropriate block and explaining in the given space. However, where applicable, more than one answer can be given by making a cross (x) in the appropriate block.

N.B.: All questions refer to a needs assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital.

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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?**

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

2.   **Gender:**

MALE	*FEMALE*

3.   **Marital Status:**

SINGLE	
MARRIED	
DIVORCED	
WIDOWED	
RE-MARRIED	
SEPARATED	

4.   **Do you have dependants?**

YES	*NO*

If you answered "YES" to question 4, please indicate the following:

4.1   Number of your dependants:

4.2 *Ages of your dependants:*

5. Years of service:

0-12 MONTHS	
BETWEEN 1 – 5 YEARS	
LONGER THAN 5 YEARS	

6. Highest Qualification:

STANDARD 5 OR LOWER	
STANDARD 6 – 8	
STANDARD 10 (MATRIC)	
B. DEGREE	
POSTGRADUATE	

Other, Please Specify: _____

_____

7. Home Language:

AFRIKAANS	
ENGLISH	
NDEBELE	
SOUTH-SOTHO	
NORTH-SOTHO	
TSWANA	
TSONGA	
VENDA	
XHOSA	
ZULU	

Other, Please Specify: _____

_____

8. Department you work for:

MANAGEMENT	
CLINICAL	
ADMIN	
NURSING	
GENERAL ASSISTANT E.G. CLEANER, GROUNDSMAN	

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

EXCELLENT	
GOOD	
FAIR	
POOR	

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

SUPERVISOR	
CO-WORKER	
FRIEND	
SOCIAL WORKER	
FAMILY MEMBER	
CHURCH MINISTER	

Other, Please Specify: _____

_____

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

SUPERVISOR	
CO-WORKER	
FRIEND	
SOCIAL WORKER	
FAMILY MEMBER	
CHURCH MINISTER	

Other, Please Specify: _____

_____

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

ALWAYS	
SOMETIMES	
OFTEN	
SELDOM	
NOT AT ALL / NEVER	

13.   **<u>Do you know how your job performance is measured?</u>**

YES	
NO	
UNCERTAIN	

14.   **<u>If your job performance is poor, what does your supervisor do?</u>**

_____

_____

_____

15.   **<u>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:</u>**

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

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?**

HIGH ABSENTEEISM	
HIGH WORK LOAD	
OVERTIME WORK	
STRESS	
BURN-OUT	
HIGH EMPLOYEE TURNOVER	
ALIENATION	
MENTAL ILLNESS	

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?**

Fridays and Mondays	
Tuesdays and Wednesdays	
Mondays and Tuesdays	
Wednesdays and Thursdays	
Thursdays and Fridays	
Pay-days and the day after	

Other, Please Specify: _____

_____

_____

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

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

Other, Please Specify: _____

_____

_____

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

YES	*NO*

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?**

YES	NO

If yes, briefly explain why?

Answer: _____

_____

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

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

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

Social Workers		
Psychologists		
Psychiatrists		
Occupational Therapists		
Nurses		
Union representative (shop steward)		

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)?**

YES	NO

Briefly motivate your answer:

_____

_____

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

YES	NO

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):

REASON	RESPONSE
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	

Other, Please Specify: _____

_____

_____

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: _____

_____

_____

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: _____

_____

_____

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):**

PROGRAMMES	RANK
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?**

YES	NO

If yes, motivate your answer:

Answer: _____

_____

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

YES	NO

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?**

YES	NO

Please, motivate your answer:

Answer: _____

_____

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

YES	NO

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

YES	NO

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?**

_____

_____

THANK YOU FOR YOUR CO-OPERATION.